

## Chapter 33

# ROLE OF THE PHYSICIAN ASSISTANT IN GLOBAL HEALTH ENGAGEMENT

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### Introduction

Global health engagement (GHE) comprises a very rewarding, and often challenging, mission set. GHE activities are diverse and support numerous strategic goals that support the Department of Defense (DOD) and advance US security objectives. US military medical personnel may participate in GHE activities at many levels. Most often Army physician assistants (PAs) will be involved in GHE at the tactical level; however, they may also have opportunities to participate at the operational level, while serving at an Army service component command (ASCC), or on a strategic level within the combatant commands (COCOMs). PAs involved in GHE work within the US government and military systems and also work closely with other entities, including nongovernmental organizations and partner nation (PN) military systems. Individuals working in GHE at the tactical or operational level will be part of a command surgeon's staff.

### Background

Department of Defense Instruction (DODI) 2000.30 provides a framework for DOD GHE activities and delineates how GHE activities support US National Security Policy and defense security cooperation strategy.<sup>1</sup> Because of the linkage of GHE and national security it is imperative that all individuals planning and conducting GHE activities have a basic understanding of military GHE principles and underlying

purposes, country-specific security cooperation (SC) objectives, and the overarching National Security Strategy.

### ***Security Cooperation***

SC is a means by which the combatant commander can achieve their objectives as laid out in the theater campaign plan. SC activities are engagements that build defense relationships while also promoting US security interests and can span all phases of military operations. The broad US objectives from which campaign plans are derived are outlined in the National Security Strategy.

GHE activities are a subset of SC and should directly support the ASCC or CCMD security cooperation plan, US embassy integrated country plan, and National Security Strategy objectives. Detailed information on security cooperation can be found in DA Pamphlet 11-31, *The Army Security Cooperation Handbook*.<sup>2</sup>

### ***Global Health Engagement***

DOD GHE activities are used to enhance stability and support medical capacity development within PNs. GHEs are an important tool for maintaining influence and building trust with US allies and PNs. A key consideration for any DOD GHE activity is that it must benefit the US military in addition to supporting the PN. This benefit can include improving military-to-military relationships, increasing interoperability, enhancing security, and providing readiness opportunities for US personnel.<sup>1</sup>

The directive that DOD GHE must provide a benefit to the DOD as well as the PN is a key discriminator between how nongovernmental organizations (NGOs) and governmental organizations, including the military, approach these types of engagements. NGOs abide by four humanitarian principles. One of these principles, the humanitarian imperative directs engagements based solely on providing humanitarian assistance wherever it is needed. Medical providers, including military providers, often view these activities from a humanitarian perspective, but the main purpose behind military GHE activities is supporting defense and security objectives.<sup>3</sup> NGOs, on the other hand, participate in GHE events solely for the humanitarian goal of improving global health and health systems.

GHE in the broadest sense is any health engagement between military members of different nations. Planned GHE events may be distinct engagements that are coordinated with a country, or they may be events embedded within an exercise. GHE events include but are not limited to subject matter expert exchanges (SMEEs), disaster relief exercise and exchange (DREE), medical conferences, and medical seminars (MEDSEMS). GHE can also be medical personnel from both nations working side by side to provide direct care as part of a subject matter expert exchange. GHE includes not only human health care, but also veterinary medicine, preventive medicine, and medical operations planning. Figure 33-1 is an example 5-year health engagement plan. Examples of individual GHE events are shown by year and line of effort (LOE). This well-developed plan demonstrates how distinct GHE events can be coordinated across organizations and LOEs to support both PN and US objectives.

