

Canadian  
Forces  
College

Collège  
des  
Forces  
Canadiennes



## GOING BEYOND TRADITIONAL SUSTAINMENT: GLOBAL HEALTH ENGAGEMENT

Maj D. McLean

**JCSP 43**

**Master of Defence Studies**

### **Disclaimer**

Opinions expressed remain those of the author and do not represent Department of National Defence or Canadian Forces policy. This paper may not be used without written permission.

© Her Majesty the Queen in Right of Canada, as represented by the Minister of National Defence, 2017.

**PCEMI 43**

**Maîtrise en études de la  
défense**

### **Avertissement**

Les opinions exprimées n'engagent que leurs auteurs et ne reflètent aucunement des politiques du Ministère de la Défense nationale ou des Forces canadiennes. Ce papier ne peut être reproduit sans autorisation écrite.

© Sa Majesté la Reine du Chef du Canada, représentée par le ministre de la Défense nationale, 2017.

CANADIAN FORCES COLLEGE – COLLÈGE DES FORCES CANADIENNES  
JCSP 43 – PCEMI 43  
2016 - 2017

MASTER OF DEFENCE STUDIES – MAÎTRISE EN ÉTUDES DE LA DÉFENSE

**GOING BEYOND TRADITIONAL SUSTAINMENT: GLOBAL HEALTH  
ENGAGEMENT**

Maj D. McLean

*“This paper was written by a student attending the Canadian Forces College in fulfilment of one of the requirements of the Course of Studies. The paper is a scholastic document, and thus contains facts and opinions, which the author alone considered appropriate and correct for the subject. It does not necessarily reflect the policy or the opinion of any agency, including the Government of Canada and the Canadian Department of National Defence. This paper may not be released, quoted or copied, except with the express permission of the Canadian Department of National Defence.”*

Word Count: 17759

*“La présente étude a été rédigée par un stagiaire du Collège des Forces canadiennes pour satisfaire à l'une des exigences du cours. L'étude est un document qui se rapporte au cours et contient donc des faits et des opinions que seul l'auteur considère appropriés et convenables au sujet. Elle ne reflète pas nécessairement la politique ou l'opinion d'un organisme quelconque, y compris le gouvernement du Canada et le ministère de la Défense nationale du Canada. Il est défendu de diffuser, de citer ou de reproduire cette étude sans la permission expresse du ministère de la Défense nationale.”*

Compte de mots: 17759

**TABLE OF CONTENTS**

<b>Table of Contents</b>	<b>ii</b>
<b>Abstract</b>	<b>iii</b>
<b>Introduction</b>	<b>1</b>
<b>Chapter</b>	
<b>1. Health, Security and the UN System</b>	<b>6</b>
<b>2. Military Specific Considerations of Stability Operations</b>	<b>28</b>
<b>3. Global Health Engagement and the Canadian Forces Health Services Group</b>	<b>48</b>
<b>Conclusion</b>	<b>71</b>
<b>Bibliography</b>	<b>73</b>

## ABSTRACT

This paper examines how the Canadian Armed Forces (CAF) could support Global Health Engagement (GHE) in order to achieve broad government objectives. Options will be examined for how the Canadian Forces Health Services Group (CF H Svcs Gp) could expand beyond its traditional sustainment lines by helping to build health capacity in foreign nations thus improving state stability and security. The paper begins by presenting the broad context of global health and how it has become a key geopolitical issue over the past three decades. This increased attention has largely occurred due to the efforts of the United Nations (UN) and several of its organs and agencies such as the World Health Organization (WHO). The UN System has demonstrated health to be a key issue in human security, which in turn can affect national security. The second broad topic focuses on military Stability Operations and how they can be used to improve state stability as well as national and international security. Stability operations have taken on greater priority in both U.S. and Canadian doctrine since fragile states were determined to pose the greatest threat to international security. Populations living in fragile states typically suffer from far poorer health than their counterparts living in stable states at comparable stages of development. Therefore, stability operations including medical stability operations represent a way for the military to help build state capacity and stability. The third section of the paper focuses on how the military can participate in GHE to improve healthcare capacity which may be the key contributor to state stability. It also discusses how the U.S. DoD is working to improve GHE by adopting a more collaborative and cooperative approach to its operations, which could provide valuable insight for the CAF. GHE represents a potential new and innovative way for the CAF to

support national and strategic goals while also supporting Canadian values, and therefore warrants further consideration.

## INTRODUCTION

Global health has become a key geopolitical issue particularly in the past three decades as the world has become increasingly connected through immigration, travel, and various media. This has resulted in vast financial contributions towards health programs and initiatives as well as a number of new organizations and agencies becoming involved, or more involved, in global health matters. One such organization to get more involved is the military.

While militaries have been concerned with force health protection for centuries, recently they have also become interested in health as it relates to human security and in turn national security. Populations that are experiencing severe instability often reside in so called “fragile states” or those that are unable to satisfy the basic functions of government. These fragile states are often embroiled in conflict as well and their populations typically suffer from much poorer health than those in other states at comparable stages of development.<sup>1</sup> Interestingly, however, if the state’s institutions and infrastructure can be supported and built to provide effective health services, that may be the key contributor to state legitimacy and in turn stability. Stable states, in turn, pose less of a threat to international security and lead to a safer world for all. Interestingly, there are now tools that are capable of predicting countries at high risk of political instability and conflict.<sup>2</sup> This provides some hope for the future, as it suggests well timed interventions could prevent much suffering and conflict from ever starting.

---

<sup>1</sup> Rebecca Katz and Daniel A. Singer, “Health and security in foreign policy,” *Bulletin of the World Health Organization*, 85 no.3 (March 2007): 161-244, last accessed 26 April 2017, <http://www.who.int/bulletin/volumes/85/3/06-036889/en/>.

<sup>2</sup> J. Eli Margolis, “Following Trends and Triggers: Estimating State Instability,” *Studies in Intelligence* 56, no 1 (March 2012).

Canada has had a historical interest in human security since Lloyd Axworthy was Canada's Foreign Affairs minister in the 1990s. At that time, Canada also had a strong reputation for peacekeeping and Axworthy seemed motivated to align the two interests in order for Canada to become a world leader in peace and development. Canada never realized this potential, however, and instead has become a nation known for minimal troop contributions to peace-keeping missions and as well as a modest donor to Official Development Assistance. Nonetheless, under the new Prime Minister, Canada seems ready to reinvest in peace operations and possibly in new innovative ways by contributing specialized assets to meet critical needs. Furthermore, given the complex security environment of the 21st century, there has likely never been a greater need for stable states like Canada to take on a greater role in peace support operations and /or stabilization activities.

The U.S. Department of Defense (DoD) has responded to the changing security environment by changing its approach to warfare. Specifically, it now puts as much emphasis on stability operations as it does traditional warfighting. Furthermore, the U.S. DoD has recognized that the military alone will be unable to succeed in these new security environments, characterized by chaos and uncertainty. Instead, they now advocate for a comprehensive approach to their stability operations, involving the contributions of many government and non-governmental departments and agencies, working together toward a collaborative effort.<sup>3</sup> Finally, they have recognized that these operations will need to take place across the spectrum of conflict during offensive, defensive, and peace operations.

---

<sup>3</sup> Department of the Army. *Field Manual 3-07, Stability Operations*, Washington, D.C.: Department of the Army, 2008: Foreword. Last accessed 10 April 2017, [http://www.dtic.mil/doctrine/new\\_pubs/jointpub.htm](http://www.dtic.mil/doctrine/new_pubs/jointpub.htm).

Canada has also begun to update its approach to peace and stability operations, such as through their Military Diplomacy and Global Engagement sub program. This program is aimed at improving international security and stability.<sup>4</sup> Nonetheless, the Canadian Armed Forces (CAF) could be devoting more energy and resources into programs such as these including where and how they can best contribute to missions and operations. The world is not becoming a more stable place and Canada, with its significant soft power generated through diplomacy, diversity, and a desire for peace is well positioned to contribute to security and stability through military engagement.<sup>5</sup> This would also help align Canadian operational capacity with other allied forces already engaged in stability operations.

As a result of the increased focus on stability operations in the U.S. DoD, the Military Health Service (MHS) has also expanded its operational capability. Specifically, the MHS has developed doctrine for medical stability operations (MSOs) under the broader umbrella of global health engagement (GHE).<sup>6</sup> Global health engagement includes all operational health services including force health protection, biological threat reduction, and now stability operations and partnership engagement.<sup>7</sup> Like all stability operations, MSOs are intended to take place throughout the spectrum of conflict. The goal of MSOs, however, is to develop partnership nations and to work together to build state health capacity through collaborative health efforts. This in turn, is expected to

---

<sup>4</sup> Department of National Defence and the Canadian Armed Forces, *2016-17 Report on Plans and Priorities*, 2016, [http://www.forces.gc.ca/assets/FORCES\\_Internet/docs/en/about-reports-pubs/2016-2017-rpp-dnd.pdf?dt=16510](http://www.forces.gc.ca/assets/FORCES_Internet/docs/en/about-reports-pubs/2016-2017-rpp-dnd.pdf?dt=16510).

<sup>5</sup> Donna Winslow, "Canadian Society and its Army," *Canadian Military Journal* 4, no. 4 (2004): 3-4.

<sup>6</sup> Department of Defense, *Department of Defense Instruction 6000.16, Military Health Support for Stability Operations*, (May 17, 2010), 1, last accessed 11 April 2017, <http://www.dtic.mil/whs/directives/corres/pdf/600016p.pdf>.

<sup>7</sup> Daniel, J. Christopher, "Global health engagement: Sharpening a key tool for the department of defense," *The Center for Strategic and International Studies - United States* (2014): 1.



generate improved state legitimacy and greater security. MSOs or health-capacity building missions and tasks have not been well received by everyone and particularly not by humanitarian organizations. In response, the U.S. DoD has acknowledged its mistakes and limitations and is determined to rectify them.<sup>8</sup> However, the U.S. is also determined to continue MSOs. In fact, the DoD MHS recently made MSOs and partnership engagement its first and foremost priority of its GHE programs.<sup>9</sup> This unwavering commitment also demonstrates the perceived benefit of stability operations to U.S. security interests.

Although Canada has engaged in GHE through its involvement in coalition operations and exercises, it does not have specific doctrine for GHE activities. It is also well recognized that the CAF does not have the same resources, capabilities, or responsibilities as the U.S. DoD. Nonetheless, the CAF has traditionally had a close working relationship with the U.S. and often deploys in support of U.S. operations. Given this close cooperation, the changing security environment, and Canada's newest policies and doctrine on PSOs and stabilization activities, it seems appropriate that the CF H Svcs Gp also begin to look beyond traditional sustainment lines. This paper argues that the CAF, and the CF H Svcs Gp in particular, should expand their concept of operations. While the CF H Svcs Gp needs to maintain its priority on force health protection, it also stands to be a significant contributor to peace support and stabilization

---

<sup>8</sup> James C. McArthur, Andrew J. Carswell, Jason Cone, Faith M. Chamberlain, John Dyer, Dale Erickson, George E. Katsos, Michael Marx, James Ruf, Lisa Schirch, and Patrick O. Shea, "Interorganizational cooperation II of III: The humanitarian perspective," *Joint Force Quarterly : JFQ* 80, (2016):147.

<sup>9</sup> Daniel, J. Christopher, "Global health engagement: Sharpening a key tool for the department of defense," *The Center for Strategic and International Studies - United States* (2014): 1.

activities. Given the link between poor healthcare and fragile states and Canada's desire for a more peaceful world, GHE with a focus on building partnerships and state capacity is well aligned with Canadian values and national security objectives. By sharing its medical expertise and knowledge with partnership nations, it could enhance interoperability with other military medical forces while developing enhanced medical capacity in those countries and as a means of supporting the security environment. In order to examine how the CAF could support GHE and broad government objectives, this paper will start by presenting the broad context of health, security and the UN system; it will then examine stability operations in the U.S. and Canadian contexts; and finally turn to considering CAF and CF H Svcs Gp support to GHE.

## CHAPTER 1 HUMAN SECURITY AND THE UN SYSTEM

### **Global Health, the UN and Its Specialized Agency, The WHO**

The concept of global health has become a prominent geopolitical issue particularly in the past three decades as the world has become increasingly connected through immigration, travel, and various media. It encompasses several matters relevant to health, including diseases that cross international borders, health issues that affect public health globally, and the interconnectedness of health issues around the world.<sup>10</sup> However, these same types of health issues have weighed heavily on militaries for centuries. Likely the most prominent historical example was the decimation of Napoleon's army due to starvation, severe weather, and disease during its Russian invasion. Typhus reportedly was responsible for the death of over 80 000 troops, however, even more important was the spread of the disease throughout Europe when the army retreated.<sup>11</sup> As a result of the spread of several debilitating diseases such as typhus, yellow fever, smallpox and tuberculosis, the 19<sup>th</sup> and 20<sup>th</sup> centuries saw various international efforts to standardize quarantine procedures to limit transmission. The establishment of the United Nations (UN) and its specialized agency, the World Health Organization (WHO), marked the beginning of the most significant means for multinational cooperation on health. Since that time, the UN and the WHO have continued to make significant progress and have arguably lead to the current status that global health issues hold today.

---

<sup>10</sup> Gerald V. Quinnan Jr., "The Future of Department of Defense Global Health Engagement," *Joint Force Quarterly: JFQ* no. 80 (First, 2016):37.

<sup>11</sup> *Ibid.*

The UN was established in October 1945 following World War II. Fifty-one countries took part in its foundation, and in 1948, produced the UN Charter. In the Charter's preamble, the member states pledged their commitments to international peace and security, the protection of human rights and dignity, their respect for international laws and justice, the promotion of social progress with better standards of living, and to practice tolerance in order to live together as good neighbours.<sup>12</sup> Since its origins in 1945, the UN has experienced tremendous growth, evolution, and influence. The UN currently consists of 193 member states with its key functions consisting of maintaining international peace and security, promotion of sustainable development, protection of human rights, upholding international law and delivering humanitarian aid.<sup>13</sup> The UN system is made up of the UN itself, its main organs, as well as many affiliated programs, funds, and specialized agencies. The WHO is one such specialized agency that was also formed in 1948 and serves as the directing and coordinating authority on international health within the UN system. Not surprisingly, as these institutions have continued to grow and evolve, so have their policies and priorities.

The WHO's "...primary role is to direct and coordinate international health within the United Nations' system."<sup>14</sup> The WHO works with governments and partner agencies to ensure the highest level of health for all people. It strives to fight disease, to help mothers and children achieve healthy lives, to ensure public safety through the provision of clean air, food, water, as well as necessary medications and vaccinations.<sup>15</sup>

---

<sup>12</sup> United Nations, *Charter of the United Nations, Preamble*, last accessed 22 November 2016, <http://www.un.org/en/sections/un-charter/preamble/index.html>.

<sup>13</sup> United Nations, *What We Do*, last accessed 22 November 2016, <http://www.un.org/en/sections/what-we-do/index.html>.

<sup>14</sup> World Health Organization, "About WHO," last accessed 10 January 2017, <http://www.who.int/about/en/>.

<sup>15</sup> Ibid.

Over the years the WHO has introduced various programs and goals to help achieve its objectives. In 2000, the WHO introduced the Millennium Development Goals (MDGs) which were recently replaced by the Sustainable Development Goals (SDGs).<sup>16</sup> In 2007, the WHO introduced the International Health Regulations (IHR). These goals and regulations were subsequently adopted by UN Member States, including Canada, who agreed to help the WHO meet its specific health objectives.

The WHO's MDGs consisted of eight goals that all 189 UN member states agreed to when they were introduced in 2000. They committed world leaders to help "...combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination towards women."<sup>17</sup> The MDGs were credited for the major decline in child and maternal mortality rates and the progress in the fight against HIV, tuberculosis, and malaria in developing countries. In order to continue the progress, the MDGs were subsequently replaced by the SDGs, which came into effect 1 January 2016. The SDGs include 17 goals that are aimed at building a better future for all and include several key areas of health. The SDGs focus on "...three dimensions of sustainable development (economic, social, and environmental) around the themes of people, planet, prosperity, peace and partnerships."<sup>18</sup> Furthermore, "...with regard to health, a fundamental assumption of the SDGs is that health is a major contributor and beneficiary of sustainable development policies."<sup>19</sup> In addition to setting goals to help formulate a better future, the WHO has

---

<sup>16</sup> World Health Organization, "From MDGs to SDGs, WHO launches new report," *Media Centre News Release*, last modified 8 December 2015. <http://www.who.int/mediacentre/news/releases/2015/mdg-sdg-report/en/>.

<sup>17</sup> World Health Organization, "Health topics: Millennium Development Goals (MDGs)," last accessed 10 January 2017, [http://www.who.int/topics/millennium\\_development\\_goals/en/](http://www.who.int/topics/millennium_development_goals/en/).

