FOREWORD

Welcome to the 38th edition of the SOLLIMS Lessons Learned Sampler— *Foreign Humanitarian Assistance: The Complexity of Considerations!*

This lessons learned compendium contains just a sample—thus the title ‘Sampler’—of the observations, insights, and lessons related to *Foreign Humanitarian Assistance* available in the SOLLIMS data repository. These lessons are worth sharing with military commanders and their staffs, as well as with civilian practitioners having a peacekeeping or stability operations related mission or function, such as those currently deployed on stability operations, those planning to deploy, the institutional Army, the Joint community, policy-makers, and other international civilian and military leaders at the national and theater level.

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We encourage you to take the time to provide us with your perspective on any given lesson in this report or on the overall value of the Sampler as a reference for you and your unit/organization. By using the ‘Perspectives’ text entry box that is found at the end of each lesson in the SOLLIMS database—seen when you open the lesson in SOLLIMS—you can enter your own personal comments on the lesson. We welcome your input, and we encourage you to become a regular contributor.

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# Foreign Humanitarian Assistance: The Complexity of Considerations

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“QUICK LOOK” (Preview of the Lessons)
Click on [Read More …] to go to full lesson.

A. All humanitarian actors involved in disaster response (including the Host Nation, United Nations, U.S. Government, military, civil society, international agencies, etc.) need to understand how HN men and women may be impacted by disasters, mainstream such gender considerations into disaster response, and include HN women in leadership, as encouraged by several UN Frameworks. [Read More]

B. Humanitarian responses that focus on the post-conflict needs of women should address the needs of all women and not just specific groups. Successful humanitarian responses will distribute needed goods and services among all members of the affected population regardless of victim identity or their perceived political affiliation. [Read More]

C. Education and women’s leadership are critical to effective humanitarian response. By building the capacity of women and girls, humanitarian aid workers can improve their protection within camps and other refugee settings and ensure the affected population is informed about their rights and the services available to them. [Read More]

D. Vietnam's lack of a Pandemic Prevention Program that can report and track infectious diseases of concern in a timely manner is a global health security threat. Helping Vietnam increase its health-care standard would assist in the potential spread of pandemics in the region. [Read More]

E. If financial response to global outbreaks of serious disease is delayed, the end cost will be substantially higher in terms of lives and money. However, if financial assets are released quickly, outbreaks can be prevented from becoming pandemics, saving people and economies. [Read More]

F. DOD capability and experience is more limited in the event of a major outbreak of a serious infectious disease. Thus, when Ebola broke out in West Africa 2013/2014, there was confusion over DOD roles and responsibilities for Operation United Assistance, the U.S. military’s first FHA mission in response to a disease outbreak. [Read More]

G. As part of Operation UNIFIED RESPONSE, the Commander, Joint Task Force-Haiti conceived an ad hoc organizational design that could facilitate the coordination and collaboration with the growing international humanitarian assistance and disaster relief efforts: the Humanitarian Assistance Coordination Cell (HACC). [Read More]

H. Civil Affairs strengthened the U.S. military’s initial response to Haiti’s 2010 earthquake by acting as an intermediary between the military and civilian population. This is evident through the work of CA Team 812 which coordinated efforts with other organizations through a humanitarian assistance coordination center (HACC) and supported initial medical response in outlying areas, saving lives. [Read More]

I. A local entity, i.e. government representative or familiar persona, should be included in FHA operations for continued assistance and the legitimacy of governance. Civil Affairs and Civil Military Planners should ensure local populations see friendly forces assisting their communities. [Read More]

J. In a large-scale disaster relief operation, it is critical to establish a joint transportation control center and a transportation scheme at an early stage of the response. [Read More]

K. DOD could benefit from exploring the use of commercial unmanned vehicle technology. [Read More]

L. Micro Grids can be an effective way to restore power during disaster relief operations – but only for those areas having “non-structural damage” to the power infrastructure. [Read More]
1. INTRODUCTION

Welcome to the September 2018 edition of the SOLLIMS Lessons Learned Sampler – Foreign Humanitarian Assistance: The Complexity of Considerations

Definitions, like plans, don’t always survive first contact with reality. An accurate and succinct definition of Foreign Humanitarian Assistance (FHA) is not easily contrived given the complexity of FHA itself and the varying perspectives of the organizational actors involved. The newly established FHA division at the U.S. Army War College’s Peacekeeping and Stability Operations Institute (PKSOI) relies on the definition provided in the joint publication (Foreign Humanitarian Assistance 3-29), but this definition is limited to FHA (which includes Foreign Disaster Relief (FDR)) operations in which the US military is assisting the US Agency for International Development (USAID) or the Department of State (DOS) by providing a specific, unique capability in response to a host nation’s request for disaster relief assistance. That sentence itself belies the complexity of even a ‘limited’ definition of Foreign Humanitarian Assistance. It is the Foreign Humanitarian Assistance division’s mission, in part, to address this complexity and help the Army, and in turn the Joint Force, work through it by training and informing those who will be called to respond when disaster strikes.

In order to address the complexity of FHA, this SOLLIMS Sampler features Lessons which both highlight US military-specific considerations as well as go beyond a traditional military scope to address humanitarian assistance considerations at the international level. The topic of Women, Peace, and Security (WPS), for example, is examined in three lessons which consider gender perspectives and women’s agency in the environments in which humanitarian assistance operations are conducted. Such considerations are crucial if FHA is to adequately reach the entire host nation population. Women tend to suffer disproportionately during disasters and their aftermath due to gender inequalities, and they are often excluded from vital, influential roles in the response and rebuilding processes. The Lessons on this topic are intended to share insights and best practices from the work of various organizations in the humanitarian space which promote “the participation of women in … relief and recovery efforts” – a key component of the WPS Act of 2017.

Pandemics and infectious disease control and response are addressed in three lessons which speak to the necessity for planning and consideration at the Department of Defense (DOD) level to the international level. One of the most effective methods of control is prevention, and a Lesson focused on a Pandemic Prevention Program in Vietnam provides a useful model for containing the spread of diseases. Another lesson addresses the financial mechanisms which become active in the event of an outbreak, addressing the necessity of timeliness in preventing a disease from spreading rapidly. And of course, the US military’s experience with the Ebola outbreak in West Africa is given ample consideration in a lesson on Operation United Assistance.

Remaining Lessons in the Sampler address an array of topics from civil affairs to transportation and logistics to technology in Foreign Humanitarian Assistance. Civil affairs and coordination are treated with Lessons derived from the military’s operations in response to the earthquake in Haiti. Other Lessons speak to the use of technology, specifically unmanned and autonomous vehicles, and to the successful implementation of transportation networks following the Tohoku earthquake and ensuing disasters that struck Japan in 2011. All of these lessons, while diverse, present only a sample of the complexity of considerations involved in Foreign Humanitarian Assistance—however broadly or narrowly defined.
2. LESSONS

A. Host Nation Gender Considerations in Humanitarian Assistance/Disaster Relief (Lesson #2487)

Observations:

Studies have shown that women have higher mortality rates than men during natural disasters, due primarily to vulnerabilities arising from gender inequalities and cultural gender roles. Yet despite this vulnerability and their capacity to address disasters, local women are often excluded from humanitarian assistance/disaster relief (HA/DR) and prevention measures. As such, all humanitarian actors involved in disaster response (including the Host Nation (HN), United Nations (UN), U.S. Government, military, civil society, international agencies, etc.) need to understand how HN men and women may be impacted by disasters, mainstream such gender considerations into disaster response, and include HN women in leadership, as encouraged by several UN Frameworks.