### ***Implementation Considerations***

Concerns have been raised from both within and outside the DOD regarding the way DOD GHE activities are conducted. Common concerns include the risks of providing short-term solutions to chronic problems and undermining PN health care systems. DOD GHE activities also have the potential to undermine nonmilitary GHE activities.<sup>4</sup> For this reason, GHE activities should never be stand-alone medical events. GHE activities should tie into a health security cooperation strategy designated by the ASCC or CCMD surgeon's office. They should attempt to support the needs of both the US military and the PN by developing a long-term, sustainable medical capability or capacity. To ensure the GHE activities are having the desired effect, a system for assessment, monitoring, and evaluation must be part of the SC plan.<sup>5</sup>

## **Roles and Duties**

### ***Tactical Level***

At the tactical level (corps and below), PAs assigned as staff officers usually participate in GHE as planning team members or by conducting GHE activities as part of an exercise. For successful GHE planning and exercising, it is important to understand the higher headquarters

**Strategic Enablers, Tools, and Resources**

Pacific Pathways, Disaster Response Exercise Exchange (DREE), PACIFIC ANGEL, Joint Chief of Staff Exercises, Global Health Security Agenda Phase 1 Country (CDC Liaison), National Guard SPP, Uniformed Services University Center for Global Health Engagement (USU CGHE), APMHE, AFRIMS, USAID, APCSS, CFE-DM, NEPMU

	2018	2019	2020
Line of Effort	Engagement	Engagement	Engagement
Health System Support (Shape)		PKO L2H Trauma SMEE (ASCC) AVN Patient Movement SMEE; PACIFIC ANGEL (AF, ASCC)	Med Spt to PKO Clinical/ Functional SMEE (ASCC) Site visit to TCCC training center (ASCC)
Health Service Support (Posture)	BioPrep/ Emergency response SMEE Phase 2 (RHC/ CDC/AFRIMS); GPOI FHP Multi-Lat with a 3rd nation	BioPrep/Emergency response TTX Phase 3 (RHC/CDC/ AFRIMS/AF)	Clinical Laboratory Infectious Borne Diseases SMEE (MEDCEN/ AFRIMS)
Force Health Protection (Ready)	Used GPOI funding and integrated into the BioPrep/Clinical Lab SMEE	PH/PM Capacity Building (Navy/AF/ PHC/AFRIMS)  DREE	Preventive Med Deployment OEHS Phase I SMEE (Navy/AF/ PHC/AFRIM)
Strategic Leadership (Communicate)	<ul style="list-style-type: none"> <li>• Land Forces Talks (annual)</li> <li>• Bilateral Defense Dialogues</li> <li>• Senior Leader Engagement (ASCC 2017/2019/2021)</li> <li>• APMHE</li> </ul>		
Priorities	PARTNER NATION-HMA, HADR, PKO COCOM-HA/DR, PKO, Defense Professionalization ASCC-HA/DR, PKO, Counter Improvised Explosive Devices (CIED), Mil-Mil Relationships		

**Figure 33-1.** Example of a 5-year health engagement plan. Examples of individual global health engagement events are shown by year and line of effort. AF: Air Force; AFRIMS: Armed Forces Research Institute of Medical Sciences; APMHE: Asia Pacific Military Health Exchange; APCSS: Asia Pacific Center for Security Studies; ASCC: Army service component command; AVN: aviation;

2021	2022	2023
Engagement	Engagement	End State
Med Spt to PKO Med Ops TTX (ASCC)	Med Spt to PKO Med Ops TTX (ASCC)	Improved operational military medical training from individual to collective skills, with a trauma focus (Supports HA/DR, PKO)
Clinical Laboratory Disposal of Haz Waste SMEE (MEDCEN)	Five-Year Evaluation Biopreparedness and PKO SMEEs (ASCC/HHS/ CDC)	Increased capability to detect and respond to emerging infections/ pandemics (Supports HA/DR, GHSA)
PH/PM ISO deployment operations SMEE (ASCC)	PH/PM ISO deployment operations SMEE (ASCC)	Improved ability to evaluate environmental threat during HADR/ PKO events (supports HA/DR, PKO)