<sup>18</sup> World Health Organization, "Health in 2015 from MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals" WHO Library Cataloguing-in Publication Data, 7, last accessed 10 January 2017, [http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110_eng.pdf?ua=1).

<sup>19</sup> Ibid.

also instituted regulations to help achieve its goals. The IHR were developed in response to international trade and travel practices that focused on international diseases and other global health threats. The IHR are an international legal instrument that is binding on 196 countries currently. The aim of the IHR are “...to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.”<sup>20</sup> The IHR became effective in 2007 and were intended to protect trading partners from the inadvertent spread of disease. The IHR require countries to report specific disease outbreaks and public health risks to the WHO. The WHO, in turn, manages the disease surveillance, alert, and response functions.

The WHO is the largest of the UN specialized agencies and of which Canada was a founding member. Health Canada leads Canada’s relationship with the WHO but it is Global Affairs Canada that provides Canada’s annual monetary contribution, which is currently around \$14 million dollars.<sup>21</sup> Like the UN organization itself, the WHO is often criticized for bureaucratic stagnation but nonetheless has made considerable advancements in global health.

Several geopolitical events have also been credited for contributing to the growth of global health and establishing it as an academic discipline. These key events include the 1978 Declaration of Alma Ata that reaffirmed health care as a human right, the Millennium Declaration that established the MDGs in 2000, and the 2001 establishment of the Global Fund to Fight Aids, Tuberculosis, and Malaria by the UN and the group of

---

<sup>20</sup> World Health Organization, *Health Topics: International Health Regulations*, last accessed 10 January 2017, [http://www.who.int/topics/international\\_health\\_regulations/en/](http://www.who.int/topics/international_health_regulations/en/).

<sup>21</sup> Global Affairs Canada, *Key Multilateral Partners in Development: World Health Organization*, last accessed 10 January 2017, [http://www.international.gc.ca/development-developpement/partnerspartenaires/key\\_partners-partenaires\\_cles/who-oms.aspx?lang=eng](http://www.international.gc.ca/development-developpement/partnerspartenaires/key_partners-partenaires_cles/who-oms.aspx?lang=eng).

8.<sup>22</sup> It was the Declaration of Alma Ata from the International Conference on Primary Health Care that first declared inequality between developed and developing countries to be politically, socially, and economically unacceptable. Most interestingly, however, it established the linkage between people's health and the social and economic development that fostered world peace.<sup>23</sup> Along with these developments in global health, there has also been a growing interest in health as an important component of human security and how it relates to national security.

### **Health and Human Security Affect National Security**

Health security originated from the UN's concept of human security. Human security was conceived in the 1990 and 1994 Reports of the UN Development Programme.<sup>24</sup> Specifically, the 1994 Report of the UN Development Programme (UNDP 1994) argued that security:

...has for too long been interpreted narrowly: as security of territory from external aggression, or as protection of national interest in foreign-policy... Forgotten were the legitimate concerns of ordinary people who sought security in their daily lives... For many of them, security symbolized protection from the threat of disease, hunger, unemployment, crime, social conflict, political repression and environmental hazards... For most people, a feeling of insecurity arises more from worries about daily life than from the dread of a cataclysmic world event.<sup>25</sup>

The concept of human security was significant because it marked a shift in the focus of security from the state to the people. It was ideological and suggested that "...the world

---

<sup>22</sup> Gerald V. Quinnan Jr., "The Future of Department of Defense Global Health Engagement," *Joint Force Quarterly: JFQ* no. 80 (First, 2016): 38-39.

<sup>23</sup> *Ibid.*, 38.

<sup>24</sup> United Nations Development Program (UNDP), *Human Development Report 1990*, (New York: Oxford University Press, 1990); United Nations Development Program (UNDP), *Human Development Report: New Dimensions of Human Security*, 1994, (New York: Oxford University Press, 1994).

<sup>25</sup> United Nations Development Program (UNDP), *Human Development Report: New Dimensions of Human Security*, (New York: Oxford University Press, 1994): 22.

should be run in a different, better way by putting people first.”<sup>26</sup> It was closely linked to the promotion of human rights and in attempts of freeing people from fear, want, and all forms of oppression.<sup>27</sup> However, it also recognized that the state is often what is at fault, creating the conditions that cause insecurity of its people and communities.

In 2000, when approximately 180 states endorsed the MDGs, they were collectively seeking the broad goal of attaining “freedom from fear” and “freedom from want” for all people. Then, in the 2003, the Commission on Human Security went further, stating that “...human security must connect several kinds of freedom – such as freedom from want and freedom from fear, [with] freedom to take action on one’s own behalf.”<sup>28</sup> The Commission recognized that empowerment, or people’s ability to advocate for themselves was key to the success of human security. They found personal empowerment allowed people to develop their own potential, such as demanding respect when human dignity is violated, to create new opportunities for work and prosperity, to solve problems locally, and to mobilize in order to advocate for the security of others.<sup>29</sup> The Commission also recognized several, often interconnected, factors that affect human security. The most significant factors identified were conflict and poverty, which in the worst circumstances create the need to protect the most vulnerable people. Vulnerable people include those caught in violent conflict, people on the move, and in post-conflict situations. The Commission recognized the importance and dependence of human security on state security but also recognized that it is often the state that is at fault and

---

<sup>26</sup> Simon Routledge and Jeremy R Youde, *Routledge handbook of global health security* (New York;London;: Routledge/Taylor & Francis Group, 2015),12.

<sup>27</sup> Sadako Ogata and A. Sen, *Human Security Now: Commission on Human Security*, New York: Commission on Human Security, (2003): 97

<sup>28</sup> *Ibid.*, 10

<sup>29</sup> *Ibid.*



creates the very conditions causing human insecurity.<sup>30</sup> In these cases, it becomes the responsibility of other stable states to be the advocates for human security. They must use their strong and stable institutions to ensure the provision of human security as well as human rights and human development. Therefore, unlike conventional approaches that place the onus on the state to provide security, human security requires the involvement of a broad assortment of actors and institutions as well as the people themselves. Finally, the Commission addressed the importance of education and the elimination of intolerance in order to enhance opportunities for overcoming human insecurity.<sup>31</sup> Education and tolerance can empower both stable states as well as the affected people themselves to advocate for and create the conditions leading to human security and thus more stable and secure societies in general.

The 1994 United Nations Development Programme Report was the first time that the UN specifically identified health in general as a component of human security. Since that time, the idea of health as a human security issue seems to have gone unchallenged.<sup>32</sup> However, as the subject takes on more attention, the meaning of health security has become increasingly broad. According to Heymann et al., global health security constitutes different things to different organizations.<sup>33</sup> It can mean the prevention and control of infectious diseases, a focus on non-communicable diseases, revitalizing research and development to produce global public goods, dealing with substandard and falsified drugs, a focus on health in conflict and disaster settings, helping to address

---

<sup>30</sup> Ibid., 6

<sup>31</sup> Ibid., vi

<sup>32</sup> Simon Routledge and Jeremy R Youde, *Routledge handbook of global health security* (New York; London;: Routledge/Taylor & Francis Group, 2015): 35.

<sup>33</sup> Heymann DL et al, "Global health security: the wider lessons for the west African Ebola virus disease epidemic," *Lancet* 385 (2015): 1884-901.

international migrations, and building stronger health systems through universal health coverage. These definitions are not yet exhaustive and indicate the complexity of global health security.

The UN has helped clarify and focus the concept of global health security. Specifically, by appointing the Commission on Human Security, it has been determined that not all health challenges constitute a risk to human security.<sup>34</sup> Instead, the Commission determined four broad criteria that influence the strength of the linkage between health and human security. These include “...the scale of the disease burden now and into the future; the urgency for action; the depth and extent of the impact on society; and the interdependencies or ‘externalities’ that can exert ripple effects beyond particular diseases, persons or locations.”<sup>35</sup> These criteria suggest that there are three main health challenges that affect human security: “...global infectious diseases, poverty-related threats, and violence and crisis.”<sup>36</sup> Furthermore, these broad health security issues tend to gain national attention and factor onto national security agendas when they have the potential to threaten the internal security of a state, impact international stability, or cause extensive levels of morbidity or mortality. The WHO coined the term “global (public) health security” by linking previously separate policies on health with national and international security.<sup>37</sup> Therefore, global (public) health security focuses on specific health threats and challenges that have potential to affect public health on a global scale. Once again, these challenges are often beyond the ability of the affected state to control

---

<sup>34</sup> Sadako Ogata and A. Sen, *Human Security Now: Commission on Human Security*, New York: Commission on Human Security, (2003): 97.

<sup>35</sup> Sadako Ogata and A. Sen, *Human Security Now: Commission on Human Security*, New York: Commission on Human Security, (2003): 97.

<sup>36</sup> Ibid.

<sup>37</sup> Simon Routledge and Jeremy R Youde, *Routledge handbook of global health security* (New York; London;: Routledge/Taylor & Francis Group, 2015):18.

or resolve and therefore depend on other states and outside agencies for assistance.

Finally, the focus is on the security of the individuals and communities affected, either in collaboration with the involved state or independent from it, if the state is the source of the instability.

On 26 September 2015, UN Secretary-General Ban Ki-moon stated that "...human security depends on health security."<sup>38</sup> Specifically, he was warning of the threat of new unexpected disease outbreaks and was calling on proactive societies, capable of addressing these challenges, to prepare. The expectation is that the societies of the most highly developed and industrialized countries will be of critical importance in ensuring secure nations and a safer world for all. According to Ban Ki-moon "...success depends on being able to anticipate these outbreaks, to react quickly, to curtail its spread and to prevent suffering."<sup>39</sup> These announcements came one day after the adoption of the SDGs by world leaders during the Sustainable Development Summit. It was also the one year anniversary of the peak of the Ebola crisis when more than 500 people were being diagnosed each week in Guinea, Liberia, and Sierra Leone. At this time, efforts were also being implemented to bolster support of the WHO in terms of authority, funding, and leadership.<sup>40</sup> These deficiencies were also identified as a result of the Ebola crisis. Thus, in June 2015, the WHO arguably used the latest health crisis to push forward their agenda as well as improvements within their organization. Specifically, they brought the G7 leaders together who pledged to strengthen health systems and assist approximately 60

---

<sup>38</sup> " 'Human security depends on health security,' Ban says, calling on nations to be proactive," *UN News Centre*, 26 September 2015, <http://www.un.org/apps/news/story.asp?NewsID=51986#.WUZ7GRPytBw>.

<sup>39</sup> *Ibid.*

<sup>40</sup> Lawrence O. Gostin and Eric A. Friedman, "Ebola: A Crisis in Global Health Leadership," *Lancet* 384, no. 9951 (2014): 1323-1325.

countries to implement the IHR. The World Bank took the lead on funding by establishing the new Pandemic Emergency Financing Facility. Finally, Dr. Margaret Chan, head of the WHO, invoked new initiatives aimed at reforming the specialized agency in order to improve the capacity of the WHO to provide global leadership in the event of a health crisis.<sup>41</sup> Arguably this was the right time to seek health security support by calling to action the most industrialized nations. The Ebola crisis had served to refocus health security as a key concern to the UN and the world at large.

Health crises can have profound effects on national interests. As a result, certain health issues and challenges can have implications on foreign policy and even national security if they are viewed as a national or international threat. Feldbaum et al. found a direct correlation between global health and four areas of foreign policy: aid, trade, diplomacy and national security.<sup>42</sup> Multilateral aid has been tied to national security objectives since World War II. In fact, the major institutions including the World Bank, the International Monetary Fund, the UN itself, and in particular the WHO, were created with the immediate goal of rebuilding war-damaged states and safeguarding the security of western powers.<sup>43</sup> In 1961, US President John F. Kennedy, created the US Agency for International Development (USAID) to help prevent the collapse of developing-country governments which he acknowledged "...would be disastrous to our [the United States of America's] national security, harmful to our comparative prosperity, and offensive to our

---

<sup>41</sup> "Human security depends on health security," Ban says, calling on nations to be proactive," *UN News Centre*, 26 September 2015, <http://www.un.org/apps/news/story.asp?NewsID=51986#.WUZ7GRPytBw>.

<sup>42</sup> Harley Feldbaum, Kelley Lee and Joshua Michaud, "Global Health and Foreign Policy," *Epidemiologic Reviews* (March 10, 2010): 2.

<sup>43</sup> International Development Association. *Aid Architecture: An Overview of the Main Trends in Official Development Assistance Flows*, International Development Association Resource Mobilization (FRM), February 2007. (IDA report no. 15). Washington, DC: International Development Association; 2007.

conscience.”<sup>44</sup> Starting in the 1990s, development assistance for health has experienced a dramatic increase in funding with more actors and institutions taking up the cause.

Health can also impact foreign policy when it comes to trade. With a growing number of regional, bilateral and multilateral trade agreements, tensions can be created when trading health-related goods and services. Health related goods are subject to strict quality standards and regulation to prevent the distribution of dangerous products. There is also the issue of patents that can potentially render crucial medications too expensive for the world’s poorest people. The WHO is currently working on an international agreement that would balance medical innovation with access to medications.<sup>45</sup> Health and trade will continue to be major topics of foreign policy as the informational age continues and the demand for health products and services increases around the world.

Diplomacy is a matter of managing international relations abroad, particularly by representatives of a state. It can also serve as an instrument used by international actors to implement their foreign policy.<sup>46</sup> The WHO’s IHR are an example of one such instrument. The IHR focus on addressing the concerns of the larger international community over the spread of disease, such as SARs, from affected states by enforcing preventative health measures. Health diplomacy issues may include international agreements on health, promoting the role of global health in foreign policy and supporting foreign policy through health interventions.

---

<sup>44</sup> United States Agency for International Development, *USAID History*, Washington, DC: US Agency for International Development; 2009.

<sup>45</sup> Harley Feldbaum, Kelley Lee and Joshua Michaud, “Global Health and Foreign Policy,” *Epidemiologic Reviews* (March 10, 2010): 4.

<sup>46</sup> B White, “Diplomacy,” in *The Globalization of World Politics: An Introduction to International Relations*, ed. J. Baylis J, S. Smith (New York, NY: Oxford University Press; 2001): 318.

Health issues can also become matters of national security if they threaten the quality of life of a state's inhabitants or the national interests of a state. These health issues remain at the top of the foreign-policy hierarchy and can become a national priority to defend against. Depending on the level of national interest provoked, these health issues can gain tremendous political support and funding. Nonetheless, it is important to remember that while "...health issues often intersect with security issues, not all health challenges represent security concerns."<sup>47</sup> Therefore, a given health issue must be analysed to determine if it is solely a foreign policy issue or one that is also an issue of national security so as not to take away from policy objectives and funding from other more important issues. Many health challenges, such as infectious diseases, become global concerns and thus foreign-policy issues when they spread beyond borders. In addition to infectious diseases, however, any health challenge that threatens a state's economic development and political stability can be labelled as a matter of national security for the state or states affected. Therefore, cooperation and assistance aimed at public health challenges may lead to partnerships between countries that foster diplomatic relations and even improve state security. It has been recognized that "...when countries work together to successfully address a global health challenge, be it a localized epidemic or a potential threat to international security, the world becomes a healthier and safer place."<sup>48</sup> Global health challenges should be carefully considered to determine if they pose a threat to national security to ensure they receive the prioritization, action, and funding they require. However, if health challenges deemed foreign policy issues, lead to

---

<sup>47</sup> J Ban, "Health as a global security challenge," *Seton Hall Journal of Diplomacy and International Relations* no. 4 (2003): 19-28.

<sup>48</sup> Rebecca Katz and Daniel A. Singer, "Health and security in foreign policy," *Bulletin of the World Health Organization*, 85 no.3 (March 2007): 161-244, last accessed 26 April 2017, <http://www.who.int/bulletin/volumes/85/3/06-036889/en/>.

opportunities to build partnerships that contribute to global security than this is a tremendous bonus for national security objectives. More interestingly, partnerships aimed at addressing health challenges, particularly in unstable states, may provide a means for other states to improve stability and therefore achieve their own security objectives. Many organizations and agencies, both government and civil, may be involved in these initiatives. Depending on the security threat, the onus is on international organizations and governments to determine the appropriate response, if any, and what departments, organizations, or agencies would be appropriate to achieve the desired effect.<sup>49</sup> With the increasingly complex environment of the 21 century, the military is often called upon to take action. The military may be acting alone or in conjunction with a multitude of other agencies and organizations, and not all of whom may agree with the military's involvement.<sup>50</sup> Nonetheless, it is not a decision for the military to make.

### **Fragile States and Global Health Engagement**

Fragile states are those experiencing severe instability, are often embroiled in conflict, and are characterized as being unable to provide basic governmental services. Included in these basic services is health care. In 2012, it was estimated that one-sixth of the world's population was living in a so-called fragile state.<sup>51</sup> These populations typically suffer from far poorer health than their counterparts living in stable states at comparable stages of development, due to a lack of capability or will to provide health

---

<sup>49</sup> International Commission on Intervention and State Sovereignty, *The Responsibility to Protect: Report of the International Commission on Intervention and State Sovereignty*, (Ottawa: International Development Research Centre, 2001), foreword, <http://responsibilityto.protect.org/ICISS%20Report.pdf>.