Discussion:

During natural disasters, mortality rates for women are typically much higher than for men, as shown through several studies. This was primarily brought to attention during the 2004 Indian Ocean tsunami which struck 14 countries, including Indonesia, Sri Lanka, and India, with approximately 230,000 fatalities. Oxfam found in a 2005 study that in the worst affected villages in Aceh, Indonesia, 80% of victims were female, and approximately three times as many women were killed as men in Cuddalore, India. Other disasters have produced similar results. Victims of the 1991 cyclone in Bangladesh that killed 140,000 were 90% girls and women. Furthermore, one study of life expectancy within natural disasters from 141 countries between 1981 and 2002 showed that natural disasters lower the life expectancy of women much more so than that of men. Even more recently, the 2011 earthquake and tsunami that struck East Japan produced 54% female fatalities in the country’s three most affected prefectures.

The disproportionate vulnerability of women to disasters is exacerbated by gender inequalities in access to resources/opportunities. If only men have access to early warning and evacuation information, for example, women experience more adverse effects from natural disasters. During the 1991 Bangladesh cyclone, women were ill-informed about the coming hazard and were not allowed to make decisions to evacuate, resulting in an extremely high percentage of female fatalities. In Sri Lanka, more women than men were killed from the Indian Ocean tsunami because they lacked skills of tree climbing and swimming that were needed to survive the tsunami – skills which had only been taught to men. In Indonesia, the tsunami hit women the hardest because the men were either out fishing at sea in the coastal areas or working in the fields in the agricultural areas, while women were home with children. A woman’s socioeconomic status greatly affects the gender gap in mortality rates – the higher her status, the smaller the gap. Thus, it is not primarily the biological/physical capabilities of women per se that put them at a disadvantage – it is “inequalities in access to resources, capabilities, and opportunities [that] systematically disadvantage certain groups of people, rendering the more vulnerable to the impact of natural disasters,” (Neumayer, p. 2).

Even if a woman survives a disaster, she faces many challenges if aid is not incorporated in a gender-sensitive way. In immediate response efforts, it is important to understand different needs of men, women, boys, and girls, arising in part from vulnerabilities due to inequality and from women’s exclusion from decision-making in these arenas. Immediate concerns for surviving women included obtaining equal access
to emergency assistance. In Sri Lanka, ration cards were registered under the husband’s name, which caused difficulties for some women to obtain access to benefits. Poor design of temporary shelter areas and Internally Displaced Persons (IDP) camp latrines also often pose security threats to women. Following the Indian Ocean tsunami, incidents of sexual assault were reported in toilet areas which lacked adequate lighting, and women in Aceh faced increased risk of sexual violence. Furthermore, designated facilities for washing sanitary clothes during menstruation are not always provided in a camp environment. Yet, “Cultural taboos exist against washing these clothes in public and women need to be comfortable while caring for their basic needs in the camp environment,” (Oxfam (2005), p. 10). Gender considerations are important across all contexts, yet often overlooked, even following the 2011 Great East Japan earthquake/tsunami. According to the Aid & International Development Forum, “In the immediate aftermath of the earthquake and tsunami that hit Sendai in 2011, evacuation centres did not respond to women’s needs as they were mostly run by men; effectively, women had no place to change or breastfeed, had no separate bathrooms and lacked sanitary products.”

As such, it is important to incorporate gender considerations for both response operations (HA/DR) and for prevention efforts – known as disaster risk reduction (DRR) – and to work directly alongside women. Often, women and women’s groups are involved in both disaster response and prevention, but their work is not acknowledged or included in formal decision-making processes, policies, or programs. “This gap is evident around the world. According to a 2009 Huairou Commission survey, women’s civil society organizations active in DRR in Latin America, the Caribbean, Asia, Africa, and the Middle East and North Africa region felt excluded from national emergency preparedness and other disaster risk reduction programs,” (“Disaster Risk Management,” p. 11). Efforts these women make to participate in disaster relief or risk reduction are often complicated by long-term social implications of high female disaster fatality rates. A gender imbalance post-disaster may greatly multiply surviving women’s domestic workloads if surviving men do not take on household and childcare responsibilities. Surviving men may also place more restrictions on surviving women’s mobility and visibility. Strains from natural disasters also at times exacerbate domestic violence and abuse of vulnerable populations, especially women and girls.

Several frameworks were created in response to these disasters and their gender implications. The landmark Hyogo Framework for Action (HFA) was formed after the Indian Ocean disaster, focusing on DDR for the decade 2005-2015. It emphasized bringing “gender perspective and cultural diversity” to the forefront by integrating it into disaster risk management policies and decisions, including risk assessment, early warning, information, and education. However, in the years following the HFA, progress on gender integration in planning has been quite slow – with only 20% of countries by 2009 relying substantially on gender integration as a progress driver (30% by 2013). According to the April 2014 paper “Towards the Post-2015 Framework for Disaster Risk Reduction (HFA2),” one problem with the approach of the HFA was that it focused on vulnerability reduction as opposed to capacity development; this risks limiting the capabilities of all societal stakeholders for reducing risks instead of “enhancing the strengths of the community reserves,” (p. 6).

An attempt to improve upon this framework was made in 2015. Four years following the 2011 Japan earthquake/tsunami, the Third UN Conference on Disaster Risk Reduction was held in Sendai in March 2015, exploring the role of women in the post-2015 agenda on DRR. The Sendai Framework for DRR 2015-2030 was formed, in part identifying gaps and improvements in engendering and mainstreaming gender into DRR. Some improvements have been made since this framework was instigated. In 2011 Sendai, women composed only 10% of DRR roles in the city. Since the disaster, Japan has incorporated more women as representatives in prefectural disaster management councils to ensure that they play a key role. Thanks to the Sendai Framework, other nations are also asking the question – What is the role of women in reducing disaster risk, and how can they be more fully included in the future?
“Adopting a gender-sensitive approach to disaster risk management is not only an issue of basic human rights but also effective on the practical level. Simply put, policies that ensure that women as well as men are fully involved in planning DRR strategies and are full participants in recovery efforts are more likely to succeed. Disaster response strategies that protect and assist women as well as men are better for the community as a whole. A gender-sensitive approach is also a smart policy in that it enables the resources of all members of an affected community to be fully utilized,” (“Disaster Risk Management,” p. 17).

**Recommendation:**

1. **Gender Analysis:** “Humanitarian actors [including all stakeholders involved in disaster response, such as the HN, UN, U.S. Government, military, civil society, international agencies, etc.] should carry out a rigorous and context-specific gender analysis of the populations they set out to support. […] Gender-sensitive baseline information – both qualitative and quantitative – should be collected at household and community level. Sex- and age-disaggregated data, as well as data on other social determinants of vulnerability, should be collected and analyzed routinely, in order to target assistance towards those most at risk,” (Oxfam (2013), p. 3). It is important as such that gender considerations and a gender assessment be incorporated into all HA/DR doctrine, handbooks, and guides.