CDC: Centers for Disease Control and Prevention; CFE-DM: Center for Excellence in Disaster Management and Humanitarian Assistance; COCOM: combatant command; FHP: Force Health Protection; GHSA: global health security agenda; GPOI: global peace operations initiative; HA/DR: humanitarian assistance/disaster response; HHS: Department of Health and Human Services; HMA: Humanitarian Mine Action Program; L2H: level 2 hospital; MEDCEN: Medical Center; NEPMU: Navy Environmental Preventive Medicine Unit; OEHSA: Occupational and Environmental Health Site Assessment; PKO: peace-keeping operations; RHC: Regional Health Command; SMEE: subject matter expert exchange; SPP: State Partnership Program; TCCC: Tactical Combat Casualty Care; TTX: table-top exercise; USAID: US Agency for International Development

country plan and underlying purpose of the activity (Figures 33-2 and 33-3). If at all possible, PN medical personnel should be included in the event. To plan or execute a successful engagement, the following items must be considered:

- country health context (determinants or variables that effect the health of the local population including social, political, cultural, and economic issues);
- the CCMD or ASCC health security cooperation plan;



**Figure 33-2.** Specialist Cassandra King (left front), a combat medic with US Army Africa, performs an intravenous procedure. Major Paul “Jason” Auchincloss (left rear), a senior physician assistant with US Army Africa, discusses Army treatment techniques with South African soldiers during a training session for the Shared Accord exercise at the South African Army Combat Training Center in Lohatla, July 26, 2017. Photograph by Sean Kimmons.

Reproduced from Kimmons S. South African exercise becomes homecoming for USA Army physician assistant. US Army Africa website. Published August 16, 2017. Accessed May 27, 2020. <https://www.usaraf.army.mil/media-room/article/28355/south-african-exercise-becomes-homecoming-for-us-army-physician-assistant>



**Figure 33-3.** Then-Captain Erin Stibral examines a local Afghan child during a Medical Civilian Assistance Program (MEDCAP) visit in 2009, Kandahar Province, Afghanistan.

- overall security cooperation country plan and LOEs;
- coordination with the US embassy country team for approval, PN contacts, and other planning considerations; and
- general knowledge of PN military and military medical systems.

These considerations are complex and may involve intricate coordination among US and PN stakeholders, as well as approval from appropriate DOD and embassy authorities. GHE are multifaceted operations with established systematic procedures that must be followed by all planners and participants.

### *Operational Level*

PAs working in GHE at the operational level may be assigned to the ASCC or regional health command. They usually have GHE as a

primary duty and work closely with SC teams. If the primary duty of an individual is GHE, they are part of the SC workforce and are required to have some level of SC training. These PAs often participate in bilateral (Army-to-Army) talks and provide input to the overall SC plan and country plans. A PA serving as the GHE officer develops a GHE strategy and specific health engagement plans for any country where GHE is being conducted. This plan should be developed with medical input from bilateral talks, COCOM, and ASCC SC guidance (see Figure 33-1).

Another important consideration is that GHE has no dedicated funding stream. GHE events compete against other requirements for SC and COCOM funding, so it is very important to understand funding authorities to ensure they meet the legal requirements.

Some of the key tasks for an operational-level job are listed below.

- Develop ASCC GHE strategy.
- Develop 5-year country plans to ensure activities support specific health LOEs that aim to develop sustainable capacity.
- Coordinate with US embassy country teams for engagement planning.
- Ensure subordinate units conducting GHE activities understand the overall GHE strategy and country-specific health engagement plans.
- Provide oversight to subordinate units and track GHE activities to ensure they support the GHE plan.
- Submit engagement proposals for funding in accordance with appropriate authorities.
- Review and validate all GHE efforts submitted for funding within the ASCC.
- Coordinate with CCMD and sister services to ensure GHE strategies are mutually supportive and to prevent duplication.

### ***Strategic Level***

Currently, PAs are less likely to find themselves in key strategic billets executing GHE activities at CCMD or higher levels. However, many GHE activities at both the tactical and operational level can have lasting strategic implications.