<sup>50</sup> Ibid.

<sup>51</sup> United States Institute of Peace, *Special Report: Health in Postconflict and Fragile States*, (January 2012):1, [http://www.usip.org/sites/default/files/SR\\_301.pdf](http://www.usip.org/sites/default/files/SR_301.pdf).

services. As mentioned previously, this relationship between state stability and health care is also the motivation behind the UN's MDGs and SDGs. Poor health care delivery can negatively affect a state's ability to create and support an effective labour force; decrease the intellectual capability of its children; reduce the productivity of its citizens; and undermine its business, scientific, and political leaders due to increased levels of early mortality and/or morbidity from the onset of disease.<sup>52</sup> Furthermore, a lack of health care tends to set up a negative feedback loop with state stability whereby one negatively affects the other. As a result of the direct correlation between state instability and the lack of provision of basic health care, it is not surprising that fragile states and healthcare have become major topics in foreign policy. Global Health Engagement (GHE) was a concept introduced by the U.S. as a theatre security cooperation tool for helping to mitigate this threat. It represents a means of improving health care and thus indirectly improving that state's security and stability. Furthermore, helping unstable or fragile states achieve stability helps improve international security and stability overall.<sup>53</sup> Global health engagement activities are still evolving but may include humanitarian assistance, foreign disaster relief, humanitarian civic assistance, or supporting the aim of a government's global health initiative.

As GHE activities develop and evolve, they may even be used to help prevent state instability. Research has been conducted to determine the predictors of state instability, which has led to the creation of several quantitative predictive models. The United States government alone has sponsored the development of three such models

---

<sup>52</sup> Robert N. Nang and Glendon B. Diehl, "A Qualitative Content Analysis of Global Health Engagements in Peacekeeping and Stability Operations Institute's Stability Operations Lessons Learned and Information Management System." *Military Medicine*, 180 (April 2015): 410.

<sup>53</sup> *Ibid.*, 411



including Fuzzy Analysis of Statistical Evidence (FASE – US Army), Integrated Crisis Early Warning System (ICEWS – US Army) and the Political Instability Task Force (PITF- CIA). Researchers have claimed these three models have a successful prediction rate of 80 percent and therefore argue they have tremendous potential as sources of early warning.<sup>54</sup> By estimating instability, these models have the potential to serve as tools for policymakers to develop strategies to help prevent or mitigate a crisis rather than a response to one.

Another study out of Stanford University describes a model based on a state's Fragile States Index score and claims a 98% accuracy rate in predicting countries at high-risk for political instability and conflict.<sup>55</sup> Interestingly, the Stanford study found "...that health care related features and female education were strong indicators of a politically fragile country."<sup>56</sup> The authors went on to suggest that these indicators of political instability could be used to determine appropriate political action to help improve state stability. The specific health issues found to be frequent and significant indicators of political instability were public health expenditure, immunization, and mortality rates.<sup>57</sup> This study and others suggest that health interventions such as specific programs or funding could potentially alleviate the public dissatisfaction that often leads to instability and conflict.

### **Human Security and Canada's Past, Present and Future Contributions**

---

<sup>54</sup> J. Eli Margolis, "Following Trends and Triggers: Estimating State Instability," *Studies in Intelligence* 56, no 1 (March 2012): 14.

<sup>55</sup> Blair Huffman, Emma Marriott, and April Yu, "Predicting High-Risk Countries for Political Instability and Conflict," *Stanford University*, 1, last accessed 24 January 2017, <http://cs229.stanford.edu/proj2014/Blair%20Huffman,%20Emma%20Marriott,%20April%20Yu,%20Predicting%20high-risk%20countries%20for%20political%20instability%20and%20conflict.pdf>.

<sup>56</sup> *Ibid.*, 5

<sup>57</sup> *Ibid.*

In the late 1990s, Canada's Foreign Affairs minister, Lloyd Axworthy, was actively promoting the concept of human security. At that time, Canada had a strong reputation for supporting peacekeeping missions and in improving the lives of disadvantaged people. Lloyd Axworthy saw human security as an excellent opportunity for Canada to assert an innovative position in global security.<sup>58</sup> Not surprisingly, Canada was one of the 189 UN member countries who immediately adopted the MDGs in September 2000. However, in the years following the proclamation of this new role, Canada did not actively pursue the human security agenda. In fact, in the following years, Canada drew criticism for its lack of commitment to peacekeeping operations. In 2006, with the election of a new Conservative government, Canada's task force in the Golan Heights, Syria was closed out. By December 2015, the number of Canadian soldiers assigned to UN missions was twenty-nine, while the total number of military personnel deployed worldwide on UN missions was at all time high, with almost 100 000 soldiers deployed.<sup>59</sup> Canada has also been criticized for its declining contributions to Official Development Assistance (ODA). In 1969, it was Canadian Prime Minister, Lester B. Pearson, who led the UN Commission that recommended all developed countries contribute 0.7 percent of their GDP to ODA. In 2000, Canada contributed 0.27 percent of its GDP to ODA.<sup>60</sup> The ODA contribution has remained low since that time and despite changes in the leadership of the federal government.

Despite the declines in peace support operations (PSOs) over the past two decades and since the Somalia affair, the leadership of the Canadian Armed Forces (CAF) has

---

<sup>58</sup> Lloyd Axworthy, "Canada and human security: The need for leadership," *International Journal*, 52 no. 2 (1997):12.

<sup>59</sup> *Ibid.*, 12.

<sup>60</sup> Jerry M. Spiegel and Robert Huish, "Canadian Foreign Aid For Global Health: Human Security Opportunity Lost," *Canadian Foreign Policy*, 15 no. 3 (2009): 60-84.

been working tirelessly to improve the CAF's reputation by improving the professionalism of the organization through education and social reform. To its credit, the CAF has since performed admirably on many missions including in Bosnia, Afghanistan, Libya, Haiti, and a multitude of others. Several of these missions also involved stability actions or capacity building of the host nation (HN). Furthermore, with a new Liberal government, Canada seems poised to renew its commitment to peacekeeping operations. Specifically, the new Liberal government made a commitment "...to contribute to greater peace throughout the world, [and to do this] the Government will renew Canada's commitment to United Nations peacekeeping operations."<sup>61</sup> To this end, in 2016 and 2017 government and military reconnaissance teams have deployed to several different African countries, all determined to be in need of UN peace-keepers, in order to determine where and how Canada could best contribute.

Meanwhile, critics have argued that the CAF is behind in its knowledge of peacekeeping operations and of the UN organization itself, which has undergone considerable change. It has been suggested that the CAF will need to update its training to ensure it is ready for these new UN missions, especially if Canadian officers are to be selected to be force commanders.<sup>62</sup> A potential means of gaining this training and experience is by working with our international partners who have been or are currently engaged in these types of operations. However, there is also a counter-argument to these allegations of inexperience and lack of knowledge. Specifically, while it is true that the CAF has not provided a force commander for a UN mission since the 1998-2000 UN

---

<sup>61</sup> Canada, *Speech from the Throne*, 4 December 2015, available at <http://www.speech.gc.ca>.

<sup>62</sup> Walter Dorn and Joshua Libben, *Unprepared for Peace? The Decline of Canadian Peacekeeping Training (and What to Do About It)*. Rideau Institute and the Canadian Centre for Policy Alternatives, (February 2016):13-14.

Disengagement Observer Force (UNDOF) in the Golan Heights, Syria, it did recently provide MGen Denis Thompson to serve as force commander of the Multinational Force and Observers (MFO). The MFO is also an independent international peacekeeping force and was established in 1981 to supervise the implementation of the security provisions of the 1979 Egyptian-Israeli Treaty for Peace.<sup>63</sup> MFO consists of over 1600 personnel from army, air, and naval elements from 13 countries as well as many civilian employees. Also, in late 2014, Canada contributed a CAF medical team, including a commander, to help in global efforts to fight Ebola in West Africa. Specifically, the Canadian Forces Health Services Group (CF H Svcs Gp) deployed 40 of its health care and support staff to assist in treating international healthcare workers exposed to the Ebola virus in Sierra Leone.<sup>64</sup> They worked alongside their health provider partners from the UK armed forces operating at the Kerry Town Treatment Unit. Therefore, although it has been several years since the CAF provided a force commander to a UN mission, it has nonetheless been involved and gained valuable experience in successful peace support operations. The CAF is also arguably more educated and professional than at any time in its history and in all ranks and trades so should be able to handle a breadth of operations from traditional conflict to peace support. Finally, contributing military medical assets to assist in the global response effort to neutralize a potential pandemic suggests Canada is poised and ready to consider new roles for its military in addressing threats to human and health security.

---

<sup>63</sup> Department of National Defence and the Canadian Armed Forces, "Canada's Brigadier-General Denis Thompson to lead Multinational Force and Observers," *News release*, December 17, 2013, <http://www.forces.gc.ca/en/news/article.page?doc=canada-s-brigadier-general-denis-thompson-to-lead-multinational-force-and-observers/hpay57pm>.

<sup>64</sup> Public Health Agency of Canada, "Government of Canada Announces Additional Support to Help Global Efforts to Fight Ebola in West Africa," *Archived News Release*, November 27, 2014, <http://news.gc.ca/web/article-en.do?nid=909429>.

## The Increasingly Complex Security Environment of the 21<sup>st</sup> Century

As the world continues to be engulfed in conflict and instability, there has arguably never been a greater need for stable states like Canada to adopt a more official role in peace support or capacity building operations. The current situation unfolding in many parts of the world due to fragile and war-torn countries highlights the need for intervention. Recently, however, the re-emergence of traditional security challenges such as those posed by Russia, North Korea, and Iran is conflicting priorities for some nations as they try to decide where to devote resources and attention. However, according to academics in international affairs, the U.S. and the international community need to maintain their focus on the challenges and dangers of fragile and war-torn states, including 30–40 countries mostly concentrated in the Middle East and Africa.<sup>65</sup> As a recent report from a former senior U.S. official argues, “...fragile states lie at the root of today’s global disorder.”<sup>66</sup> Most of the crises threatening the West still occur in countries experiencing mass violence or civil wars. For example, Syria’s on-going war continues to exasperate policymakers everywhere as it fuels violence near and far and pushes millions of refugees into far reaching countries. Meanwhile, Iraq, Yemen, and Libya are considered fragmented states and host multiple terrorist groups, including the Islamic State (IS), which controls territory, recruits new followers and inspires attacks while claiming responsibility for the most horrifying atrocities. The war in Afghanistan persists despite a substantial state-building exercise. There are also mass atrocities being committed in South Sudan and the Central African Republic, reversing years of progress

---

<sup>65</sup> Charles T. Call, “The Lingering Problem of Fragile States,” *The Washington Quarterly*, 39 no.4, (2016): 194.

<sup>66</sup> William J. Burns, Michele A. Flournoy, and Nancy E. Lindborg, “U.S. Leadership and the Challenge of State Fragility,” *United States Institute of Peace*, (September 2016): 7.

made by UN peace operations.<sup>67</sup> Finally, as is common in conflict situations, women and children are often the most vulnerable as they typically lack the basic resources to care for their families and have no means of escaping the violence.<sup>68</sup> Therefore, stability operations with a focus on capacity building and improving human security may offer hope by helping prevent conflict from escalating and by protecting some of the world's most vulnerable people.

This increasing global instability appears to have motivated the Canadian government to take action and to improve its contribution to global stability. In addition to welcoming thousands of Syrian refugees, the Canadian government also demonstrated its resolve to take on a new leadership role by pushing the UN to enforce a ceasefire in Syria in order to address the humanitarian crisis and human security violations. Although the UN appeared to be an ineffectual actor since the Syrian war started in 2010, many countries in addition to Canada had grown increasingly unsettled by the lack of UN action. Since the start of the conflict, the UN has been largely paralyzed due to veto powers of one of its principle members, Russia, sitting on the Security Council but pursuing its own agenda by supporting and serving in the Syrian conflict. In October 2016, Canada drafted an open letter, on behalf of 69 member states, to express the common concern that the United Nation's failure "...to carry out its responsibilities for the maintenance of international peace and security in Syria [was] troubling."<sup>69</sup> The letter requested the UN president of the General Assembly to organize a meeting of its

---

<sup>67</sup> Charles T. Call, "The Lingering Problem of Fragile States," *The Washington Quarterly* 39, no. 4 (2016): 194.

<sup>68</sup> United Nations Security Council Resolutions, *Resolution 1325*, (New York: United Nations, 2000), I, <http://unscr.com/en/resolutions/1325>.

<sup>69</sup> United Nations. Letter to H.E. Mr. Peter Thomson, President of the seventy first session of the UN General Assembly. *Permanent Mission of Canada to the United Nations*. October 13, 2016. <http://www.un.org/pga/71/wp-content/uploads/sites/40/2015/08/Informal-briefing-on-the-situation-of-Syria.pdf>.

193 member states “...to explore concerted action to apply pressure on the parties of violence [in Syria] and, ultimately, protect the lives of those innocent civilians who remain in harm’s way.”<sup>70</sup> This letter demonstrated the current Canadian government’s renewed interest in human security and ultimately its efforts were effective. On 9 December 2016, the UN General Assembly adopted the Canada-led resolution demanding the immediate end to hostilities in Syria. Although this did not end the violence, it did allow the victims of the conflict some reprieve from the on-going attacks and human rights abuses and access to humanitarian aid.

In addition to taking action with respect to the Syrian conflict, as mentioned previously, the new Liberal government has also stated its plans to renew Canada’s commitment to peacekeeping operations. The Canadian Prime Minister, Justin Trudeau, recognized the importance of peace operations for their ability to provide much needed aid to millions of people affected by conflict and because they also serve Canada’s interests by creating a safer and more prosperous world.<sup>71</sup> From its “real change” website, the Liberal party states that Canada “...will recommit to supporting international peace operations with the United Nations, and will make our specialized capabilities – from mobile medical teams to engineering support to aircraft that can carry supplies and personnel available on a case-by case basis.”<sup>72</sup> Canada prides itself on being a peaceful democratic country and therefore efforts that promote global human security and capacity building are well aligned with national interests. Furthermore, the government has recognized its capacity to provide specialized capabilities, such as medical assets, as

---

<sup>70</sup> Ibid.

<sup>71</sup> Liberal Party of Canada, “Promoting International Peace and Security,” last accessed 6 December 2016, <https://www.liberal.ca/realchange/promoting-international-peace-and-security/>.

<sup>72</sup> Ibid.

valued tools in peace operations. This suggests that Canada is ready and willing to consider new official roles for its Canadian Armed Forces and one such role that warrants consideration is capacity building through global health engagement.

This chapter examined health, security and the UN system highlighting the increasingly complex security environment of the 21<sup>st</sup> century, fragile states, and the potential of GHE to build capacity and improve national security. The following chapter will now turn to consideration of Stability Operations and the comparison between the CAF and U.S. military approaches.



## CHAPTER 2 STABILITY OPERATIONS IN U.S. AND CANADIAN CONTEXTS

### Stability Operations and Changes to Military Doctrine

The U.S. military has an arguably long history of conducting operations with objectives of building or enhancing the stability of foreign nations. However, the nature of those operations has and continues to change. The terrorist attacks of 9/11 and the military campaigns that followed in Afghanistan and Iraq marked the emergence of ideological conflict, characterized by the rising threat of violent extremism “...that seeks to create anarchy and instability throughout the international system.”<sup>73</sup> However, according to U.S. Army doctrine, the greatest threat to national security is not terrorism or even emerging nations with discontented and ambitious powers seeking a new global order. Instead, their doctrine describes the greatest threat coming from “...fragile states either unable or unwilling to provide for the most basic needs of their people.”<sup>74</sup> Additionally, these threats of uncertainty, persistent conflict, and instability are combining with the rapid changes occurring in culture, society, and technology that further complicate the global security environment. For these reasons, the US Army has formally recognized that the military alone will be unable to succeed in these new security environments. Therefore, in 2005 the U.S. DoD elevated their military doctrine with respect to stability and support operations (SASO), assigning them greater priority and describing a focus on a comprehensive approach. In terms of a comprehensive approach, it was recognized that SASO would need to combine the tools of government agency or statecraft with military forces, international partners, humanitarian

---

<sup>73</sup> Department of the Army. *Field Manual 3-07, Stability Operations*, Washington, D.C.: Department of the Army, 2008: foreword. Last accessed 10 April 2017, [http://www.dtic.mil/doctrine/new\\_pubs/jointpub.htm](http://www.dtic.mil/doctrine/new_pubs/jointpub.htm).