2. **Response:** Humanitarian actors as part of HA/DR must be mindful of vulnerabilities in disaster rescue and how gender and cultural norms may impact locations of where men, women, boys, and girls may be trapped during disasters. Temporary shelters should be designed in consultation with local women in order to take care of women’s specific needs. HN women should be in leadership positions during crises to ensure that women’s needs are addressed, and women’s and women’s organizations’ official and unofficial disaster relief efforts should be acknowledged. Long-term response efforts to humanitarian disasters must be designed to deal with the social impacts if fewer women survive.

3. **Prevention:** Implement the Sendai 2015-2030 framework to increase gender mainstreaming in Disaster Risk Reduction (DRR) efforts. Involving HN women and women’s organizations in HA/DR efforts is also paramount, making sure that women are not just included as tokens but as partners. Gender-sensitive prevention efforts aimed at decreasing the high rate of female mortality during disasters should include teaching women skills that may save their lives during disasters (e.g., tree climbing and swimming) and familiarizing them with early warning systems. Furthermore, development work targeting gender inequalities may decrease the high rate of female mortality, since the gender gap is most exacerbated by women’s socioeconomic status.

**Note:** See also the recommendations within this document from the United Nations Office for Disaster Risk Reduction (UNISDR) for increasing gender sensitivity in DRR: “20-Point Checklist on Making Disaster Risk Reduction Gender Sensitive.”

**Implications:**

If humanitarian actors involved in disaster response (such as the HN, UN, U.S. Government, military, civil society, international agencies, etc.) do not perform a gender analysis before beginning operations, they may miss important gender disaggregated data concerning which populations are most at risk and may subsequently not provide aid to those most vulnerable. If women are not consulted and included in humanitarian assistance, disaster relief efforts, rescue attempts, and temporary shelter design, then their needs may not be met and they may be more vulnerable to sexual violence. “If humanitarian interventions are not planned with gender dynamics in mind, the needs of those most under threat may not be adequately met, and an opportunity to support positive change will be lost. That is why gender equality is central to
humanitarian action,” (Oxfam (2013), p. 1). “As long as women are excluded from effective engagement at such levels, gender inequities will be persistent, and countries will not recover as quickly from both the major and chronic economic shocks that disasters and climate change impacts engender,” (“Disaster Risk Management,” p. 13). If women are consulted and included in leadership for disaster efforts, however, disaster relief will more holistically address the needs of the entire community and ensure access of benefits to women.

**Event Description:**

This lesson is based on information from the following sources:

- “Gender,” United Nations Office for Disaster Risk Reduction (UNISDR).

For more information on the 2011 Great East Japan Earthquake & Tsunami:
- “Japan quake took toll on women and elderly,” by Brigitte Leoni, UNISDR, (12 March 2012).

**Additional Comments.**

Several U.S. military handbooks and guides pertaining to Foreign Humanitarian Assistance (FHA), including the Civil Affairs FHA Planning Guide from HQDA (August 2009), Disaster Response Staff Officer’s Handbook (December 2010), and DOD Support to Foreign Disaster Relief (Handbook for JTF Commanders and Below) (July 2011) do not focus on gender considerations in a disaster. With no additional detail or emphasis, the integration of gender considerations in HA/DR operations risks not being fully operationalized.

**Lesson Author:** Katrina Gehman, Lessons Learned Analyst (Ctr), PKSOI

**NOTE:** This lesson was previously published in SOLLIMS Sampler Volume 8, Issue 2.
B. Considering Women’s Agency and Equality in the Humanitarian Response to Rwanda’s Genocide (Lesson #2679)

Observation.

Humanitarian responses that focus on the post-conflict needs of women should address the needs of all women and not just specific groups. Successful humanitarian responses will distribute needed goods and services among all members of the affected population regardless of victim identity or their perceived political affiliation.

Discussion.

From 2011 through 2013, I served as a Peace Corps volunteer and English instructor in Rwanda. I was evacuated in December of 2013 due to insecurity and unrest. My experience in a post-conflict country was colored by the dark past shared by the Rwandan people, as well as by current politics that made it almost impossible to have an open dialogue about elements of that history. In 1994, following the assassination of President Juvenal Habyarimana, Rwanda erupted into genocide. Provoked by members of the former president’s party and influential radio personalities, both Rwandan military personnel and Hutu civilians, called Interhamwe, were mobilized to eradicate the Tutsi ethnic group. In the span of 100 days from April to July, approximately 800,000 people were killed. In that time, thousands of women and also men experienced rape as a weapon of war. Although there are a variety of different estimates, it is widely reported that approximately 250,000 women were raped in this time.

Humanitarian response to the genocide emphasized aid for women survivors of the genocide. As the Rwandan Patriotic Front (RPF) gained power in Rwanda, many Hutus fled to neighboring Democratic Republic of Congo (DRC) out of fear that they would be killed by the new regime if they stayed. As a result, the international community rallied around Tutsi victims who remained in the country, providing them with funding and services. These efforts failed to acknowledge that Hutu women now living in refugee camps in the DRC were also the targets of violence, either because they were moderates, married or related to Hutus, or because they were targeted by members of the Rwandan Patriotic Army, now affiliated with the RPF and the current ruling party of Rwanda.

The response created a “hierarchy of victimhood,” which valued the experiences of Tutsi women over those of Hutu women. Naturally, this hierarchy was not without consequence. The international community had created a dynamic in which women’s primary identity was one of “victim,” which stripped women of their ability to be identified as anything else. This was problematic in instances where women had actually served as combatants under the RPF or were in need of assistance because they had lost their spouse, family members, home, or property. Further, by focusing on experiences of sexual violence, the international community failed to see or address the needs of women who may not have needed services for sexual or gender-based violence but rather had become widowed or lost family members. Notably, there were discrepancies in reporting between international organizations and local courts. Women were encouraged to report rape to international aid organizations but were discouraged from reporting to local courts due to the stigma they might face from their communities for sharing their stories in public.

In the years I lived in Rwanda, the remnants of unevenly distributed aid were still apparent in the un-talked-about race relations between Rwandans who still identified as either Hutu or Tutsi despite government censorship of the use of those terms. While global concern for women who had been raped because of the genocide did, in many ways, catalyze systems that led to better awareness, resources, and inclusion of those victims, those systems remained imperfect and, in many ways, allowed for the continued exclusion of Hutu
women as well as marginalized women who were known victims in their communities. The short-term consequence of unevenly distributed aid was that preferential treatment for Tutsi women led to the exclusion and silencing of Hutu women who had similar needs and experiences. In the long term, women who fell outside this category remained on the margins and continue to be disenfranchised by their government despite the Rwandan government’s gaining international recognition for its promotion of gender equality and women in government. Today, Rwanda boasts a lower house that is comprised of 64 percent women, most of whom are wealthy, anglophone, and affiliated with the RPF—all traits that most likely also mean they are Tutsi. Women who do not fit this description continue to be marginalized.