PAs working in GHE at CCMD or higher levels should have a thorough understanding of the National Security Strategy and other US government strategic documents that support and direct DOD GHE



activities. They must work closely with their respective SC sections and have a well-developed CCMD GHE strategy (see Figure 33-1) that synchronizes the activities of the services. A few of the key tasks for this position are listed below.

- Participate in bilateral military-to-military talks.
- Develop CCMD-level GHE strategy and country plans.
- Provide guidance in areas of expertise.
- Deconflict GHE activities among the services.
- Look for opportunities to conduct synergistic activities with other units and services.
- Coordinate with US Agency for International Development (USAID) and nongovernmental organizations working in the operational area to share resources and deconflict engagements.
- Review and validate all GHEs submitted for funding within the COCOM.

### **Desired Skills and Attributes**

The following attributes are helpful for someone desiring to work in the GHE arena:

- ability to travel frequently;
- enjoy travel to foreign countries;
- ability to work independently;
- strong work ethic;
- knowledge of US military capabilities and military medical planning;
- ability to work well with both military and civilian organizations;
- cultural sensitivity;
- excellent written and verbal communication skills;
- civilian global health or public health training;
- interest in international relations; and
- diverse operational experience including deployment experience, preferably in multiple roles of care.

### **Training**

The Air Force and Navy both have developed a pathway to train their medical personnel on global health competencies. These programs are specifically designed to train individuals to work within the GHE

arena. The Air Force International Health Specialist program was established in 2000 to develop health professionals to provide global health expertise to the major commands, component commands, and CCMD.<sup>6</sup> The Navy established the Office of Global Health Engagement in 2012. In 2017 a Global Health Specialist Program was established to facilitate the growth of global health knowledge and skills within Navy medicine to support SC through GHE.<sup>7</sup> Both of these programs confer a skill identifier to individuals who complete the training. Currently, the Army does not have a formalized GHE training program for medical personnel. However, it is essential that those working at the operational and strategic levels have both GHE and SC training. These training opportunities are important to effectively support a professional SC workforce and ensure GHE activities are embedded with the overall SC plan.

Despite the lack of a formal training program for Army GHE, courses are available. The two primary organizations that offer training are the Uniformed Services University (USU) Center for Global Health Engagement (CGHE), and the Defense Security Cooperation Agency Defense Security Cooperation University (DSCU). To professionalize the entire SC workforce, including GHE, these two organizations are updating training and materials designed to support the workforce. DSCU opened its doors in September 2019 with the goal of ensuring that everyone working in an SC position has a basic understanding of how SC links to the National Security Strategy and is certified at the basic level by 2020. For this purpose, an SC position is defined as one in which 50% or greater of assigned duties are SC related.<sup>8</sup> The courses include both online and resident training options. USU CGHE holds several courses that are tailored toward understanding GHE. Additionally, they are in the process of developing a GHE handbook that will help individuals working in GHE positions.

PAs participating in GHE events at the tactical level should have a general understanding of GHE and how it is nested within the larger SC plan. They should communicate with their ASCC and ensure all events support the ASCC GHE strategy. They would benefit from attending the USU CGHE Fundamentals of Global Health Engagement course, and having access to USU CGHE resources, but do not require the formalized SC courses offered by DSCU.

### ***Fundamentals of Global Health Engagement Course***

This 3-day course administered by the USU CGHE is intended to provide a basic understanding of strategic, operational, and civil–military considerations during GHE activities. The course provides an understanding of the processes involved from planning to assessment, monitoring, and evaluation. This course is recommended for anyone participating in GHE activities, especially those involved in planning. The course is taught by a mobile training team to classes of approximately 30 students.<sup>9</sup>

### ***Global Health Strategies for Security Course***

GHSS is a 1-week graduate-level certificate course offered through USU's CGHE. This course focuses on the strategy behind military GHE and the interactions between the military and other organizations within this space. This course is designed for DOD line and medical personnel who are involved in the planning assessment, implementation, and evaluation of DOD GHE activities. The USU CGHE Fundamentals of Global Health Engagement course is a prerequisite for this course.<sup>9</sup>