<sup>74</sup> Ibid., foreword.

organizations, and the private sector. The objective in this case was to combine the knowledge and tools of a diverse group of actors that through unity of effort could develop new capabilities that would lead to stability as opposed to conflict and the need for military intervention. Therefore, the Commander U.S. Army stated "...Field Manual 3-07, Stability Operations, represents a milestone in Army doctrine."<sup>75</sup> Specifically, it represents a shift in focus from traditional warfighting or peace operations with the military operating at the centre. Instead, the new doctrine allows the military to plan and prepare for future challenges where the role of the military will be one of support to civilian agencies who will ultimately lead these complex endeavours. In these operations, military forces might be postured to fulfill a more historical role of "...ensuring the safety and security of the local populace, assisting with reconstruction, and providing basic sustenance and public services."<sup>76</sup> The overall objective of SASO would be to provide the foundations for enduring peace and stability with the military functioning in the background in support of the other elements of national power.

The U.S. Army Field Manual of Stability Operations evolved from U.S. Joint doctrine, which provides a definition of stability operations. This definition captures the new supportive role for military forces in pursuit of broader government efforts.

...[Stability operations encompass] various military missions, tasks, and activities conducted outside the United States in coordination with other instruments of national power to maintain or re-establish a safe and secure environment, provide essential government services, emergency infrastructure reconstruction, and humanitarian relief.<sup>77</sup>

---

<sup>75</sup> Ibid.

<sup>76</sup> Ibid.

<sup>77</sup> Department of Defense, *Department of Defense Instruction 3000.05 Stability Operations*, last modified 16 September 2009, <http://www.dtic.mil/whs/directives/corres/pdf/300005p.pdf>.

The role of the military is no longer just to win the war, but to shape the area of operations through the provision of controlled security environments and other military assistance to civilians allowing for political negotiations to occur.

United States military doctrine, like Canadian military doctrine, is continually being updated to meet the demands of the current global security environment. Stability operations have often been combined with other types of operations, such as Peace and Stability Operations in the Canadian context or as Military Support for Stability, Security, Transition, and Reconstruction (SSTR) Operations in the U.S. context. However, as mentioned, stability operations by themselves have taken on a greater focus in the past decade and particularly after U.S. DoD officials emphasized those stability operations were no longer secondary to combat operations.

...Stability operations are a core U.S. military mission that the Department of Defence 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.<sup>78</sup>

The directive also stated that stability operations were likely more capable of achieving long term success of military operations than traditional combat operations. This elevated status of stability operations to that of combat operations was what represented the fundamental change in U.S. military operations and thus marked a new milestone in U.S. military doctrine.

### **Evolution in Canadian Policy and Military Doctrine: Peace and Stability Operations**

While the U.S. has largely increased its priority and focus on stability operations, this concept has also gained some traction in Canadian policy and military doctrine.

---

<sup>78</sup> Ibid., 2.

Certainly, Canada's strategic leaders appear to be responding to the changing security environment of the 21<sup>st</sup> century. Specifically, the Government of Canada recently launched its Peace and Stabilization Operations Program (PSOPs) in August 2016. The intent is to contribute to international peace, security, and stability by working with allies and partners in peace operations and in support of UN peace operations by responding to and preventing conflicts abroad.<sup>79</sup> This program creates policy and options for the Government of Canada to respond to conflicts and crises abroad including catastrophic natural disasters as well as political crises that threaten international stability and security. "For political crisis in particular, PSOPs supports information sharing, joint analysis, and the coordination of diplomatic, military, security, and development efforts to ensure that they are mutually reinforcing."<sup>80</sup> Similar to U.S. Stability Operations, PSOPs are intended as a whole of government approach that could involve military support to civilian-led operations and would work in collaboration with a host of other agencies and international partners.

Previously in 2009, the Department of National Defence released *Land Operations 2021: The Force Employment Concept for Canada's Army of Tomorrow*, to guide land force development into the foreseeable future. This publication introduced the continuum of operations, describing the type of military operations that could take place across the spectrum of conflict including peacetime military engagement, peace support, counterinsurgency (COIN), and major combat operations.<sup>81</sup> Within this continuum, stability operations were identified as taking place primarily during peacetime. However,

---

<sup>79</sup> Global Affairs Canada, *The Peace and Stabilization Operations Program*, last modified 12 October 2016, <http://international.gc.ca/world-monde/world-issues-enjeux-mondiaux/psop.aspx?lang=eng>.

<sup>80</sup> Ibid.

<sup>81</sup> Department of National Defense, *Land Operations 2021: The Force Employment Concept for Canada's Army of Tomorrow*, (Kingston: DND Canada 2007), 7.

given the uncertainty of future operating environments, it was noted that land forces could be required to undertake operations along a continuum encompassing offensive, defensive, and stability actions and across the full spectrum of conflict from peace to war. Therefore, like our U.S. allies, Canadian military forces must be grounded in combat effectiveness but be trained and ready for the full range of operations particularly “...as war winning focuses more and more on capacity building and influence operations.”<sup>82</sup> Therefore, Land Forces 2021 also advocates for a well led, trained, and equipped military in order to be prepared to function effectively in a complex operational environment.

The concept of a Joint Interagency Multinational Public (JIMP) approach to future operations was also introduced in Land Operations 2021. A JIMP approach represents cooperation and collaboration between key personnel in the following four domains: joint – involving other national military elements and support organizations; interagency – involving other domestic and foreign government departments (OGDs) and agencies; multinational – involving other allies or international coalition partners; and public – involving a variety of domestic and international civilians, non-governmental organizations (NGOs), media and commercial organizations.<sup>83</sup> A JIMP approach is advocated when military power alone would be insufficient in satisfying national objectives. Land Operations 2021 warns that in future operational environments where conflict will likely involve a combination of “... ethnic, religious, ideological and material drivers, an ability to bring to bear all instruments of both national and coalition power and influence (i.e. diplomatic, economic, military, informational) ...in a

---

<sup>82</sup> Ibid., 8.

<sup>83</sup> Ibid., 26.

coordinated, collaborative fashion will be essential.”<sup>84</sup> In the wake of Canadian operations in Afghanistan, the Government of Canada as well as members of the CAF recognized the importance of working towards an integrated approach to operations.

The conditions defining the future operational environment, as described in Land Operations 2021, arguably exist in present day. The problems and challenges emerging in the global security environment such as the situations in Syria, Mali, and the DRC, to mention just a few, are clearly going to demand a joint, interagency, multinational and public approach if workable solutions are to be found.

Although the Government of Canada, through its various departments and agencies, is working toward developing policies and doctrine to address future national security challenges, more work should be done. Specifically, departments and agencies should remain committed to the further development of Canada’s concept of peace and stability operations.<sup>85</sup> Even more importantly, governmental agencies need to continue to work together and in consultation with other civil sector agencies and international partners to determine how Canada can best contribute to and achieve desired stabilization acts and effects. Goals and objectives should continue to be reexamined and aligned amongst key government departments as well as contributing agencies. They should also focus on best practices for building capacity, capability, and interoperability amongst themselves as well as potential host nations. Furthermore, elements within those departments and agencies should follow this lead and work to develop their own core capabilities, thus enabling the transformation. In this regard, the CF H Svcs Gp could

---

<sup>84</sup> Ibid., 25.

<sup>85</sup> Global Affairs Canada, *The Peace and Stabilization Operations Program*, last modified 12 October 2016, [http://international.gc.ca/world-monde/world\\_issues-enjeux-mondiaux/psop.aspx?lang=eng](http://international.gc.ca/world-monde/world_issues-enjeux-mondiaux/psop.aspx?lang=eng).

look to their American colleagues and start developing their own doctrine in support of medical stability operations.

### **Stability Operations and Medical Stability Operations**

The overall goal of the military in stability operations is to empower a host nation's ability to function effectively, independently, and peacefully. This goal is obviously more easily attained if the local government is not corrupt and generally has the support of its citizens. However, the degree of instability in a host nation is often directly proportional to the degree of government corruption and consequently often coexists with conflict.<sup>86</sup> Therefore, stability operations are recognized to often be necessary across the full range of operations and across the security spectrum from peace to combat. While establishing a legitimate government will be a long term goal, this typically take years and several different agencies to effect. The first task is often to increase security through a series of offensive and/ or defensive operations that often take place in non-permissive environments. In non-permissive environments, the military may be the only organization capable of action. Therefore, it often befalls upon the military to help establish the foundations for local and international civilian agencies and organizations to succeed while the environment stabilizes and allows greater freedom of action. These actions are all part of stability operations.

The U.S. Department of the Army describes an integrated approach to stability operations and lists stability tasks to include: establishing civil security, establishing civil control, restoring essential services, supporting local government, and supporting

---

<sup>86</sup> United States Institute of Peace, Governance, *Corruption, and Conflict: A Study Guide Series on Peace and Conflict*, (2010): 4, <https://www.usip.org/sites/default/files/ETC-D/NPEC/480021.PDF>.

economic and infrastructure development.<sup>87</sup> These tasks are intended to increase stability in the host nation's sectors of security, justice and reconciliation, humanitarian assistance and social well-being, governance and participation, as well as economic stabilization and infrastructure respectively.

Following the U.S. DoD lead in redefining their concept of stability operations, through the release of DODI 3000.05, the U.S. DoD subsequently released DODI 6000.16 "Health Support for Stability Operations."<sup>88</sup> The purpose of this instruction was to establish policy, assign responsibility, and provide instructions for military health support in stability operations, formally referred to as Medical Stability Operations (MSOs).<sup>89</sup> This instruction also established MSOs as core U.S. military missions. In keeping with the doctrine governing all stability operations, the DoD Military Health System (MHS) would also be expected to work closely with other governmental departments, allies, international organizations, NGOs, and members of the private sector. Furthermore, as in all stability operations, the MHS would need to be prepared to conduct these missions throughout the spectrum of conflict and across the range of military operations, including in combat and non-combat environments. Understanding that military stability operations, particularly in conflict settings, can be a controversial subject, the instruction also details the expectations of the MHS to respect the Oslo

---

<sup>87</sup> Department of the Army. *Field Manual 3-07, Stability Operations*, Washington, D.C.: Department of the Army, 2008: 3-49. Last accessed 10 April 2017, [http://www.dtic.mil/doctrine/new\\_pubs/jointpub.htm](http://www.dtic.mil/doctrine/new_pubs/jointpub.htm).

<sup>88</sup> Department of Defense, *Department of Defense Instruction 6000.16, Military Health Support for Stability Operations*, (May 17, 2010), 1, last accessed 11 April 2017, <http://www.dtic.mil/whs/directives/corres/pdf/600016p.pdf>.

<sup>89</sup> *Ibid.*, 1.



guidelines and the concept of humanitarian space.<sup>90</sup> It states, "...the MHS shall be prepared to perform any tasks assigned to establish, reconstitute, and maintain health sector capacity and capability for the indigenous population when indigenous, foreign, or U.S. civilian professionals cannot do so."<sup>91</sup> This includes the provision of medical assistance to local civilian populations. In the case of MSOs, the fact is that the military may be the only available agency operating in a particular conflict environment and possessing the capability to help. Regardless, the onus is on the military leaders to determine if other agencies exist in the HN, or the international civil sector, that are capable of coordinating health services efforts. If they do exist, the military must seek to establish a lead actor as soon as possible and ideally one from the HN or failing this, then a civilian agency.<sup>92</sup> In cases of overwhelming violence, the military may have to accept the lead role but should transition the lead to the HN or a civilian agency as soon as possible. The military should always make every effort to empower the HN to function effectively and independently and must respect the Oslo guidelines whenever possible.

There has been considerable debate over the role of the military with respect to humanitarian actions and particularly in conflict situations but arguably for good reasons. In fact, military involvement in these types of efforts is widely viewed with scepticism and distrust because of previous tactics that used humanitarian actions to camouflage ulterior military objectives. Perhaps the most explicit, damaging, and ill-advised example

---

<sup>90</sup> Office for the Coordination of Humanitarian Action, *Oslo Guidelines: Guidelines on the Use of Foreign Military and Civil Defence Assets in Disaster Relief Revision 1.1, November 2007*, [https://docs.unocha.org/sites/dms/Documents/Oslo%20Guidelines%20ENGLISH%20\(November%202007\).pdf](https://docs.unocha.org/sites/dms/Documents/Oslo%20Guidelines%20ENGLISH%20(November%202007).pdf).

<sup>91</sup> Department of Defense, *Department of Defense Instruction 6000.16, Military Health Support for Stability Operations*, (May 17, 2010), 2, last accessed 11 April 2017, <http://www.dtic.mil/whs/directives/corres/pdf/600016p.pdf>.

<sup>92</sup> Baker, Jay B., "The Doctrinal Basis for Medical Stability Operations," *Military Medicine* 175, no. 1 (01, 2010): 17.

of this was the CIA's use of Dr. Shakil Afridi to execute a bogus Hepatitis B immunization program as part of the United State's plan to find Osama Bin Laden. Specifically, "...in 2011, Dr. Afridi ran a phony vaccination program as a front for a CIA operation that went door to door in rural Pakistan collecting DNA samples while searching for Osama bin Laden, eventually collecting data used to identify Bin Laden's compound."<sup>93</sup> Subsequently, in December 2012, nine Pakistani aid workers were murdered while performing similar door to door visits to deliver polio vaccinations to children.<sup>94</sup> These murders were believed to be examples of collateral damage from the CIA's actions. However, this new level of violence and overall distrust for humanitarian agencies was only one aspect of the negative repercussions. The most damaging of course were the thousands of children left unvaccinated and now at risk of contracting polio or missing out on other aid programs because humanitarian agencies deemed the environment too unpredictable and insecure to operate in that shared space.<sup>95</sup> Nonetheless, the humanitarian agencies were not the only ones to suffer the consequences of the CIA's actions. Due to the close linkage between the CIA and the military, these acts have been particularly damaging for all militaries and all military programs trying to carry out stability operations or capacity building activities particularly when operating in conflicted environments. This suspicion has undermined the efforts of establishing collaborative partnerships and carrying out future stability operations despite good intentions of building and sustaining peace and prosperity for all involved.

---

<sup>93</sup> David H. Price, "Counterinsurgency by Other Names: Complicating Humanitarian Applied Anthropology in Current, Former, and Future War Zones," *Human Organization* 73, no. 2 (Summer, 2014): 96.

<sup>94</sup> Ibid.

<sup>95</sup> Ibid.

Humanitarian organizations, understandably, have been the most vocal opposers to military involvement in humanitarian actions. Humanitarian organizations claim that humanitarian actions are to be guided by the humanitarian principles of humanity, impartiality, neutrality, and independence.<sup>96</sup> Humanity deals with saving lives and alleviating suffering; impartiality focuses on taking action solely on the basis of need without discrimination between or within affected populations; neutrality ensures no one side in a conflict is favoured or benefited over the other; while independence ensures that humanitarian objectives are autonomous from political, economic, military or other objectives that may be at play in a given humanitarian space. Therefore, these guiding principles suggest the military is incapable of humanitarian acts because they can never be neutral, independent, and in cases of combat operations, impartial.

Interestingly, it has also been argued that the humanitarian principles, and particularly neutrality, are no longer relevant in the post Cold-War era characterized by unconventional warfare. In the classic humanitarian approach, the principles were developed as products of a specific geopolitical context. One "...in which the only type of conflict was the classic inter-state conflict, with a clear separation of military and civilians, of relief and development assistance, and in which the sovereignty of a state was inviolable."<sup>97</sup> In the modern era, traditional humanitarian approaches have even been cited to fuel conflict and allow abuse of aid programs through a lack of conflict sensitivity and due process, sometimes resulting in perverse although unintentional

---

<sup>96</sup> International Federation of Red Cross and Red Crescent, , "Principles and Good Practice of Humanitarian Donorship", *International Meeting on Good Humanitarian Donorship*, 16-17 June 2003, <http://www.ifrc.org/Docs/idrl/I267EN.pdf>.

<sup>97</sup> Madalina Elena Nan, "New Humanitarianism with Old Problems: The Forgotten Lesson of Rwanda", *Journal of Humanitarian Assistance* (4 October 2010): 13 available at <https://sites.tufts.edu/jha/?s=new+humanitarianism+with+old+problems>.

consequences. Without a doubt the "...international interventions in Somalia, the former Yugoslavia, Afghanistan, Sudan and Rwanda established conditions in which alternatives to the dominant modes and organization of humanitarianism could be considered."<sup>98</sup>

Specifically, those traditional approaches to humanitarianism could be replaced by the more politicized new humanitarian agenda which advocates addressing the consequences and root causes of a crisis. This new approach focuses on extending humanitarian "...goals beyond the short-term saving of lives to include peace-building and state-building, the empowerment of minority groups and women, bridging the gap between relief and development, and ultimately in a much broader rights-based approach."<sup>99</sup>

Many have argued that the International Red Cross and Red Crescent (ICRC), a traditional humanitarian organization, has clung to the humanitarian principles to avoid making difficult choices over human rights abuses.<sup>100</sup> However, the stronger counter-argument is that by clinging to its principles, the ICRC has maintained its altruistic reputation and therefore, ability to operate in conflicted environments where others could not. By holding onto the principles, and in particular neutrality, the ICRC has continued to be afforded access to highly complex and dangerous environments. The ICRC has also suffered fewer attacks than other humanitarian organizations that have blurred the lines between political, humanitarian, and military objectives. Therefore, although there is an argument for a new approach to humanitarianism, there is also merit to maintaining more traditional approaches as well.