The exclusion of Hutu women from current Rwandan politics was not solely caused by international intervention, but it was certainly exacerbated by it. While perhaps unintentional, the manner in which the humanitarian community neglected the needs of Hutu victims was in direct conflict with the humanitarian principle of impartiality—that is, that all populations should be provided with the same level of aid. An approach that adhered to this principle and to the standards of a gendered perspective for humanitarian assistance would have recognized the diverse needs of multiple populations impacted by the Rwandan genocide and addressed those needs with neutrality. This case study, therefore, serves as an example of how humanitarian efforts can be improved in future conflict-related emergencies by encouraging better situational reporting and gender analysis of the affected populations.

**Recommendation.**

Future responses to complex emergencies should apply a gender perspective that considers gender, ethnicity, religion, age, and other group identities in the situational analysis before acting. To collect and document this information, affected populations should be consulted to determine what kind of aid is most needed, as well as the requirements for receiving that aid. This will help to guarantee better impartiality and more effective assistance for all affected populations.

**Implications.**

To neglect the needs of some victims in favor of others has long-term impacts that can lead to continued inequities and conflict in the future, in addition to neglecting the needs of certain groups or identities in the short term. Taking a gendered approach should inherently encompass a multitude of women, men, boys, and girls in any humanitarian response in a way that considers all categories of protected identities in addition to gender and ensures fair provision of services to recipients who may not even have identities that commonly need protection.

**Event Description.**

This lesson is based on the author’s personal experience while serving as a Peace Corps volunteer in Rwanda, and on news articles, humanitarian reports, and academic critiques of the response. The author of this lesson holds a certificate in Humanitarian Assistance from the Josef Korbel School of International Studies and has worked as a humanitarian researcher for a variety of organizations, including Oxfam America, the International Rescue Committee, the International Medical Corps, and the Sphere Handbook for Humanitarian Action.

NOTE: Please view this lesson in SOLLIMS to see footnotes and references.

**Lesson Author:** Catie Fowler, Project Coordinator at Our Secure Future: Women Make the Difference, a program of One Earth Future
C. For Women and Girls in Syria, Humanitarian Efforts Need to Engage Women and Address Host Country Conditions That Lead to Vulnerability (Lesson #2675)

Observation.

Education and women’s leadership are critical to effective humanitarian response. By building the capacity of women and girls, humanitarian aid workers can improve their protection within camps and other refugee settings and ensure the affected population is informed about their rights and the services available to them. While outside of the scope of traditional humanitarian work, this should be accompanied by reversing legislation that restricts the livelihoods of refugees in their respective host countries.

Discussion.

At the present moment, the Syrian conflict is the worst humanitarian crisis since World War II. Over 13.5 million people have been killed or forced to leave their homes since fighting broke out between Alawite supporters of President Bashar al-Assad and Sunni dissidents—unrest carried over from the Arab Spring. Of the affected population, 4.1 million have been women and girls of reproductive age, including 360,000 pregnant women. International organizations such as the United Nations Population Fund (UNFPA) prioritize these women and girls in their humanitarian efforts, focusing on protection and health services.

Syrians in diaspora are often met with hostility or a lack of resources in neighboring host countries as well as a severe lack of international funding to meet their needs as refugees. It would require $4.5 billion to meet the needs of the most vulnerable Syrians, but the UN has only raised $2.9 billion to respond to the crisis. Migration has overwhelmed already weak and impoverished governments with 4.8 million Syrian refugees seeking safety in neighboring countries. Large numbers have been displaced to Turkey, Iraq, Jordan, and Lebanon. One in four people living within Lebanon’s state borders is now a Syrian refugee.

Syrians—and particularly women and girls—are vulnerable to exploitation in such conditions. Displacement into neighboring countries has led to an increase in early marriage for Syrian girls. While early marriage does occur in Syria, human rights and humanitarian assistance organizations such as Human Rights Watch (HRW) and the United Nations High Commissioner for Refugees (UNHCR) are increasingly finding that the rates at which it takes place are exacerbated by families’ lack of economic opportunities and inability to provide for themselves. Girls are increasingly married off—not because of any cultural or societal drivers but because of desperate economic conditions, restricted educational opportunities, and their parents’ limited possibilities for employment in host country labor markets. As a result, 23 percent of Syrian women are married before the age of 18.

Education and empowerment initiatives for young women are working to address unusually high rates of child marriage through peer-to-peer training. In Zaatari refugee camp in Jordan, a girl named Saba and her mother, Izdihar, are working together to warn other young women about the dangers of early marriage. By advocating for her peers and encouraging parents to educate their daughters instead of marrying them off, Saba feels that she is able to make a difference in her camp. She says, “The girls that are in schools are the ones most likely not to get married. . . . When a girl gets an education and a diploma, she has a chance to get a good job instead of a husband who controls her.”

Training young women as educators has a clear impact on addressing cultural expectations around early marriage that put Syrian women and girls at risk. However, it does little to successfully address the socioeconomic conditions that Syrian families find themselves in that lead parents to turn to the option of early marriage in the first place. Humanitarian efforts to protect and empower women and girls affected
by the Syrian crisis need to be accompanied by livelihood support for Syrian families—either through increasing aid, finding work for them in refugee settlements and camps, or working with host countries to provide them with legal permission to work and move about the country freely.

Iraq is the only state in which Syrian refugees can gain status as residents with full permission to work. While Syrian refugees do have the right to work in Turkey and Jordan, those rights are limited. In Lebanon, refugees are labeled as “displaced persons,” which denies them the right to work in the state altogether. While humanitarian agencies and donors have been advocating for improved rights to work in host countries for Syrian refugees, these efforts need to be successful to counteract key vulnerabilities that incentivize early marriage among displaced Syrian populations.

**Recommendation.**

Engage women and girls as leaders in humanitarian response efforts. At the same time, pair humanitarian efforts with legislative efforts to improve the status of refugees in host countries where their rights are restricted.

**Implications.**

Women and girls have the capacity to lead and will contribute to increased effectiveness in humanitarian response when their capacity is built to do so. When capacity-building initiatives are accompanied by host country legislation that allows refugees access to human rights and economic stability, women and girls will experience reduced rates of sexualized violence and will have the ability to meaningfully participate as leaders in displaced communities.

**Event Description.**

The author of this lesson holds a certificate in Humanitarian Assistance from the Josef Korbel School of International Studies and has worked as a humanitarian researcher for a variety of organizations, including Oxfam America, the International Rescue Committee, the International Medical Corps, and the Sphere Handbook for Humanitarian Action.

NOTE: Please view this lesson in SOLLIMS to see footnotes and references.

**Lesson Author:** Catie Fowler, Project Coordinator at Our Secure Future: Women Make the Difference, a program of One Earth Future
D. Challenges in Vietnam’s Pandemic Prevention Program (Lesson # 2629)

Observation.