### ***Introduction to Security Cooperation***

This DSCU course is a 12-hour distance learning course for personnel who perform SC duties. The overview covers the full range of SC activities including policy, planning, execution, and evaluation. The course website is [https://www.discs.dscu.mil/\\_pages/courses/course.aspx?id=SC-101](https://www.discs.dscu.mil/_pages/courses/course.aspx?id=SC-101).<sup>10</sup>

### ***Intermediate Security Cooperation Planning, Oversight, and Execution***

This DSCU course includes 16 hours of distance learning and 4 days of in-residence training. It is designed to provide students with the skills to plan, oversee, and execute SC at a COCOM level. The course includes discussion on authorities, funding, and interagency coordination. Introduction to Security Cooperation is a prerequisite for this course. The course website is [https://www.discs.dscu.mil/\\_pages/courses/course.aspx?id=POE-201](https://www.discs.dscu.mil/_pages/courses/course.aspx?id=POE-201).<sup>10</sup>

### ***Development in Vulnerable Environment Course***

This USAID Office of Civilian-Military Cooperation course provides an overview of USAID structure, mission, and policies. The intent of the course is to enhance collaboration and planning between DOD and USAID.<sup>11</sup>

### ***Department of Defense Regional Security Cooperation Centers***

There are five DOD regional centers that host region-specific SC courses that are extremely beneficial for familiarizing PAs to the region and region-specific challenges. These centers offer orientation and more in-depth SC courses<sup>12</sup>:

- George C. Marshall European Center for Security Studies, Garmisch, Germany
- Daniel I. Inouye Asia-Pacific Center for Security Studies, Honolulu, HI
- William J. Perry Center for Hemispheric Defense Studies, Washington, DC
- Africa Center for Strategic Studies, Washington, DC
- Near East-South Asia Center for Strategic Studies, Washington, DC

## **Evaluation**

PAs serving in staff positions at the tactical or operational level are most often rated by either the deputy surgeon or command surgeon. The senior rater will either be one of the general officers in the command or the surgeon, depending on the rater. Either of these rating schemes will allow the PA to have a physician within their rating chain.

## **Lessons Learned and Tips for Success**

Working in GHE is both rewarding and challenging. At the tactical level, a PA will get experience working alongside PN forces, building relationships that can be drawn upon during times of crisis or during GHEs. PAs will experience challenges in planning within the framework of another nation's timeline, and might have both language and cultural barriers to overcome.

At the operational and strategic level, PAs will have the opportunity to meet with senior military leaders, and work with PN counterparts to develop a joint GHE plan that provides long-lasting benefits for both the PN and the US military. A strong understanding of the region involved is extremely important, and the following tips will also increase success:

- Develop a close relationship with SC counterparts. They can provide invaluable country information. At the operational or strategic level, PAs will likely spend just as much, if not more time, working with them as with other surgeon section staff.
- The PA will be seen as the subject matter expert in GHE and should seek out training opportunities to develop their knowledge base.
- Every opportunity to learn about the GHE region or country should be exploited.
- Tie in with the embassy team early and frequently during planning.
- Ensure the GHE engagement is part of the overall SC plan and supports the theater campaign plan.

One of the challenges of being a PA serving as a staff officer is ensuring enough clinical hours to meet credentialing and privileging requirements. PAs in these types of positions must seek out clinic opportunities to work in a clinic that meets their unique requirements.

## **Conclusion**

The role of GHE will continue to evolve and grow in importance for SC plans. Medical activities can be considered a “soft” initial entry operation to establish military-to-military relationships. These relationships can evolve to encompass virtually all warfighting functions to further the SC and theater campaign plans.

In order for GHE to be an effective tool, activities must nest within the overall SC plan. It is imperative that the workforce has sufficient training and resources to effectively plan and manage GHE activities. PAs currently participate in GHE at the tactical level whether they realize it or not. As GHE becomes a more formalized part of SC, PAs with proper preparation and training are capable of executing a larger role as GHE planners at both the operational and strategic levels.

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