---

<sup>98</sup> Stuart Gordon and Antonio Donini, "Romancing principles and human rights: Are humanitarian principles salvageable?" *International Review of the Red Cross* 97, no. 897-898 (2015): 86.

<sup>99</sup> *Ibid.*, 88.

<sup>100</sup> *Ibid.*, 87.

These arguments, however, do support the idea that you do not necessarily need to be neutral to do good humanitarian work, as is the case with several multi-mandated organizations, faith-based groups, and the military. Furthermore, the military is an instrument of the government, and therefore may be assigned the responsibility of assisting in the provision of legally obligated aid whether other agencies welcome them or not. So, while there are clear challenges and definite problems in having civilian aid agencies working in tandem with military forces, it is nonetheless likely to continue.

According to Doel,

...no matter what the depth of the paradoxes inherent in military assistance in humanitarian aid operations, the moral and political imperatives at work will be sufficiently strong as to ensure that military forces and NGOs engaged in humanitarian relief will need to operate, if not altogether, then in the same theatre of operations.<sup>101</sup>

The U.S. DoD has acknowledged the concerns regarding humanitarian space and mistakes of the past. They also appear motivated to work with other departments and agencies, including various humanitarian organizations, to resolve issues and to foster a more cooperative and collaborative approach to their MSOs. Each year, the U.S. military now hosts several conferences and civil-military working groups in order to develop and improve relationships as well as to coordinate actions to ensure they are maximally effective.<sup>102</sup> In cases of people in desperate need, there is an obvious benefit to having many providers, with the right intentions, to deliver aid and assistance. However, for this

---

<sup>101</sup> M T. Doel, "Military Assistance in Humanitarian Aid Operations: Impossible Paradox or Inevitable Development?" *Royal United Services Institute Journal* (October 1995): 30.

<sup>102</sup> James C. McArthur, Andrew J. Carswell, Jason Cone, Faith M. Chamberlain, John Dyer, Dale Erickson, George E. Katsos, Michael Marx, James Ruf, Lisa Schirch, and Patrick O. Shea, "Interorganizational cooperation II of III: The humanitarian perspective," *Joint Force Quarterly : JFQ* 80, (2016):145.

to be most effective there is also a requirement for cooperation, mutual understanding, and respect.

### **Canadian Armed Forces Operations and Humanitarian Action**

The Canadian Armed Forces have been called a “multipurpose, combat-capable” military, capable of responding to a wide variety of security situations. These responses may range from combat missions, to peace-building as well as responding to natural disasters and providing much needed humanitarian assistance. What is important for all to note is that the CAF’s role is carefully limited and prescribed by governmental decision-makers. This governmental oversight is necessary because today’s complex operating environments may render them incompatible for CAF involvement particularly from a Canadian values perspective. What’s more, this incompatibility is not always apparent from the onset.

According to Canadian Armed Forces doctrine, operations are broadly organized into two main categories: war and operations other than war.<sup>103</sup> Despite the separation by title, the line between the two categories can blur due to the spectrum of conflict in which they operate. Still, regardless of the type of operation, it always represents the national strategic response to a specific security situation.<sup>104</sup> Operations other than war “...are military operations that focus on deterring war, promoting peace or supporting national development goals ...[but may include] limited combat operations.”<sup>105</sup> Examples of these types of missions may include interdiction operations, non-combatant evacuation operations, humanitarian assistance / disaster relief operations and stability activities.

---

<sup>103</sup> Department of National Defence, B-GJ-005-000/FP-001, *Canadian Forces Joint Publication: CFJP 01 – Canadian Military Doctrine* (Ottawa: DND Canada, 2009), 2-12.

<sup>104</sup> Ibid.

<sup>105</sup> Ibid.

Canadian Armed Forces "...stability activities are specific mission and tasks carried out by armed forces to maintain, restore, or establish a climate of order."<sup>106</sup> Like U.S. stability operations, they will normally be one part of a comprehensive, whole of government or JIMP strategic approach. The focus of these activities is on improving the HN capacity, through its government and institutions, to address the root causes of the state's instability in order to develop and sustain the conditions required for a safe, secure, and stable environment. According to CAF doctrine, stability activities include: security and control, security sector reform, support to civilian infrastructure, governance, and assistance to other government departments and agencies.<sup>107</sup> Normally the military's focus will be on security sector reform and specifically assisting with the HN's military capabilities through mentorship and training programs as well as the provision of military assets to win battles. However, under the heading of 'support to civilian infrastructure' the doctrine also mentions a potential role for the military. Specifically, it states there may be a requirement for the military to "fill a void" in terms of providing essential services, which includes providing humanitarian assistance, but only until other more suitable agencies are available to take the lead in restoring these services.<sup>108</sup> Nonetheless, with respect to support to civilian infrastructure, the doctrine states "...the military may wish to pursue some of these tasks, particularly at the tactical level, in order to engender ongoing support from the local populace."<sup>109</sup> This suggests that in addition to military mentorship and training, there may be other opportunities for the military to build HN

---

<sup>106</sup> Ibid., 6-12.

<sup>107</sup> Ibid., 6-13.

<sup>108</sup> Ibid., 6-12.

<sup>109</sup> Ibid., 6-13.

capacity, such as health capacity. Furthermore, these activities could be supportive and in collaboration with the HN or other civil-sector agencies.

The CAF may also participate in UN operations or peace support operations (PSOs). There are also several regional security organizations, such as NATO, the European Union (EU), the Organization for Security and Cooperation in Europe (OSCE), the Organization of American States (OAS), or the African Union (AU) that may act under the authority of a UN Security Council resolution to conduct PSOs.<sup>110</sup> The CAF, therefore, could potentially work as a coalition partner and in collaboration with these other regional security organizations. Within the category of PSOs, there are five principle activities: conflict prevention, peacemaking, peacekeeping, peace enforcement, and peace-building. Peace-building operations can also be considered capacity building operations because “...they seek to enhance the capacity of the State to effectively and legitimately carry out its core functions.”<sup>111</sup> Therefore, these operations could also potentially benefit from capacity building efforts including health engagement activities aimed at supporting the HN to carry out the basic functions of healthcare.

With respect to humanitarian or disaster relief operations in response to natural disasters or humanitarian emergencies, the military may be ideally suited given the level of training, expertise, and capacity to rapidly deploy and in order to save lives and alleviate suffering. Furthermore, since the end of the Cold War, the CAF have often been requested by foreign governments to provide support to humanitarian organizations and to assist with disaster relief.<sup>112</sup> The government’s decision to send troops in these cases is

---

<sup>110</sup> Ibid., 6-9.

<sup>111</sup> Ibid., 6-8.

<sup>112</sup> Global Affairs Canada, *Government of Canada Guidelines on Humanitarian Action and Civil-Military Coordination* (Ottawa: Canada Communication Group, 2011), 1.



often straight forward in the absence of conflict and when international coordination mechanisms are well-established. Furthermore, military involvement in these cases does not typically impede other humanitarian agencies from respecting their principles when civil-military coordination is undertaken in pursuit of common objectives.

If the CAF are requested to respond to natural disasters by governments and in countries afflicted by conflict, failed state situations, or suffering from inter-ethnic strife, the decision making process is more complex. These decisions, therefore, need to be made on a case-by-case basis and in consultation with the Department of National Defence and Global Affairs Canada.<sup>113</sup> Regardless of the situation, if CAF assets are deployed, the humanitarian/ disaster relief mission is intended to achieve a rapid response but to be of short duration. Once a suitable civilian agency is in location and capable of taking over the role, the military is expected to complete the turn over and transition out of theatre. Recent humanitarian disaster relief missions have included responses to the Haiti and Nepal earthquakes as well as the typhoon in the Philippines. These missions involved the deployment of the Disaster Assistance Response Team (DART), a 200 person multidisciplinary organization composed of military members and civilians from Global Affairs Canada.

Military missions that involve conflict and where CAF personnel are serving in peace-keeping, peace-making, peace-enforcement or combat operations complicate government decision-making with respect to potential CF roles in support of humanitarian action. All of these military operations typically take place in an area of operations that often involves humanitarian action or the need for it. The Government of Canada, therefore, has come up with Guidelines for Humanitarian Action and Civil-

---

<sup>113</sup> Ibid.

Military Coordination, to aid in these decisions.<sup>114</sup> These guidelines are based on a combination of guidelines from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the North Atlantic Treaty Organization (NATO) for the use of military and civil defence assets in support of humanitarian actions and applicable to Canadian military operations. The guidelines acknowledge that, depending on the type of operation and the level of humanitarian assistance required or requested, whether it be infra-structure support, indirect humanitarian assistance, or direct humanitarian assistance that the CAF may have a role in support of humanitarian actions.<sup>115</sup> However, the involvement of military resources is typically dependent on the risk of negatively impacting the humanitarian operating environment which in turn principally depends on whether all parties involved view the military as a partial or impartial actor in the conflict. Canadian officials understand and accept that any civil-military coordination could impair an agencies' actual or perceived adherence to the guiding principles particularly those of neutrality, impartiality and independence. Therefore, the guidelines are intended to help determine the level of risk posed by involving military assets in the provision of different types of humanitarian support and what governmental departments or agencies should be involved in the decision-making process.<sup>116</sup> These governmental guidelines recognize the potential need for military forces in support of humanitarian actions and operations but they also recognize that military involvement is complex and often ill-suited and unnecessary. Furthermore, any military involvement that is later found to have done more harm than good would not be keeping with Canadian societal values.

---

<sup>114</sup> Ibid., 4.

<sup>115</sup> Ibid.

<sup>116</sup> Ibid.

The Canadian Armed Forces doctrine recognizes the complexity of the current security environment and how it has changed since the two major world wars. The modern battle space is characterized by chaos and confusion demanding a greater understanding and appreciation of the spectrum of conflict and the society in which it exists.<sup>117</sup> General Charles Krulak, US Marine Corps, simplified the concept of the modern battle space by comparing it to a “...three-block war where soldiers must be able to conduct stability operations concurrently with combat operations and humanitarian operations within the same limited operating area.”<sup>118</sup> The CAF must therefore also evolve in both its capacity and planning to be prepared to function in this modern battle space. The CAF, as well as other governmental agencies, may well be asked to serve as a coalition partner in these broader operations with the U.S., NATO, or the UN. Therefore, they should also be exploring new innovative areas where they could best contribute to these operations in a way that is in keeping with Canadian societal values. A potential new role for the CF H Svcs Gp is in stability activities and in particular capacity building or GHE tasks. As mentioned previously, depending on the security situation, needs of the HN, and availability of other health sector agencies, this may involve direct support to the HN’s military as well as direct or indirect support to the civil sector. The situation is more complicated if the CAF is also involved in combat operations and if other humanitarian organizations are operating in the same space, setting up the conditions of a three-block war. These situations will therefore require in-depth consideration by government officials in conjunction with the CAF. However, as Okros states with

---

<sup>117</sup> Department of National Defence, B-GJ-005-000/FP-001, *Canadian Forces Joint Publication: CFJP 01 – Canadian Military Doctrine* (Ottawa: DND Canada, 2009), 2-10

<sup>118</sup> Charles C. Krulak, “The Three Block War: Fighting in Urban Areas,” National Press Club, 15 December 1997.

respect to the three-block war, "...the military and the humanitarian professions [can] operate in each of the three theoretical blocks yet should be conducting their activities on the opposite sides of the street."<sup>119</sup> These new roles and activities warrant further exploration but have the potential to achieve positive results, would support the new Liberal agenda and are in keeping with Canadian societal values. Moreover, existing Canadian policy and CAF doctrine both have already opened the door to these new possibilities.

This chapter examined Stability Operations in the U.S. and Canadian contexts and focused on the recent changes to military doctrine. The final chapter will consider CAF, and CF H Svcs Gp support to GHE.

---

<sup>119</sup> Alan Okros and Willemijn Keizer, "Humanitarianism as a Profession," in *Helping Hands and Loaded Arms: Navigating the Military and Humanitarian Space* (Clemensport, NS: Canadian Peacekeeping Press, 2007), 104.

## **CHAPTER 3 GLOBAL HEALTH ENGAGEMENT AND THE CANADIAN FORCES HEALTH SERVICES GROUP**

### **Global Health Engagement**

Global health or global health engagement (GHE) is part of the U.S. DoD MHS core business. In the past, global health was traditionally tied to national security through force health protection and health threats such as biosecurity, biosurveillance, and medical countermeasures. Now, however, GHE also focuses on health activities and programs to assist foreign nations gain stability. Furthermore, due to the increased focus on stability operations, GHE has increased dramatically over the past decade and a half for U.S. MHS personnel. Global health engagement activities "...can be categorized into three broad areas: U.S. military force health protection and readiness, medical stability operations and partnership engagement, and biological threat reduction."<sup>120</sup> Essentially, they include all health services operational missions and tasks that MHS personnel could expect to perform. However, it was the realization that health could serve as a strategic enabler, or a theatre security cooperation tool, that has resulted in a greater focus on this subject.

The U.S. DoD lists 12 mission sets as part of its "National Military Strategy", and four are now considered ideally suited to benefit from GHE activities, hence could directly or indirectly assist in achieving mission success. These strategic missions sets include: Providing a Global Stabilizing Presence, Military Engagement and Security Cooperation, Stability Operations and Counterinsurgency, and Humanitarian Assistance

---

<sup>120</sup> Daniel, J. Christopher, "Global health engagement: Sharpening a key tool for the department of defense," *The Center for Strategic and International Studies - United States* (2014): 1.

and Disaster Response.<sup>121</sup> The first three mission sets could benefit from GHE activities that collaborate with foreign militaries or civilian organizations and serve to develop and build partnerships, to enhance security cooperation, and through capacity building.<sup>122</sup> These types of activities also help achieve U.S. DoD national military objectives by strengthening their global network of allies and partners. The last two mission sets could benefit from GHE activities that serve to alleviate suffering and offer hope to populations whether they are affected by violent extremist organizations, disease outbreaks, or natural disasters and crises. The principle difference between these two groups of mission sets is whether the specific GHE activities will serve to strengthen the foreign health system capabilities pre- and/ or post- disaster or if the mission will, if required, involve the direct provision of care to save lives and ease suffering.<sup>123</sup> Nonetheless, all the mission sets listed consider health engagement to be a prominent and acceptable collaboration tool and call for all military strategic policies to examine GHE activities as a potential means of supporting national interests and objectives.<sup>124</sup> Furthermore, it requires that GHE programs and activities be studied, planned, prepared, and resourced for potential operations.

Medical stability operations are a specialized branch of stability operations that focus on the HN's health sector through global health engagement programs and actions. They seek to support health delivery by the HN with a focus on improving government legitimacy. According to Baker, MSOs primarily fit into the Army's broader security task of restoring essential services, however, they may assist in stabilization efforts of

---

<sup>121</sup> Edwin K Burkett and Dana Perkins, "U.S. National Strategies and DoD Global Health Engagement," *Military Medicine* 181 no. 1 (June 2016): 508.

<sup>122</sup> Ibid.

<sup>123</sup> Ibid.

<sup>124</sup> Ibid.

other sectors as well.<sup>125</sup> Specifically, MSO can assist in helping to establish civil control through provision of military to military mentorship programs and by conducting health support with HN security forces. As Baker argues, HN security forces will be more apt to stay in their local military units and fight if they think they will be properly treated if injured in combat.<sup>126</sup> This in turn, will assist in stabilization of the HN security sector. Baker also states that health sector development contributes to a more robust and prosperous economy thus contributing to economic and infrastructure stabilization efforts. However, MSOs are still best suited to restoring essential services and specifically the essential service of health care. According to Baker, "...tasks in essential services address the root causes of conflict, establish the foundation for long-term development, and ensure permanence of those efforts by institutionalizing positive change in society."<sup>127</sup> With respect to essential services, military forces can support the HN, or if the HN is not capable, other civilian agencies and organizations in the delivery of these services. However, only as a measure of last resort, military forces must be prepared to perform these tasks directly and independently. Nonetheless, "...an exit strategy to turn over control to the HN government should underlie all stability operations [and] ...it is imperative that medical stability operations are appropriately matched to a HN's ability to sustain them."<sup>128</sup> Although stability operations may require years to effect, it is nonetheless important to begin with the end in mind and to never lose sight of the objective. Therefore, whenever possible, the priority must be to support and ideally

---

<sup>125</sup> Baker, Jay B., "The Doctrinal Basis for Medical Stability Operations," *Military Medicine* 175, no. 1 (January 2010): 15.

<sup>126</sup> *Ibid.*

<sup>127</sup> *Ibid.*, 16.

<sup>128</sup> *Ibid.*

empower the HN to function effectively and eventually independently in the provision of essential services to its citizens.