As of 2013, the US Centers for Disease Control and Prevention (CDC-US) seeks to build capacity within Vietnam to plan for, respond to, and recover from natural disasters and pandemic outbreaks. Building capacity creates an environment that fosters Host Nation (HN) institutional development, community participation, human resources development, and strengthened managerial systems, while the United States remains a catalyst and supporter. Because of Vietnam’s geographic location, it is a more disaster-prone country in USPACOM’s Southeast Asia region and is particularly vulnerable to severe typhoons and floods. Vietnam has started constructing an emergency preparedness and disaster response plan, directing its agencies on the procedures to be carried out in response to severe emergencies, including typhoons, floods, earthquakes, and fires. As of 2013, Vietnam’s emergency response system continues to be reactive instead of proactive, and its agencies lack the expertise to handle large disasters on their own. Emergencies, such as typhoon, flood, and infectious disease outbreaks are unpredictable, but virulent disease can be planned for and hopefully prevented. Almost all of the world’s flu viruses emerge from China and Southeast Asia, and without an early detection program, endemic diseases can become pandemics. Vietnam’s lack of a Pandemic Prevention Program (PPP) that can report and track infectious diseases of concern in a timely manner is a global health security threat. Helping Vietnam increase its health-care standard would assist in the potential spread of pandemics in the region.

Discussion.

Introduction

Since Vietnam initiated its 1986 Doi Moi (economic renovation program), Vietnamese officials have diligently strived to balance loyalty to the Communist Party with accessibility to the world economically. This has motivated the United States to engage in a continuous dialogue with Vietnam regarding human rights, including the right to health care as set out by the United Nations. Although still in the early stages, a recent partnership between the United States and Vietnam has strengthened the opportunity for a better quality of life for Vietnam’s citizens. The United States seeks to assist the Vietnamese government in establishing a viable pandemic prevention program (PPP) to effectively detect, report, track, and monitor endemic and pandemic outbreaks, and help prevent the spread of infectious disease.

In 2011, Vietnam’s minister of defense, Phung Quang Thanh, and U.S. Secretary of Defense Robert Gates jointly agreed to increase military medical collaboration. This swiftly became a military-to-military agreement when the surgeon general of the US Navy, Vice Adm. Adam M. Robinson Jr., signed a statement of agreement with Vietnam’s military medical director, Col. Vu Quoc Binh, in August 2011. These diplomatic overtures facilitated the two nations along the path toward military medical cooperation, while helping to unify the civilian health-care sector’s efforts to prevent the spread of infectious disease. Establishing a robust PPP in Vietnam increases stability, not only within the US Pacific Command (USPACOM) Area of Responsibility (AOR), but throughout the entire Southeast Asian region. The Thanh and Gates agreement may open opportunities for future events to unfold as Vietnam’s government gains trust and confidence in the United States. These events might include an increase in international government organizations (IGOs); nongovernmental organizations (NGOs); and, military projects such as the Medical Civic Action Program (MEDCAP), the Dental Civic Action Program (DENTCAP), and the Engineering Civic Action Program (ENCAP). MEDCAPs, established during the Vietnam War, are US medical teams advising their Vietnamese counterparts. DENTCAP would provide the Vietnamese
population with dental assessments and procedures, and ENCAP projects could enhance industry partnerships between the United States and Vietnam and boost local economies. Success in the PPP program would facilitate negotiations with neighboring countries, such as Cambodia, Laos, Thailand, and China, to collaborate in areas such as infectious disease detection, reporting, and tracking.

**Gaps in Vietnam’s Emergency Response and Preparedness Programs**

As of 2013, the US Centers for Disease Control and Prevention (CDC-US) seeks to build capacity within Vietnam to plan for, respond to, and recover from natural disasters and pandemic outbreaks. Building capacity creates an environment that fosters Host Nation (HN) institutional development, community participation, human resources development, and strengthened managerial systems, while the United States remains a catalyst and supporter. As such, the United States should not build any capacities beyond what Vietnam can sustain, as the HN must expend a great deal of its own resources as well if true capacity-building is to occur.

Because of Vietnam’s geographic location, it is a more disaster-prone country in USPACOM’s Southeast Asia region and is particularly vulnerable to severe typhoons and floods. Between 1980–2010, natural disasters in Vietnam killed 16,099 people, affected over 73 million people, and caused nearly eight trillion dollars in damage. As a result, Vietnam has started constructing an emergency preparedness and disaster response plan, directing its agencies on the procedures to be carried out in response to severe emergencies, including typhoons, floods, earthquakes, and fires.

Currently, Vietnam’s system continues to be reactive instead of proactive, and its agencies lack the expertise to handle large disasters on their own. Although the Vietnamese government has been reluctant to ask for external assistance in support of disaster response, their reliance on external help will continue for some decades to come. The United States is prepared to assist as it has with other countries under similar circumstances. During the past years, the U.S. Agency for International Development (USAID) has responded to 63 disasters in 54 countries around the world. Emergencies, such as typhoon, flood, and infectious disease outbreaks are unpredictable, but virulent disease can be planned for and hopefully prevented.

**The Need for a Pandemic Prevention Program in Vietnam**

Almost all of the world’s flu viruses emerge from China and Southeast Asia, and without an early detection program, endemic diseases can become pandemics. The lack of a PPP that can report and track infectious diseases of concern in a timely manner is a global health security threat. According to a World Health Organization (WHO) Report on Infectious Diseases:

> As the battle to control known infectious diseases continues, other new threats have emerged. Diseases once thought to be retreating have made a deadly comeback. Even worse, new killer diseases have emerged—many of them neither preventable nor treatable. The situation is getting worse, not better. Over the past two decades over 30 emerging diseases have been identified in humans for the first time. During the past ten years, outbreaks of old foes such as plague, diphtheria, yellow fever, dengue, meningitis, influenza and cholera have claimed many lives.

It is more economically feasible to implement measures such as a comprehensive PPP program to prevent a possible disease outbreak than it is to react to one as an emergency.
A recent WHO report referring to the 2009 worldwide H1N1 (swine flu) pandemic stated, “Although no estimates of symptomatic case fatality ratios (sCFRs) were available from Africa and Southeast Asia, a potentially high number of estimated pandemic deaths might have occurred in these regions. Therefore, efforts to prevent influenza need to effectively target these regions in future pandemics.” The Vietnamese Ministry of Health (MOH) may wish to establish a PPP in Vietnam because its interactions with WHO have established the requirement to report a Public Health Emergency with International Consequences. However, WHO describes the MOH’s reporting as substandard.

The Effort to Establish a Pandemic Prevention Program

A significant U.S. Department of Defense (DOD) strategy that interacts with many organizations to develop a Vietnamese PPP is in progress. Although the CDC-US, along with many of the previously listed IGO, NGO, and DOD organizations, has worked with Vietnam’s CDC-V to craft a pandemic flu plan, it has yet to be approved. The lack of a specific person to oversee the Vietnam’ pandemic prevention project presents challenges for persuading the MOH to approve and commence with the PPP’s implementation. According to Paul Giannone, deputy division director, Global Disease Detection and Emergency Response, CDC:

One challenge in Vietnam’s overall emergency response plan is that there is no umbrella plan similar to the US Homeland Defense and FEMA alliance. Since the process in Vietnam during a disease outbreak is to handle it by many ministries who do not coordinate well, each disaster is like a new disaster.

An Emergency Operations Center (EOC) was constructed by a consortium of CDC-US, CDC-V, and MOH liaison teams, with support from the US ambassador and USAID. Unfortunately United States and Vietnamese import laws caused challenges for importing needed desks, chairs — and most importantly, computers — to make the EOC operational. As of 2013, the EOC was not yet wired for electricity, nor is it currently scheduled to be, due to shortcomings in logistical planning. Further exacerbating the issue is a sense of urgency to make everything happen immediately and simultaneously. The Vietnam PPP is estimated to be at least a three-year program, however the CDC-US sent its team in earlier this year with orders to get everything done in five months.