In restoring essential health services, military forces will need to assess the HN capacity to function as well as to determine HN health sector needs and priorities. Depending on the operational environment, there will likely also be a requirement to coordinate with other health sector agencies in order to coordinate efforts and/or establish boundaries. In all these cases, military forces will need to determine how they can best effect sustainable interventions to restore essential health services, build HN capacity, and ultimately increase government legitimacy. In non-permissive environments, the military may need to take on a more direct role, especially if there are no other capable agencies to hand off to or support. In a semi-permissive environment, the military may need to serve in a supportive role to the HN and/ or civilian agencies. In secure areas, the military's participation in capacity building may be welcomed or at least uncontested allowing them to work in closer collaboration with both the host nation and other aid agencies.

With increased attention being placed on fragile states and their potential threat to U.S. national security, it might not be surprising that military planners are increasingly considering GHE missions to be an effective response for preventing conflict as well. These types of missions typically involve professional MHS assets engaging other nations through collaborative health activities and programs to help build and sustain indigenous health sector capacity.<sup>129</sup> As mentioned, improving the HN's health sector is believed to help increase government legitimacy and therefore state security. Increased

---

<sup>129</sup> Jean-Paul Chretien, "US Military Global Health Engagement since 9/11: Seeking Stability through Health," *Global Health Governance*, IV, no. 2, (Spring 2011):1, last accessed 25 April 2017, <http://www.ghgj.org>.



state security in turn means less risk of conflict and therefore less threat to national and international security. Examples of recent U.S. missions with a focus on GHE in fragile states "...have included medical assistance missions launched by U.S. Africa Command and in other regions, deployment of hospital ships to deliver humanitarian assistance and build capacity, and health-related efforts in Afghanistan and Iraq."<sup>130</sup> The U.S. National Security Strategy has stated that "...development reinforces diplomacy and defence, reducing long-term threats to our national security by helping to build stable, prosperous, and peaceful societies."<sup>131</sup> That is to say, GHE is also a means for governments to help achieve the "three Ds" of defence, diplomacy, and development.

GHE may also involve health diplomacy initiatives aimed at building bilateral and multilateral relations that improve global health and international security. Just as models predicting political instability have suggested, when military medical assets are used to help struggling states address population concerns of acute or chronic diseases, water purity and sanitation, or basic access to health care, they can have a powerful impact on the stability, security, economic stability, and legitimacy of a state's government.<sup>132</sup> Furthermore, helping build stable and secure states also creates partnerships and fosters peaceful relations thereby promoting national and international security.

The provision of GHE activities by military medical assets are likely most easily implemented in peace support operations, requested humanitarian operations, and in the

---

<sup>130</sup> Ibid.

<sup>131</sup> Eugene V. Bonventre, Kathleen H. Hicks, and Stacy M. Okutani, "U.S. National Security and Global Health: An Analysis of Global Health Engagement by the U.S. Department of Defense," *A Report of the Center for Strategic and International Studies Global Health Policy Center* (April 2009): 1, last accessed 17 January 2017, [http://drum.lib.umd.edu/bitstream/handle/1903/15980/090421\\_Bonventre\\_USNationalSecurity\\_Rev.pdf?sequence=1](http://drum.lib.umd.edu/bitstream/handle/1903/15980/090421_Bonventre_USNationalSecurity_Rev.pdf?sequence=1).

<sup>132</sup> Ibid., 2

later stages of counterinsurgency operations or the “rebuild” phase. These types of operations allow the helping nation’s military to serve a more altruistic role while working alongside their HN colleagues and perhaps civil sector medical organizations. Ideally, and as mentioned previously, the MHS should never assume the lead role in these types of activities. Instead, they should always serve to empower or improve HN capability in order to build confidence in the HN’s institutions, and its government. Furthermore, they should aspire to work in collaboration with other civil sector organizations whenever possible and practical or by fulfilling perceived gaps.<sup>133</sup> For this to work there must be communication, cooperation, and respect between agencies and with the HN. Therefore, often times GHE missions will necessitate a whole of government or JIMP approach.

### **The Future of Global Health Engagement**

As mentioned, the U.S. MHS is not new to GHE but as it has gained popularity in terms of usage to build state capacity and security, it has also increasingly been criticized for missing the objective. In 2005, US military planners were instructed to prepare for military support for stability, security, transition, and reconstruction operations with the same level of attention as they do for combat operations. Suddenly this also meant training and preparing to meet the health requirements of both military and civilian populations during operations across a range of security environments.<sup>134</sup> Furthermore, it meant medical planners had to quickly advance GHE as a capacity building instrument and to determine how they could best employ this instrument to address HN health deficiencies while promoting U.S. security objectives. As a result, U.S. DoD GHE

---

<sup>133</sup> Ibid., 2.

<sup>134</sup> Ibid., 5

efforts were often characterized as being poorly coordinated with the GHE activities of other civilian agencies and even negatively affecting them.<sup>135</sup> Furthermore, these missions were said to often lack oversight and leadership but most importantly they failed to demonstrate any substantial impact or value.<sup>136</sup> The extensive review into U.S. DoD health engagement activities by the Kaiser Family Foundation revealed a high level of scepticism amongst government and nongovernmental organizations as well as humanitarian organizations concerning military participation in this field.

[Military GHE] has led to some ambiguity and tension regarding the role of DoD in this area, with many in the global health community having reservations about DoD's efforts but lacking a full understanding of its work, and DoD at times failing to give due consideration to the methods and principles that define successful global health programs even as it has increased its attention to such activities. Adding to misunderstandings and difficulties are differences in approach, organizational culture, and vocabulary between DoD and others working on global health.<sup>137</sup>

The findings of the report did not go unnoticed, and prompted considerable change in the U.S. DoD.

The military had already changed its approach from traditional warfighting to an approach that emphasized balance between warfighting and prevention, mitigation, and resolution of conflict. Furthermore, departmental officials had drawn the connection between global health issues and national security and therefore were determined to make

---

<sup>135</sup> Eugene V. Bonventre, Kathleen H. Hicks, and Stacy M. Okutani, "U.S. National Security and Global Health: An Analysis of Global Health Engagement by the U.S. Department of Defense," *A Report of the Center for Strategic and International Studies Global Health Policy Center* (April 2009): 5, last accessed 17 January 2017, [http://drum.lib.umd.edu/bitstream/handle/1903/15980/090421\\_Bonventre\\_USNationalSecurity\\_Rev.pdf?sequence=1](http://drum.lib.umd.edu/bitstream/handle/1903/15980/090421_Bonventre_USNationalSecurity_Rev.pdf?sequence=1).

<sup>136</sup> Josh Michaud, Kellie Moss, and Jennifer Kates, *U.S. Global Health Policy: The U.S. Department of Defense and Global Health* (Washington, DC: Kaiser Family Foundation, September 2012), 35 <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8358.pdf>

<sup>137</sup> *Ibid.*, 5.

their GHE programs work.<sup>138</sup> As a result, DoD reorganized itself internally, changed GHE policies, added new offices dedicated to oversight and leadership, and instituted new coordination mechanisms.<sup>139</sup> Furthermore they increased their outreach to other government and non-governmental agencies and created interagency liaisons to seek better inter-agency collaboration through cultural awareness and understanding.

The U.S. DoD also initiated research studies to determine how to address their greatest criticism, which was their failure to show impact and prove value to their GHE efforts. One such study recommended that mission objectives along with accurate baseline metrics be established before the start of the mission and that specific results or outcomes be measurable either quantifiably or qualifiedly in order to accurately determine mission success.<sup>140</sup> The study also recommended the results or outcomes be revisited following the mission to ultimately determine mission success by re-evaluating intended as well as unintended consequences of the mission. These recommendations were made following confirmation that traditional U.S. DoD GHE missions had lacked measurable metrics, adequate follow-up and unbiased interpretation of mission success.<sup>141</sup> Waller and Ward, therefore, advocated that the U.S. DoD adopt three policy changes in their GHE activities to ensure the HN benefit long-term, that U.S. national interests are supported, and to provide insight into how to improve future missions.<sup>142</sup> Their first recommended policy change was for the DoD to develop a tool capable of measuring the relative value of each GHE in order to determine where value was gained

---

<sup>138</sup> Ibid., 35.

<sup>139</sup> Daniel, J. Christopher, "Global health engagement: Sharpening a key tool for the department of defense," *The Center for Strategic and International Studies - United States* (2014):4.

<sup>140</sup> Stephen Waller and Jane Ward, "The Missing Link in Military Global Health Engagement," *Military Medicine* 181, no. 1 (Jan 2016): 2.

<sup>141</sup> Ibid.

<sup>142</sup> Ibid.

or lost across the spectrum of operations. The measurement tool would measure if the intended outcomes and impacts of the GHE were met.

Secondly, they identified that the judgement of mission value needs to be evaluated by the U.S. or providing nation, the HN, and all interagency stakeholders. They suggested this might also help mitigate misunderstandings of the HN or interagency culture that could jeopardize mission success, and that is often obvious to HN stakeholders who could potentially offer a simple solution.

Thirdly, they recommended long term or impact outcomes to the mission need to be considered. Logically, impacts can often only be determined months or years after the mission's end, however, if known they would allow the providing nation an opportunity to improve future missions.

In addition, the Center for Disaster and Humanitarian Assistance Medicine at the Uniformed Services University of the Health Sciences began researching evaluation tools capable of determining the impacts of GHE activities on achieving desired strategic and operational end-states.<sup>143</sup> These studies as well as changes in departments and policies demonstrated the value that DoD officials placed on GHE and their commitment to improvement.

As a result of these changes, then secretary of defence Chuck Hagel modified his policy guidance and reinforced the U.S. DoD commitment to GHE. The new guidance emphasized that while GHE programs would still support force health protection and reduce biological threats, the primary focus would be on building international

---

<sup>143</sup> Daniel, J. Christopher, "Global health engagement: Sharpening a key tool for the department of defense," *The Center for Strategic and International Studies - United States* (2014):11.

partnerships to achieve security cooperation and greater partner capacity.<sup>144</sup> These modifications did not mark the end of GHE advancement but instead demonstrated the commitment and level of importance placed on these missions and tasks. As a result, the DoD continues to conduct research aimed at improving their programs.

While the U.S. MHS has acknowledged that some GHE have been more successful than others and often depends on who has been asked, what is universally agreed upon as constituting the greatest success is when both the host nation and the supporting nation benefit mutually from the partnership. According to Chretien, the public health impact of GHE initiatives, and their effectiveness in promoting stability is difficult to determine and often unclear.<sup>145</sup> As mentioned, this criticism and others have led the U.S. MHS to attempt to improve its approach to GHE activities over the years. Most notably, they have begun to collect and study different metrics from their missions. One such study was recently conducted by two senior medical officers from the U.S. Army and Navy. They compiled a list of lessons learned from GHE activities during stability operations. Specifically, they used multiple after-action and lessons-learned reports stored and managed in their Stability Operations Lessons Learned and Information Management System (SOLLIMS), to seek ways to improve upon GHE missions.<sup>146</sup> Interestingly, many of the GHE activities studied had been executed with military health teams working in partnership with a variety of other operating partners. Not surprisingly, these partnerships increased the complexity of the missions and often

---

<sup>144</sup> Ibid., 13.

<sup>145</sup> Jean-Paul Chretien, "US Military Global Health Engagement since 9/11: Seeking Stability through Health," *Global Health Governance* iv, no. 2 (Spring 2011):1, last accessed 25 April 2017, <http://www.ghgi.org>.

<sup>146</sup> Robert N. Nang and Glendon B. Diehl, "A Qualitative Content Analysis of Global Health Engagements in Peacekeeping and Stability Operations Institute's Stability Operations Lessons Learned and Information Management System," *Military Medicine*, 180 (April 2015): 417.

resulted in the greatest lesson learned being how to operate together most effectively. Their operating partners came from diverse backgrounds and levels of experience and included other coalition partners, various government civilian organizations, NGOs, and UN organizations. This also supports the argument that GHE missions often require a whole of government or JIMP approach in order to anticipate and address the challenges involved.

In terms of specific lessons learned, the study highlighted six key recommendations based on the findings of repeated recommendations and lessons-learned in the various reports. These six recommendations included the importance of: host nation and interagency coordination; HN partnership and capacity building; strategic communication; managing HN expectations and the socio-cultural context; the role of direct healthcare provision; and generating and sharing of assessments and metrics.<sup>147</sup> Although the United States Army and Navy capability to plan, coordinate, and execute GHE missions is not in the realm of many other nations, delving into their lessons learned is nonetheless valuable. Specifically, these lessons can provide considerable insight for those considering future GHE missions no matter what the scope or extent or even just planning to serve as a coalition partner, which the CAF often does.

The first lesson learned recognized the importance of HN and interagency coordination. Establishing relationships and collaborating with the HN as well as other operating partners and colleagues prior to and during the mission lead to better partnerships, mission coordination and even the overall perception of success.<sup>148</sup> Included in this lesson was the need for in-depth communication that must be carried out

---

<sup>147</sup> Ibid.

<sup>148</sup> Ibid.

before the start of the mission to ensure the operational planning process was completed and that all the actors were on the same page. This is to ensure everyone is familiar with and in agreement on the desired end state, the mission objectives, and the roles and responsibilities of each participant.

The second lesson stressed the importance of HN partnership and capacity building to create long-lasting effects such as improving the HN's stability, governance, or infrastructure. The study suggested lasting improvements could be facilitated by establishing partnerships that persisted following the mission through collaborative research, surveillance networks, or subject matter expert exchanges.<sup>149</sup> The study also suggested that capacity building could be enhanced by improving the HN's ability to administer health services by building or improving medical facilities, educating local health care providers, or by improving health care needs assessments and medical record keeping.<sup>150</sup> In the case of natural disasters, the HN's medical preparedness could also be improved in order to deal with or mitigate the effects of future disasters.<sup>151</sup> As mentioned, the ultimate goal of capacity building is to develop or improve the capability of the HN to eventually achieve self-sufficiency. Further, the situation, events or condition of the nation leading to the necessity of a GHE may also allow planners to develop better capability activities and should also allow for estimation of the commitment duration. Achieving self-sufficiency is typically not a simple endeavour that can be attained through a short intervention. Nevertheless, according to Baker,

---

<sup>149</sup> Ibid.

<sup>150</sup> Ibid.

<sup>151</sup> Ibid.



“...developing human capital is essential to turn efforts over to the HN.”<sup>152</sup> As a result, these missions often require a long commitment, involved partnerships, and many resources.

The third recommendation looked at the importance of formulating and executing a plan for strategic communication. Military involvement in GHE activities has been controversial in the past, therefore, this plan would help prevent enemies or detractors, of either the HN or the helping nation, from creating and communicating a negative message that would then be difficult to counteract.<sup>153</sup> The study actually recommended providing an opportunity for the HN representative to be interviewed by the media to present the GHE activities being conducted and how its priorities were being supported thereby enhancing its government’s legitimacy. Consequently, this lesson underlies the importance of collaborating with the HN prior to the mission to ensure goals and expectations are clearly understood and agreed upon by both parties. By collaborating early and ensuring both parties are on the same page should facilitate the delivery of messages acceptable to satisfy both parties’ interests.

The fourth recommendation focused on the importance of managing the HN’s expectations and the socio-cultural context. The authors again stipulated the importance of a comprehensive pre-deployment consultation with the HN prior to the commencement of the mission.<sup>154</sup> The GHE team must be prepared for the situation on the ground and may require some education about the culture, societal beliefs, and

---

<sup>152</sup> Baker, Jay B., "The Doctrinal Basis for Medical Stability Operations," *Military Medicine* 175, no. 1 (January 2010): 18.

<sup>153</sup> Robert N. Nang and Glendon B. Diehl, "A Qualitative Content Analysis of Global Health Engagements in Peacekeeping and Stability Operations Institute’s Stability Operations Lessons Learned and Information Management System," *Military Medicine*, 180 (April 2015): 417.

<sup>154</sup> Ibid.

religion in preparation for the mission. Understanding the socio-cultural context is often crucial to engaging the population optimally and thereby increasing the mission's effectiveness. It also provides the GHE team an opportunity to determine the need for and number of translators. The pre-deployment consultation should also aim to determine the HN's priorities and to serve as an opportunity to ensure the HN is aware of the specific services that can and will be provided.<sup>155</sup> Expected mission transitions should also be outlined and the anticipated end date established.<sup>156</sup> Addressing expectations prior to mission commencement is essential to facilitate a collaborative partnership. Establishing open lines of communication from the start should also reduce unnecessary tension and frustration between the HN and the helping nation throughout the mission.

The fifth recommendation addressed the provision of direct healthcare by the GHE team. The authors suggested when the GHE team is in location in response to a natural disaster, and capacity building is not the aim, then direct provision of healthcare is usually permitted. Additionally, if the HN's infrastructure and /or capacity to provide healthcare is compromised then provision of humanitarian aid and medical services by the GHE team will likely be the priority in order to save lives and minimize suffering. Nonetheless, the authors highlighted the importance of consulting with the HN first and establishing priorities and capabilities. The author of another study advocated for Coordinated Medical Engagement (CME) whenever services are disrupted and where capability exists.<sup>157</sup> Coordinated Medical Engagement is a joint coalition activity

---

<sup>155</sup> Ibid.

<sup>156</sup> Ibid.

<sup>157</sup> Baker, Jay B., "The Doctrinal Basis for Medical Stability Operations," *Military Medicine* 175, no. 1 (January 2010):18.

promoting provision of health services by HN security forces, possibly more important in conflict situations. This situation occurred in Iraq, when 25 Iraqi health services providers worked alongside two American colleagues to provide medical care to the local populace. Moreover, this act was thought to establish a link between the government and its citizens and thereby improve public perception of the government's ability to deliver medical care.<sup>158</sup> This study also highlights the importance of never losing sight of the objective, which is to build HN self-sufficiency.

By in large, these studies, as well as a host of others, warned against the provision of direct healthcare in the absence of a natural disaster. Direct healthcare activities in the past have "...lacked long-term follow-up and undermined the local health economy by displacing health care providers, pharmacies, and medical suppliers."<sup>159</sup> Another important consideration is to not undermine private business by donating medical materials and products available locally. Baker advocates that medical supplies should be purchased locally whenever possible to support the economy as well as reinforce sustainable practices. Likewise, he warns about the necessity to consider the appropriateness of donated medical technology in terms of the HN's ability to maintain it.<sup>160</sup> Despite the overwhelming recommendations against providing direct healthcare, the SOLLIMS study did suggest that specific health activities such as optometry could still be beneficial provided they met HN expectations, did not undermine existing services, and improved a recipient's health, education, employment, or social

---

<sup>158</sup> Multi-National Force-Iraq, "Coordinated Medical Engagement Treats Hundreds in Iraqi Family Village," last modified 4 December 2007, <http://freerepublic.com/focus/f-news/1934789/posts>.

<sup>159</sup> Robert N. Nang and Glendon B. Diehl, "A Qualitative Content Analysis of Global Health Engagements in Peacekeeping and Stability Operations Institute's Stability Operations Lessons Learned and Information Management System," *Military Medicine*, 180 (April 2015): 417.

<sup>160</sup> Baker, Jay B., "The Doctrinal Basis for Medical Stability Operations," *Military Medicine* 175, no. 1 (January 2010):18.

opportunities.<sup>161</sup> Ultimately the decision to provide direct healthcare by the GHE team will depend on the situation but will typically only occur if the service is not available locally or as an emergency response to a sudden and overwhelming disaster in the HN. These types of disaster relief missions are different from peace operations and stability operations where capacity building of the HN is the focus.

The sixth and last recommendation concerned the importance of recording pre-deployment assessments and mission metrics. The authors specifically highlighted the importance of interagency sharing of pre-deployment assessments prior to the start of the mission as well as advocated for documenting metrics during the mission.<sup>162</sup> They also stated that non-health-related metrics be documented including "...the establishment of goodwill and diplomacy with a population, improving HN partnerships, and promoting a HN's governance and stability."<sup>163</sup> After all, those are the overarching objectives of all stability operations in terms of U.S. interests. Moreover, the study did suggest that documentation of all positive as well as negative aspects of a GHE mission should be captured in order to expand and capitalize on the lessons learned. These metrics, as performance measures, will ultimately be required to determine the effectiveness of these large scale stabilization operations from a medical, military, as well as foreign policy perspective.

Lessons learned from our allies' previous missions can serve as valuable information for our own nation, especially if we are looking at ways of expanding our role in peace support and stability operations. From these lessons, it is evident that in-

---

<sup>161</sup> Robert N. Nang and Glendon B. Diehl, "A Qualitative Content Analysis of Global Health Engagements in Peacekeeping and Stability Operations Institute's Stability Operations Lessons Learned and Information Management System," *Military Medicine*, 180 (April 2015): 417

<sup>162</sup> Ibid.

<sup>163</sup> Ibid.

depth communication with the HN and other agencies or coalition partners is equally as important as the health services or activities provided. Furthermore, the type of health care support provided will depend on the type of mission in order to address the needs of the HN while satisfying the national security objectives of the providing nation.

### **A Potential New Role For the CAF and CF H Svcs Gp**

Canada would not be the first country to develop new roles or capabilities for its Armed Forces. This also occurred in the United Kingdom, where they too sought a new role for their armed forces following the end of the Cold War and in order to fit its prescribed budget.<sup>164</sup> The U.K. government found that "...governments can more effectively deploy and use their armed forces for foreign policy ends if they are seen as 'humanitarian'."<sup>165</sup> Furthermore, and as mentioned, the U.S. DoD increased their focus on stability operations following 9/11 which also made medical stability operations and other GHE programs a key priority.

In 2014, Jonathan Woodson, the US Assistant Secretary for Health Affairs presented six strategic lines of effort to support the US Secretary of Defence, Chuck Hagel's, "six strategic priorities for reshaping [US Forces] and institutions for a different future."<sup>166</sup> Dr. Woodson's sixth line of effort was to "...define the Military Health System's global health engagement requirement."<sup>167</sup> United States senior officials have

---

<sup>164</sup> M Duffield, *Global governance and the new wars: the merging of development and security*, (London: Zed Books, 2001).

<sup>165</sup> Marion Birch, "Delivering health care in insecure environments: UK foreign policy, military actors and the erosion of humanitarian space," *Medicine, Conflict and Survival*, 26 no. 1 (January-March 2010): 82.

<sup>166</sup> Prepared Statement of The Honorable Jonathan Woodson, Assistant Secretary of Defense for Health Affairs Regarding the Military Health System Overview Before the House Appropriations Committee Defense Subcommittee, April 2, 2014, <http://docs.house.gov/meetings/AP/AP02/20140402/102012/HHRG-113-AP02-Wstate-WoodsonJ-20140402.pdf>.

<sup>167</sup> Ibid.

formally recognized “...that health is an effective, ethical platform for engaging partner nations, both in a security cooperation capacity and as part of disaster response.”<sup>168</sup>

Furthermore, the U.S. government has also advocated for improved interagency coordination in order to advance their national security strategy while also improving health throughout the world. These agencies include the U.S. DoD and MHS forces coupled with the USAID for their development efforts and state department diplomacy.

As mentioned, these new core capabilities have not always been entirely effective or without controversy for the U.S. DoD MHS. Therefore, it is important that the CAF and the CF H Svcs Gp look to our U.S. neighbours and consider their lessons learned, the mistakes of the past, and the recommendations going forward and use them to develop the most effective concept of operations possible.

It is apparent that in order for GHE missions to be successful, they must ultimately allow both the providing nation and the host nation to benefit mutually. Furthermore, these mutual benefits must be accurately interpreted by both parties and should involve long lasting, or sustainable, outcomes. Therefore, GHE programs and activities must be planned with the end in mind and there needs to be a method of evaluating whether the activities actually achieve their long-term objectives. Simply showing up and providing medical treatment may appear beneficial but the long term effects have been shown to be more harmful than beneficial. If the local HN facilities are put out of business or are determined to be substandard and the local population decides to wait for the North Americans to return, than the mission cannot be determined a success. Similarly, if the providing nation teaches medical acts that are not accepted in

---

<sup>168</sup> Richard Downie, ed., *Global Health as a Bridge to Security: Interviews with U.S. Leaders* (Washington, DC: Center for Strategic and International Studies, 2012), last accessed 20 December 2016 [http://csis.org/files/publication/120920\\_Downie\\_GlobalHealthSecurity\\_Web.pdf](http://csis.org/files/publication/120920_Downie_GlobalHealthSecurity_Web.pdf).

the host nation culture, or teaches techniques that rely on materials and equipment not readily available, the mission is also not a success. Furthermore, military forces may be working in collaboration or independently with other health sector providers and need to understand and respect the policies and culture of those organizations.

While the U.S. DoD continues with its efforts to maximize mission effectiveness and success, it would also benefit other nations contemplating these missions, to take them into careful consideration. Canada, and the CAF in particular, have a long history of working alongside their closest ally and neighbour to the South. Therefore, it is important to be aware of new policies being developed or updated by the U.S. DoD and what impact or requirement they could have for the CAF in future coalition operations. As mentioned, the U.S. DoD has changed their approach to warfare due to the changing security environment of the 21 century and now put equal emphasis on stability operations as they do warfighting. The Canadian military leadership has also recognized that the security environment is changing and is shifting its focus toward a whole of government or JIMP approach to respond to those changes.<sup>169</sup> Therefore, it appears the time is right for the CAF to re-examine its doctrine with respect to PSOs and stabilization actions and what they should entail.

The CAF currently has established programs committed to maintaining international security and stability that could also aligned with GHE programs.<sup>170</sup> For example, Military Diplomacy and Global Engagement is a sub-program that falls under the broader program of International Combat Operations. The purpose of this program is

---

<sup>169</sup> Department of National Defense, *Land Operations 2021: The Force Employment Concept for Canada's Army of Tomorrow*, (Kingston: DND Canada 2007), 26.

<sup>170</sup> Department of National Defence and the Canadian Armed Forces, *2016-17 Report on Plans and Priorities*, 2016, [http://www.forces.gc.ca/assets/FORCES\\_Internet/docs/en/about-reports-pubs/2016-2017-rpp-dnd.pdf?dt=16510](http://www.forces.gc.ca/assets/FORCES_Internet/docs/en/about-reports-pubs/2016-2017-rpp-dnd.pdf?dt=16510).

to “...achieve greater interoperability and enhanced delivery of defence capabilities during on-going, contingency and potential operations in the future in order to support the defence of Canada and Canadian interests.”<sup>171</sup> Specifically, this program aims to strengthen existing relationships and to create new ones with foreign partners during international operations by providing assistance in the form of military training and through operational cooperation and sharing of expertise. Therefore this program is ideally suited to GHE aimed at building cooperative partnerships and the healthcare capacity of foreign militaries. Furthermore, just as the CAF can provide substantial assistance to Canadians during domestic operations in response to natural disasters, the same could be true of foreign militaries. As Cullison et. al. state, “...the military is often a country’s most critical resource in effective disaster management.”<sup>172</sup> Therefore training medical military personnel has the potential of benefitting the local civilian populace in addition to military personnel.

A second program is Disaster Relief and Humanitarian Operations that falls under the broader program of Defence Services and Contributions to Government.<sup>173</sup> Disaster relief and humanitarian operations “...aim to assist populations in distress in order to establish, re-establish or enhance the human safety and well-being through the use of military operations.”<sup>174</sup> These operations may occur nationally or internationally and focus on collaborative efforts with other agencies to minimize suffering while providing the necessary support during national disasters, evacuation events, humanitarian emergencies, or as directed by the Government of Canada. As mentioned, these

---

<sup>171</sup> Ibid., 40.

<sup>172</sup> Cullison, Thomas R., Charles W. Beadling, and Elizabeth Erickson, “Global health engagement: A military medicine core competency,” *Joint Force Quarterly*, 80 (2016): 54.

<sup>173</sup> Ibid., i.

<sup>174</sup> Ibid., 42.



operations are not new to the CAF with DART deployments occurring on an almost annual basis in recent years. Therefore, although they fall under the umbrella of GHE, Disaster Relief and Humanitarian Operations are already considered CAF core business.

In addition to these programs, the 2016-17 Report on Plans and Priorities stipulates that the Department of National Defence is currently looking to renew Canada's commitment to UN peace operations. In particular, and as mentioned, the DND is considering offering specialized capabilities, such as mobile medical teams, to help the UN respond quickly to emerging conflicts with well trained personnel who can be deployed quickly and also serve in leadership roles in the training of UN peace operations personnel.<sup>175</sup> Therefore a potential third program for the CAF that would satisfy the government's intent, align with Canadian values, and serve to bolster national security objectives of maintaining security is foreign aid through capacity building and in particular GHE.

As mentioned, the US DoD identifies four major focus areas where military assets can best be employed for GHE activities or missions:

1. Forces health protection, including efforts to protect service members from global threats like infectious diseases or antibiotic resistant bacteria through the constant monitoring of disease threats and the development of preventive measures, diagnostics, drugs and vaccines.
2. Building capacity and interoperability with partner nations, including through bilateral and multilateral exercises in battlefield and disaster medicine.
3. Humanitarian assistance and disaster response to lessen the destabilizing effects of disasters and public health crises.

---

<sup>175</sup> Liberal Party of Canada, "Promoting International Peace and Security," last accessed 6 December 2016, <https://www.liberal.ca/realchange/promoting-international-peace-and-security/>.

4. Cooperative threat reduction with partners, centered on enhancing global biosafety, biosecurity, and biosurveillance.<sup>176</sup>

In reality, none of the GHE activities listed above are entirely new for the CAF. Force health protection is the core business of the CF H Svcs Gp in order to sustain a healthy fighting force. The CF H Svcs Gp fulfills this objective in conjunction with partner agencies within Canada and on operations. With respect to the third objective, and as mentioned the CAF DART regularly deploys in response to natural disasters, bringing much needed relief and humanitarian assistance in order to save lives and alleviate suffering. With respect to the fourth GHE activity, and as mentioned previously, the CF H Svcs Gp deployed a team to help counteract the Ebola crisis in 2015 as part of the cooperative global effort to contain the disease and eliminate a global health threat. Finally, the CAF has also recently engaged in capacity building operations in Afghanistan as CAF medical and dental personnel engaged in mentorship programs as part of the 2011-12 NATO training mission. Specifically, medical and dental personnel mentored both Afghan military and civilian health care practitioners in order to introduce new techniques and practices in attempts of building HN health capacity while simultaneously helping to support the security environment. In addition to this mission, several CAF medical and dental personnel have also participated in various US-led GHE multi-nation exercises and humanitarian missions with the aim of building strategic partnerships and interoperability.

Formally accepting GHE as core CAF business would represent a new role for the CF H Svcs Gp. Specifically, these missions and tasks would allow the CF H Svc Gp to

---

<sup>176</sup> The Military Health System and the Defense Health Agency, "Military health leaders say that DoD's investment in global health engagement continues to grow," last modified 29 August 2016, <http://www.health.mil/News/Articles/2016/08/29/Military-health-leaders-say-that-DoDs-investment-in-global-health-engagement-continues-to-grow>.

better support the CAF and the Government of Canada, by expanding beyond its traditional role of sustainment. In particular, GHE represents an opportunity to build and strengthen relationships with our allies already involved in these types of missions and operations. It would also allow the CAF to build capacity and partnerships with other foreign militaries through collaborative health efforts. GHE could also potentially facilitate the Government of Canada in its obligation to the IHR by providing medical leadership to developing countries trying to address public health threats and/ or improve health security. Finally GHE represents an avenue for the Government of Canada to recommit to UN peace support operations.

In order for the CF H Svcs Gp to take on this expanded role, input would be required from various government departments and civil agencies in collaboration with DND and the CAF to ensure understanding and cooperation on future operations. Nonetheless, global health engagement is worthy of further exploration. It clearly represents a mission set that could help contribute to international security while serving Canadian values of making a safer more secure world for all. This chapter has examined global health engagement, highlighting U.S. DoD involvement in GHE, factors influencing the evolution of GHE, and how the CAF could support GHE to achieve broad government objectives.

## CONCLUSION

The security environment of 21 century is characterized by complexity, chaos, and confusion. As a result, militaries are changing their approach to warfare. They are shifting away from a traditional monocular focus on warfighting to now place equal emphasis on prevention, mitigation, and resolution of conflict. It has been determined that populations experiencing severe instability often reside in so called “fragile states” or those that are unable to satisfy the basic functions of government. These fragile states are often embroiled in conflict and their populations typically suffer from much poorer health than those in other states at comparable stages of development. As a result, global health has become a key geopolitical issue for military forces as they seek new innovative ways to address the instability and the threat of conflict arising from fragile states. Specifically, if the military can help support a state’s institutions and infrastructure to provide effective health services, that may be the key contributor to state legitimacy and in turn stability. Therefore GHE, with a focus on medical stabilization operations and building partnership nations through cooperative health efforts has become the central focus of the U.S. MHS.

The Canadian government as well as its departments and agencies have also recognized the changing security environment and have also developed new policies and doctrine to respond to those changes. Included in Canadian Operations Other Than War, stabilization activities are intended to build HN capacity and therefore lead to improved state security and stability. Furthermore, certain Peace Support Operations may also include capacity building objectives. Although the CF H Svcs Gp has not formally

adopted GHE as part of its core business, many of its members have participated in GHE activities. For example, they have participated in GHE during coalition operations and exercises as well as in response to natural disasters and emerging crises such as Ebola. This paper has argued that GHE represents an exciting opportunity for the CF H Svcs Gp to move beyond its traditional role of sustainment. Specifically, the CF H Svcs Gp is well suited to providing medical leadership to countries trying to address public health threats and improve health security. Global health engagement also offers a means of engaging other military forces, to develop new partnerships while simultaneously building health capacity in their nations through collaborative health efforts. Finally, CF H Svcs personnel could be deployed in conjunction with other allies already involved in these types of missions and operations in order to advance interoperability and collaborative partnerships. Although incorporating GHE as part of the CF H Svcs Gp core business will take considerable effort on the part of the CAF and other governmental departments and agencies, it is nonetheless a worthwhile endeavour. It represents an innovative way for Canada to reinvest in PSOs, contribute to the IHR, and demonstrate Canadian values while also satisfying national security objectives of leading to a safer more secure world.