The Thanh-Gates agreement was developed to expand opportunities between the United States and Vietnam not only on matters of health care, but arguably on all aspects of diplomacy, information, military, and economic collaboration. Pandemics are not constrained by geopolitical boundaries, and because the effects of the spread of infectious disease are experienced worldwide, programs designed to quell disease outbreaks are in the interest of all nations. Helping Vietnam increase its health-care standard would assist in the potential spread of pandemics in the region.

Current Civic Action Programs in Vietnam

Civil Action Programs (CAP), an integral part of USPACOM strategy, provides important opportunities to introduce foreign nationals to international programs, people, and cultures. Often, CAPs are enhanced by cooperating with IGOs and NGOs.

The Vietnam government’s request for health-care exchange and education has been ongoing. In 2013, DOD sent a senior plastic surgeon, an orthopedic hand surgeon, a dermatologist, and a pulmonary critical-care specialist to Vietnam to demonstrate advanced techniques. In reciprocity, the Vietnamese government sent a surgeon to San Diego in December 2013. So far, however, the Vietnamese government
has requested that MEDCAP activities be limited to health-care exchange and education programs, and has turned down opportunities for traditional MEDCAPs providing outpatient health assessments, inoculations, and basic health-care education to the masses.

**IGOs and NGOs in Vietnam**

IGOs form as a result of signed contracts between two or more countries that outline the financing and implementation of IGO programs. These organizations, whose representatives are international diplomats, can enter contracts, engage in litigation, and petition courts for redress. IGOs operate in Vietnam either in partnership with the United States or unilaterally with Vietnam.

NGOs attempt to be “third sector” entities separate from the governmental pressures and the political agendas of their home countries and the host nations, but this rarely occurs as the funding from their home country often comes with national imperatives. However, Vietnam’s sociopolitical structure has historically viewed civic organizations as a threat to the government’s hold on power, thereby overriding any assistance benefits to the populace. Vietnamese NGOs (VNOGs), which deliver government-approved services and messages to the population, are completely accountable to the Communist government; essentially, they are an extension of it. Recently, Vietnam has attempted to loosen up both politically and legally in order to allow the establishment of private nonprofit organizations under the 1992 Decree 35/CP. Because of the broad terms private and nonprofit, the new flood of VNOGs covers a wide breadth of agendas driven by religious, business, and professional pursuits more similar to small businesses than NGOs. In reality, the hundreds of VNOGs that offer social and economic support to the population still have to conceal their agendas by registering as economic firms or associate with a state-sponsored entity in order to operate. They essentially continue to be an extension of the government.

Although international NGOs have increased in Vietnam during the recent Doi Moi, the Vietnamese government strictly observes their activities. International NGOs must be thoroughly vetted prior to establishing close relationships.

**Institute for Military Support to Governance**

U.S. Army doctrine, ARSOF 2022, established the Institute for Military Support to Governance (IMSG), to manage the provision of civil sector expertise across the range of military operations in order to support USG obligations under international law and promote stability. The IMSG is composed of soldiers with advanced military governance skill sets, who identify and address critical civil vulnerabilities in under-governed and ungoverned areas or high-threat environments. IMSG soldiers could further enhance diplomacy and communications between DOD and the Vietnamese civil sector. The IMSG is part of the US Army John F. Kennedy Special Warfare Center and School (USAJFKSWCS) at Fort Bragg, North Carolina. The intent is to have the IMSG recruit professionals from the civil sector who have credentialed experience in stability-related fields, to support Special Operations forces, joint commanders, and ambassadors at the tactical, operational, and strategic levels. Many of the soldiers have advanced education and experience in emergency response and medical-related fields, which can be incorporated into the PPP as well as other stability and support operations in USPASCOM’s entire AOR.

**Recommendation**

The United States should assist Vietnam in building a national emergency response and PPP program that is feasible and sustainable by the host nation, and synergistic with other regional countries. Such an initiative has good humanitarian principles and supports good governance and international
responsibility. Infectious disease doctors should be included in the PPP program in order to learn and teach about preventing the spread of disease. Additionally, the educational exchange of health-management specialists in hospital systems and programs as well as mid-level and senior CDC-US and CDC-V leaders should be increased.

USPACOM should explore strategies to maximize medical cooperation with Vietnam. Interactive military efforts between U.S. and Vietnam forces should continue in harmony with the Guidance for Employment of the Force and in pursuit of stability operations in the USPACOM AOR.

**Implications.**

Although a partnership between the United States and Vietnam to establish a functional PPP can further generate opportunities for civilian-to-military, military-to-military, and civilian-to-civilian interactions, the United States need not be the sole or even the lead partner in these endeavors. The most important consideration is to achieve a fully functional and interactive PPP to prevent, detect, report, track, and monitor pandemics, with the assistance of all countries, organizations, and interested parties. The CDC-V, CDC-US, and WHO must be synchronized, and the CDC-V must report, in a timely manner, any emerging disease trends.

The success of this interaction could facilitate further human rights endeavors with Vietnam and create a sentiment of economic stability, leading to a positive worldwide view of those seeking to invest in the country. The Vietnamese government reached out to the United States and its allied partners to explore the opportunities for improving its country’s health standard. Now is the right time for the United States to help achieve this goal.

**Event Description.**

This lesson is based on the author's extensive interviews and research during attendance at the U.S. Naval War College.

**Lesson Author:** COL Kim Hodges, Director, USINDOPACOM Joint Operations Center
E. Financial Mechanisms for Emergency Pandemic Surge Response (Lesson #2656)

Observation.

If financial response to global outbreaks of serious disease is delayed, the end cost will be substantially higher in terms of lives and money. However, if financial assets are released quickly, outbreaks can be prevented from becoming pandemics, saving people and economies. This is evident in the Pandemic Emergency Financing Facility (PEF), created by the World Bank Group due to lessons from the West Africa Ebola crisis in 2013-2016, which was effectively used to terminate the May 2018 outbreak of Ebola in the Democratic Republic of the Congo (DRC).

Discussion.

Pandemics are a serious threat, not only to global health, but also to economic security and to global efforts to improve sustainable development and eradicate poverty. Estimates indicate that the annual cost of severe pandemics around the world is 0.7% of global income (approximately $US 570 billion). While outbreaks of serious diseases cannot be entirely prevented, they can be kept from becoming pandemics if addressed early. A few million dollars towards early response could make the difference of billions of response applied later.

This can be illustrated through lessons from the financial response to the deadly Ebola outbreak which occurred in West Africa from 2013-2016, primarily impacting Guinea, Liberia, and Sierra Leone. The disease was first contracted in Guinea in December 2013 but not identified as Ebola until March 2014. On 8 August 2014, the World Health Organization (WHO) declared it to be a Public Health Emergency of International Concern.

International response and funding to the crisis was delayed, which impacted global response. If $100 million had been mobilized by July, emergency response to the crisis would have been much quicker and could have saved more lives. Instead, according to the WHO, this money was not available until 3 months later. During those 3 months, Ebola cases increased tenfold. Over 11,000 people total died from the disease. Furthermore, the monetary expense was extremely high. More than $7 billion was committed by donors, and the outbreak had almost a $3 billion impact on the economics of Guinea, Liberia, and Sierra Leone.