This paper has examined how the CAF could support broad government objectives by taking on a new role in GHE. It covered the broad topics of health, security and the UN system; Stability Operations in both the U.S. and Canadian contexts; and how the CAF and the CF H Svcs Gp could support GHE.

## BIBLIOGRAPHY

- Axworthy, Lloyd. "Canada and human security: The need for leadership." *International Journal*, 52 no. 2 (1997): 183-196.
- Baker, Jay B. "The Doctrinal Basis for Medical Stability Operations." *Military Medicine* 175, no. 1 (01, 2010): 14-20.
- Ban, J. "Health as a global security challenge." *Seton Hall Journal of Diplomacy and International Relations* no. 4 (2003): 19-28.
- Birch, Marion. "Delivering health care in insecure environments: UK foreign policy, military actors and the erosion of humanitarian space." *Medicine, Conflict and Survival*, 26 no. 1 (January-March 2010): 80-85.
- Bonventre, Eugene V., Kathleen H. Hicks, and Stacy M. Okutani. *U.S. National Security and Global Health: An Analysis of Global Health Engagement by the U.S. Department of Defense*. A Report of the Center for Strategic and International Studies Global Health Policy Center, April 2009. Last accessed 17 January 2017 [http://drum.lib.umd.edu/bitstream/handle/1903/15980/090421\\_Bonventre\\_USNationalSecurity\\_Rev.pdf?sequence=1](http://drum.lib.umd.edu/bitstream/handle/1903/15980/090421_Bonventre_USNationalSecurity_Rev.pdf?sequence=1).
- Burkett, Edwin K and Dana Perkins. "U.S. National Strategies and DoD Global Health Engagement." *Military Medicine* 181 no. 1 (June 2016): 507-508.
- Burns, William J., Michele A. Flournoy, and Nancy E. Lindborg. "U.S. Leadership and the Challenge of State Fragility." *United States Institute of Peace*, September 2016.
- Call, Charles T. "The Lingering Problem of Fragile States." *The Washington Quarterly*. 39:4 (2016): 193-209.
- Canada. Department of National Defence. B-GJ-005-000/FP-001, *Canadian Forces Joint Publication: CFJP 01 – Canadian Military Doctrine*. Ottawa: DND Canada, 2009.
- Canada. Department of National Defence. *Land Operations 2021: The Force Employment Concept for Canada's Army of Tomorrow*. Kingston: DND Canada, 2007.
- Canada. Department of National Defence and the Canadian Armed Forces. *2016-17*

*Report on Plans and Priorities*. 2016. [http://www.forces.gc.ca/assets/FORCES\\_Internet/docs/en//about-reports-pubs/2016-2017-rpp-dnd.pdf?dt=16510](http://www.forces.gc.ca/assets/FORCES_Internet/docs/en//about-reports-pubs/2016-2017-rpp-dnd.pdf?dt=16510).

Canada. Department of National Defence and the Canadian Armed Forces. “Canada’s Brigadier-General Denis Thompson to lead Multinational Force and Observers.” *News release*, December 17, 2013. <http://www.forces.gc.ca/en/news/article.page?doc=canada-s-brigadier-general-denis-thompson-to-lead-multinational-force-and-observers/hpay57pm>.

Canada. Global Affairs Canada. *Government of Canada Guidelines on Humanitarian Action and Civil-Military Coordination*. Ottawa: Canada Communication Group, 2011.

Canada. Global Affairs Canada. *Key Multilateral Partners in Development: World Health Organization*. Last accessed 10 January 2017. [http://www.international.gc.ca/development-developpement/partners-partenaires/key\\_partners-partenaires\\_cles/who-oms.aspx?lang=eng](http://www.international.gc.ca/development-developpement/partners-partenaires/key_partners-partenaires_cles/who-oms.aspx?lang=eng).

Canada. Global Affairs Canada. *The Peace and Stabilization Operations Program*. Last Modified 12 October 2016. [http://international.gc.ca/world-monde/world\\_issues-enjeux-mondiaux/psop.aspx?lang=eng](http://international.gc.ca/world-monde/world_issues-enjeux-mondiaux/psop.aspx?lang=eng).

Canada. Public Health Agency of Canada. “Government of Canada Announces Additional Support to Help Global Efforts to Fight Ebola in West Africa.” *Archived News Release*, November 27, 2014. <http://news.gc.ca/web/article-en.do?nid=909429>.

Canada. *Speech from the Throne*. 4 December 2015. <http://www.speech.gc.ca>.

Chretien, Jean-Paul. “US Military Global Health Engagement since 9/11: Seeking Stability through Health.” *Global Health Governance*. Volume IV, no. 2 (Spring 2011):1-12. Last accessed 25 April 2017, <http://www.ghgj.org>.

Christopher, Daniel J. “Global health engagement: Sharpening a key tool for the department of defense.” *The Center for Strategic and International Studies – United States*, (2014): 1.

Cullison, Thomas R., Charles W. Beadling, and Elizabeth Erickson. “Global health engagement: A military medicine core competency.” *Joint Force Quarterly*, 80 (2016): 54.

Doel, M T., “Military Assistance in Humanitarian Aid Operations: Impossible Paradox or Inevitable Development?” *Royal United Services Institute Journal*. October 1995, 26 – 32.

- Dorn, Walter, and Joshua Libben. *Unprepared for Peace? The Decline of Canadian Peacekeeping Training (and What to Do About It)*. Rideau Institute and the Canadian Centre for Policy Alternatives, February 2016.
- Downie, Richard, ed. *Global Health as a Bridge to Security: Interviews with U.S. Leaders* (Washington, DC: Center for Strategic and International Studies, 2012). Last accessed 20 December 2016 [http://csis.org/files/publication/120920\\_Downie\\_GlobalHealthSecurity\\_Web.pdf](http://csis.org/files/publication/120920_Downie_GlobalHealthSecurity_Web.pdf).
- Duffield, M. *Global governance and the new wars: the merging of development and security*. London: Zed Books, 2001.
- Feldbaum, Harley, Kelley Lee and Joshua Michaud. "Global Health and Foreign Policy." *Epidemiologic Reviews* (March 10, 2010): 1-11.
- Gordon, Stuart and Antonio Donini. "Romancing principles and human rights: Are humanitarian principles salvageable?" *International Review of the Red Cross*. 97, no. 897-898 (2015): 77-109.
- Gostin, Lawrence O. and Eric A. Friedman, "Ebola: A Crisis in Global Health Leadership," *Lancet* 384, no. 9951 (2014): 1323-1325.
- Heymann DL, L. Chen, K. Takemi, D.P. Fidler, J.W. Tappero, M.J. Thomas, T.A. Kenyon, T.R. Frieden, D. Yach, S. Nishtar, A. Kalache, P. L. Olliaro, P. Horby, E. Torreale, L.O. Gostin, M. Ndomondo-Sigonda, D. Carpenter, S. Rushton, L. Lillywhite, B. Devkota, K. Koser, R. Yates, R.S. Dhillon, and R.P. Rannan-Eliya. "Global health security: the wider lessons for the west African Ebola virus disease epidemic." *Lancet*, 385 (2015): 1884-901.
- Huffman, Blair, Emma Marriott, and April Yu. "Predicting High-Risk Countries for Political Instability and Conflict." *Stanford University*. Last accessed 24 January <http://cs229.stanford.edu/proj2014/Blair%20Huffman,%20Emma%20Marriott,%20April%20Yu,%20Predicting%20highrisk%20countries%20for%20political%20instability%20and%20conflict.pdf>.
- "'Human security depends on health security,' Ban says, calling on nations to be proactive." *UN News Centre*, 26 September 2015. <http://www.un.org/apps/news/story.asp?NewsID=51986#.WUZ7GRPytBw>.
- International Commission on Intervention and State Sovereignty. *The Responsibility to Protect: Report of the International Commission on Intervention and State Sovereignty*. Ottawa: International Development Research Centre, 2001. <http://responsibilityto.protect.org/ICISS%20Report.pdf>.
- International Federation of Red Cross and Red Crescent, , "Principles and Good Practice



of Humanitarian Donorship”, *International Meeting on Good Humanitarian Donorship*, 16-17 June 2003, <http://www.ifrc.org/Docs/idrl/I267EN.pdf>.

Katz, Rebecca and Daniel A. Singer. “Health and security in foreign policy.” *Bulletin of the World Health Organization*, 85 no.3 (March 2007): 161-244. <http://www.who.int/bulletin/volumes/85/3/06-036889/en/>.

Krulak, Charles C. “The Three Block War: Fighting in Urban Areas.” National Press Club. 15 December 1997.

Liberal Party of Canada. “Promoting International Peace and Security,” Last accessed 6 December 2016, <https://www.liberal.ca/realchange/promoting-international-peace-and-security/>.

Margolis, J. Eli. “Following Trends and Triggers: Estimating State Instability.” *Studies in Intelligence* 56, no 1 March 2012.

McArthur, James C., Andrew J. Carswell, Jason Cone, Faith M. Chamberlain, John Dyer, Dale Erickson, George E. Katsos, Michael Marx, James Ruf, Lisa Schirch, and Patrick O. Shea. “Interorganizational cooperation II of III: The humanitarian perspective.” *Joint Force Quarterly* : JFQ(80), 2016:145-152.

Michaud, Josh, Kellie Moss, and Jennifer Kates. *U.S. Global Health Policy: The U.S. Department of Defense and Global Health* (Washington, DC: Kaiser Family Foundation, September 2012). Available at <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8358.pdf>.

Multi-National Force-Iraq. “Coordinated Medical Engagement Treats Hundreds in Iraqi Family Village.” Last modified 4 December 2007. <http://freerepublic.com/focus/f-news/1934789/posts>.

Nan, Madalina Elena. “New Humanitarianism with Old Problems: The Forgotten Lesson of Rwanda.” *Journal of Humanitarian Assistance* (4 October 2010). <https://sites.tufts.edu/jha/?s=new+humanitarianism+with+old+problems>.

Nang, Robert N. and Glendon B. Diehl. “A Qualitative Content Analysis of Global Health Engagements in Peacekeeping and Stability Operations Institute’s Stability Operations Lessons Learned and Information Management System.” *Military Medicine*, 180 (April 2015): 409-418.

Office for the Coordination of Humanitarian Action. *Oslo Guidelines: Guidelines on the Use of Foreign Military and Civil Defence Assets in Disaster Relief Revision 1.1. November 2007*. [https://docs.unocha.org/sites/dms/Documents/Oslo%20Guidelines%20ENGLISH%20\(November%202007\).pdf](https://docs.unocha.org/sites/dms/Documents/Oslo%20Guidelines%20ENGLISH%20(November%202007).pdf).

- Ogata, Sadako and A. Sen. *Human Security Now: Commission on Human Security*. New York: Commission on Human Security, 2003.
- Ogata, Sadako and Johan Cels. "Human Security-Protecting and Empowering the People." *Global Governance* 9, no. 3 July, 2003.
- Okros, Alan and Willemijn Keizer. "Humanitarianism as a Profession," In *Helping Hands and Loaded Arms: Navigating the Military and Humanitarian Space*, 75-113. Clemensport, NS: Canadian Peacekeeping Press, 2007.
- Prepared Statement of The Honorable Jonathan Woodson, Assistant Secretary of Defense for Health Affairs, *Regarding the Military Health System Overview* Before the House Appropriations Committee Defense Subcommittee April 2, 2014. Accessed 20 December 2016, <http://docs.house.gov/meetings/AP/AP02/20140402/102012/HHRG-113-AP02-Wstate-WoodsonJ-20140402.pdf>.
- Price, David H. "Counterinsurgency by Other Names: Complicating Humanitarian Applied Anthropology in Current, Former, and Future War Zones." *Human Organization* 73, no. 2 (Summer, 2014): 95-105.
- Quinnan, Gerald V., Jr. "The Future of Department of Defense Global Health Engagement." *Joint Force Quarterly: JFQ* no. 80 (First, 2016): 37-44.
- Routledge, Simon, and Jeremy R. Youde. *Routledge handbook of global health security*. New York;London: Routledge/Taylor & Francis Group, 2015.
- Spiegel, Jerry M. and Robert Huish. "Canadian Foreign Aid For Global Health: Human Security Opportunity Lost." *Canadian Foreign Policy*, 15 no. 3 (2009): 60-84.
- The Military Health System and the Defense Health Agency. "Military health leaders say that DoD's investment in global health engagement continues to grow." Last modified 29 August 2016. <http://www.health.mil/News/Articles/2016/08/29/Military-health-leaders-say-that-DoDs-investment-in-global-health-engagement-continues-to-grow>.
- United Nations Development Program (UNDP). *Human Development Report 1990*. New York: Oxford University Press. 1990.
- United Nations. United Nations Development Program (UNDP). *Human Development Report: New Dimensions of Human Security*. New York: Oxford University Press. 1994.
- United Nations. *Charter of the United Nations, Preamble*. Last accessed 22 November 2016. <http://www.un.org/en/sections/un-charter/preamble/index.html>.

- United Nations. Letter to H.E. Mr. Peter Thomson, President of the seventy first session of the UN General Assembly. *Permanent Mission of Canada to the United Nations*. October 13, 2016. <http://www.un.org/pga/71/wp-content/uploads/sites/40/2015/08/Informal-briefing-on-the-situation-of-Syria.pdf>.
- United Nations. United Nations Security Council, *Resolution 1325*, (New York: United Nations, 2000),1, <http://unscr.com/en/resolutions/1325>.
- United Nations. *What We Do*. Last accessed 22 November 2016. <http://www.un.org/en/sections/what-we-do/index.html>.
- United States. United States Agency for International Development. *USAID History*. Washington, DC: US Agency for International Development; 2009.
- United States. Department of Defense. *Department of Defense Instruction 3000.05 Stability Operations*. Last modified 16 September 2009, <http://www.dtic.mil/whs/directives/corres/pdf/300005p.pdf>.
- United States. Department of Defense. *Department of Defense Instruction 6000.16, Military Health Support for Stability Operations*. Last modified May 17, 2010. <http://www.dtic.mil/whs/directives/corres/pdf/600016p.pdf>.
- United States. Department of the Army. *Field Manual 3-07, Stability Operations*, Washington, D.C.: Department of the Army, 2008. Last accessed 10 April 2017, [http://www.dtic.mil/doctrine/new\\_pubs/jointpub.htm](http://www.dtic.mil/doctrine/new_pubs/jointpub.htm).
- United States. International Development Association. "Aid Architecture: An Overview of the Main Trends in Official Development Assistance Flows." *International Development Association Resource Mobilization (FRM)*, (IDA report no. 15). Washington, DC: International Development Association, 2007.
- United States Institute of Peace. *Governance, Corruption, and Conflict: A Study Guide Series on Peace and Conflict*. 2010. <https://www.usip.org/sites/default/files/ETC-D/NPEC/480021.PDF>.
- United States Institute of Peace. *Special Report: Health in Postconflict and Fragile States*. 2012. [https://www.usip.org/sites/default/files/SR\\_301.pdf](https://www.usip.org/sites/default/files/SR_301.pdf).
- Waller, Stephen and Jane Ward. "The Missing Link in Military Global Health Engagement." *Military Medicine* 181 no. 1 (Jan 2016): 1-2.
- White, B. "Diplomacy." In *The Globalization of World Politics: An Introduction to International Relations*. Edited by J. Baylis J, S. Smith, 317-330. New York, NY: Oxford University Press; 2001.

- Winslow, Donna. "Canadian Society and its Army." *Canadian Military Journal* 4, no. 4 (2004): 11.
- World Health Organization. "About WHO." Last accessed 10 January 2017. <http://www.who.int/about/en/>.
- World Health Organization. "Health Topics: International Health Regulations." Last accessed 10 January 2017. [http://www.who.int/topics/international\\_health\\_regulations/en/](http://www.who.int/topics/international_health_regulations/en/).
- World Health Organization. "Health topics: Millennium Development Goals (MDGs)." Last accessed 10 January 2017. [http://www.who.int/topics/millennium\\_development\\_goals/en/](http://www.who.int/topics/millennium_development_goals/en/).
- World Health Organization. "Health in 2015 from MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals." *WHO Library Cataloguing-in-Publication Data*. Last accessed 10 January 2017. [http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110_eng.pdf?ua=1).
- World Health Organization. "From MDGs to SDGs, WHO launches new report." *Media Centre News Release*. Last modified 8 December 2015. <http://www.who.int/mediacentre/news/releases/2015/mdg-sdg-report/en/>.