Following the Ebola crisis, expert panels came together and concluded that improved global mechanisms were necessary to respond more swiftly to pandemics. A significant part of the problem included a financial gap between money that was available during early outbreak and the amount of assistance available once an outbreak had reached severe levels. As such, it was decided to create a financial mechanism to fill this critical gap.

Thus, the Pandemic Emergency Financing Facility (PEF) was designed by the World Bank Group (WBG) in partnership with Japan, Germany, the World Health Organization (WHO), and the private sector in order to provide surge funds for large-scale outbreaks of rare, severe diseases for low-income countries. While all countries are susceptible to disease outbreaks, low-income countries often have weaker health systems, are thus more vulnerable, and may have more difficulty raising the funds necessary for an effective response. According to WBG President Jim Yong Kim, the PEF “is a critical part of our effort
to ensure that money does not hold back effective pandemic response” (WGB Press Release, 22 May 2018).

The PEF shares similarities with several other funding mechanisms, but has important distinctions. The WHO’s Contingency Fund for Emergencies (CFE), for example, can be used for early response to a variety of health and humanitarian emergencies, including natural disasters. There are also some insurance plans in play for natural disaster risks, such as the Caribbean Catastrophe Risk Insurance Facility (CCRIF). Unlike these efforts, the PEF is unique in that it is activated at a level of higher severity than the CFE and only applies to pandemics, not all types of catastrophe.

The PEF is composed of both a cash window and an insurance window. The activation criteria for the PEF insurance window of $425 million includes thresholds of outbreak size, growth, and spread, covering six specific viruses (including the pathogens which cause SARS, MERS, Ebola, Marburg, Crimean Congo hemorrhagic fever, Rift Valley fever, Lass fever, and new influenza). All 77 poorest countries in the world which are eligible for the World Bank’s International Development Assistance (IDA) grants are also eligible for the PEF. The premiums, $37 million annually for potential payout of $500 million, are paid by Germany and Japan. Private investors earn interest on the bonds but could lose capital in a massive outbreak.

While PEF’s insurance window requires set criteria, the cash window is more flexible. The purpose of the cash window is to provide coverage for new or unknown pathogens not specifically listed in insurance, enable a mechanism for partners to donate to nations in crisis, fund severe outbreaks in a single country, and finance situations for pathogens covered by the insurance which have not yet met the activation criteria in terms of outbreak size and growth. The cash window consists of a $61 million commitment from Germany and could be resupplied by another national donor.

An eligible country affected by a disease outbreak must apply for funds and have its response plan reviewed by WHO for the PEF to proceed. A steering group of donor countries, experts, and WHO advisors makes final funding decisions. The PEF funding can also be applied to international responders addressing the outbreak. The PEF has been officially operational since July 2017, with its cash window in effect summer 2018… just in time for its first historic use.

On 8 May 2018, the Democratic Republic of the Congo declared an outbreak of Ebola. The outbreak first occurred in Bikoro (northwestern Equateur Province) but spread to Mbandaka, a large city with transportation links to the capital. This location increased concerns of the disease spreading rapidly.

The government of the DRC released a 3-month response plan which would require $56.8 million. On 22 May 2018, after an emergency meeting, the PEF made its first historic financial commitment of a $12 million grant from the PEF cash window. The funding was split between financing DRC government health response activities and international responders working in the affected areas. In addition to the PEF funding, the WBG reallocated $15 million for another project to the Ebola response, and $25 million was committed to the response by other donors. As such, within two days, the response plan was entirely funded by partners and the government.

The day after the outbreak was declared, a response team from WHO arrived. Within a week and in record response time, vaccinations were available from Geneva, and within two weeks of the outbreak, a ring vaccination campaign began of people who had been in contact with those who had contracted the disease. Teams surveilled the virus and engaged with communities where it may have spread, raising awareness, promoting safe burials, and improving capabilities for response readiness in bordering
countries. The Minister of Health declared this outbreak of Ebola in the DRC over on 24 July 2018, after two incubation periods had passed since final exposure to a confirmed case of the virus. By the termination of the outbreak, there were 54 reported cases, with 33 deaths. Although there are current reports of another Ebola outbreak elsewhere in the DRC which has not yet been halted, early response efforts to the May 2018 outbreak made significant strides in stopping its spread, thanks in part to the financing available through PEF.

Yet while the PEF fits a unique gap in financing for pandemic response, it cannot be a substitute for adequate national emergency preparedness. Efforts are underway by WBG, WHO, and the U.S. Agency for International Development (USAID) to map funding options and availabilities for different emergency situations, including preparation. Furthermore, the World Bank is looking into how the PEF insurance model could also work for other global challenges such as famine. These international efforts may provide additional resources for nations strengthening their emergency preparedness efforts.

**Recommendation.**

1. Low-income countries should continue to request funds from the PEF for emergency surge financing to cover rapid response to outbreaks that could become pandemics.
2. Besides the initial commitment from Germany, additional nations should become donor countries for the PEF cash window and also donate funding streams to other rapid response mechanisms for serious diseases outbreaks.
3. Stakeholders should continue mapping systems for emergency responses to determine which financial mechanisms are available and should be used in different circumstances at different times; create more pandemic insurance as necessary, covering financial gaps for response and prevention; and, invest in preparedness and prevention, not just response.
4. While the PEF is a great new tool for surge response to pandemics, make sure that national systems and preparedness are also built and strengthened for more sustainable prevention and response.

**Implications.**

Funding mechanisms which provide surge finances for emergencies, including pandemics, could save lives and reduce overall cost of response. Without such mechanisms and financing, more people will die from diseases and economies will suffer.

“Over time, the PEF is also expected to create a new market for pandemic insurance that will bring greater discipline and rigor to pandemic preparedness and incentivize better pandemic response planning. The PEF will also stimulate efforts by countries and development partners to build better core public health capabilities for disease surveillance and health systems strengthening, toward universal health coverage” (WBG, PEF FAQ).

**Event Description.**

This lesson is based on these sources:


For more information about the Ebola outbreaks, see information such as:

• http://www.who.int/ebola/en/

Lesson Author: Katrina Gehman, Lessons Learned Analyst (Ctr), PKSOI

[Photo by NIAID. 2 July 2017]

April 5, 2017: Study volunteer receives inoculation at Redemption Hospital in Monrovia, Liberia, during the opening days of PREVAC, a Phase 2 Ebola vaccine trial in West Africa. Credit: NIAID
F. DOD Roles and Responsibilities for FHA Response to Infectious Disease Outbreak – Operation United Assistance (Lesson #2658)

Observation.

The U.S. Department of Defense has extensive experience mobilizing a Foreign Humanitarian Assistance (FHA) response in the event of a natural disaster such as an earthquake or hurricane. However, DOD capability and experience is more limited in the event of a major outbreak of a serious infectious disease. Thus, when Ebola broke out in West Africa 2013/2014, there was confusion over DOD roles and responsibilities for Operation United Assistance, the U.S. military’s first FHA mission in response to a disease outbreak.

Discussion.

An outbreak of a deadly disease began in Guinea in December 2013 but quickly spread to Liberia and Sierra Leone, not identified as Ebola until March 2014. The region’s limited healthcare infrastructure complicated treatment and care. In total, over 28,000 people were infected in the outbreak and over 11,000 died.

By early May 2014, it seemed that the outbreak may be diminishing, but cases increased exponentially in late summer and fall. By late June 2014, international responders from Medecins Sans Frontières (MSF) described the situation as “out of control”; by August, the World Health Organization declared a “public health emergency of international concern.” That same week, US chiefs of mission in Guinea, Liberia, and Sierra Leone also declared the situation to be a foreign disaster.

Because of the declaration of foreign disaster by US missions in those three countries, the U.S. Agency for International Development (USAID) implemented a disaster assistance response team (DART) in Liberia in August. Almost six weeks later, in September 2014, the President announced the deployment of U.S. military troops to the region through Operation United Assistance.

The U.S. military response to the outbreak was initially led by U.S. Africa Command (USAFRICOM). Executive orders (EXORDs) directed approximately 3,000 service members under the command of the U.S. Army Africa (USARAF) commander to establish Ebola treatment units, medical research labs, and a 25-bed medical unit to provide care for infected healthcare workers. The 101st Airborne Division (Air Assault) was later deployed for follow-up efforts following the initial force.

One of the main benefits of the deployment of the U.S. military was improvement of morale in the region. According to the US Ambassador to Liberia:

“The biggest impact was the announcement itself and having those boots on the ground, even if the US military hadn’t done anything else. The psychological impact was transformative to the Liberians. You have to understand the environment at that point in time: by July, August, September, there were dead bodies in the street, in the ocean. People were beyond afraid; they were despairing. The change was palpable within 24 hours of the president’s announcement” (Deborah Malac, JCOA, p. 7).

With combined international and national efforts to contain the disease, the outbreak had diminished significantly by early 2015. As such, the 3,000 service members in the 101st were replaced by 32 soldiers
led by a colonel. U.S. military operations then concluded on 30 June 2015. When the troops left West Africa, extra measures were taken to ensure protection of the homeland. Redeploying troops were required to be monitored for 21 days in a controlled environment to ensure that they had not been infected with the disease. This effort succeeded in ensuring that no U.S. soldiers were responsible for bringing the risk of Ebola infections to the U.S.

While the U.S. military did successfully contribute to containing the spread of Ebola, due to the overall delayed international response by the global community and USG, the disease had already spread exponentially before it was halted. As such, many deaths could have likely been averted with faster coordinated and decisive response efforts.

In typical crises which require Foreign Humanitarian Assistance, roles and responsibilities are determined by USAID processes and the UN cluster system. A clearly recognized catastrophic event (such as an earthquake or hurricane) triggers a necessary USG response. USAID, through the Office of U.S. Foreign Disaster Assistance (OFDA), will establish a DART, and then request DOD support (such as logistics or airlift). These mechanisms have been fine-tuned for natural disasters but had not been tested in the case of a major disease outbreak.

An outbreak of disease does not have the same clear recognition/requirement that triggers a response as a natural disaster. Even though US ambassadors in the region declared the West Africa Ebola outbreak to be a foreign disaster, which precipitated the establishment of a DART, this did not immediately translate to a U.S. military response. There was a substantial delay between the declaration of a disaster and the commitment of DOD forces.

Most of previous U.S. military medical experience concerned force protection, not infectious disease control. As such, DOD lacked a complete pre-crisis policy for civil disease response. Amidst the outbreak, the Chairman of the Joint Chiefs of Staff (CJCS) provided guidance for DOD activities not to involve direct patient care. Due to the shortfalls in policy, DOD developed draft policies through EXORDs, eventually limiting its own parameters to four primary lines of efforts – medical training assistance, engineering support, logistics support, and command and control. However, these parameters were interpreted differently by different stakeholders on the ground and in Washington.

Initial guidance provided by the White House for the U.S. military response was unclear and there was confusion about which agency led the USG response. Various agencies began requesting support from DOD but there was not a mechanism to validate the requests to see how they fit into an overall USG response plan. This created frustration for the interagency as there was miscommunication about which DOD capabilities were available for support. Furthermore, once DOD forces were committed, the Request For Forces (RFF) for the follow-on forces (which were to come from the 101st) had to be generated before the initial troops (from USAFRICOM) had a chance to scope out the situation on the ground to see what would actually be needed.

The initial confusion about roles and responsibilities in OUA was eventually clarified over time and through relationships between people in different agencies. However, additional clarity is necessary going forward for future incidents of infectious disease response necessitating USG efforts. USG efforts need established pre-crisis policy on infectious disease outbreaks in order to improve coordination and response.
Recommendation.

The Joint and Coalition Operational Analysis (JCOA) Division was directed in September 2014 to conduct a study on DOD efforts to counter Ebola. As such, once operations began, researchers from JCOA spent time with USAFRICOM and USARAF units as well as representatives of USG civilian agencies, observing DOD activities, interviewing over 250 people, and reviewing over 500 documents. This lesson was based on JCOA’s final report “Operation United Assistance: The DOD Response to Ebola in West Africa” (6 January 2016).

The following are recommendations for the Department of Defense concerning Roles and Responsibilities from the JCOA Report (p. 59-60). See Appendix B: Detailed Recommendations for additional information.

“Roles and Responsibilities

General [Pandemic Influenza and Infectious Disease] PI&ID Roles and Responsibilities

DOD should:

- Support USG efforts to work with international organizations, NGOs, partner nations, and other stakeholders to clearly define roles and responsibilities during international crisis response, to include infectious disease outbreaks
- Support interagency clarification of roles and responsibilities integrating USG efforts for PI&ID planning, execution, and authorities.
  - Identify and address gaps and seams between international and domestic PI&ID planning, execution, and authorities
  - Support further development of integrated interagency PI&ID planning begun by [Department of Health and Human Services] HHS
- Advocate for a USG examination of disaster response procedures to determine what changes need to be made to support a health-related crisis. Examination should include:
  - The Federal Emergency Management Agency’s National Response Framework (NRF). As applicable, incorporate elements of the NRF in planning for, responding to, and recovering from a global health crisis
  - Domestic and international USG responders’ interaction during a global health crisis. Where possible, standardize procedures to mitigate potential disconnects
  - A definition of emergency support functions and the core capabilities necessary for an effective response
  - An outline of emergency support function roles and responsibilities for whole-of-community response (government, private sector, and academia) during a contagious biological outbreak
- Participate with strategic partners to establish a set of core capabilities needed for all phases of contagious biological outbreaks
- Participate in or facilitate interagency meetings to synchronize Global Health Security Agenda plans and activities. Support Global Health Security Agenda initiatives in partner countries
- Reevaluate the priorities for PI&ID planning and preparedness
Strategic Decision-Making Roles and Responsibilities

DOD should:

- Examine the interagency decision-making process to expedite the whole-of-government response
- Expand virtual and physical collaboration among supporting commands and agencies to allow for shared situational understanding and for the collective capacity of organizations to quickly coordinate and plan
- Develop a process to identify significant disease outbreaks and conditions that may result in DOD crisis response
- Support the development of a structure for a cross-organizational USG team that can coordinate a scalable whole-of-community contagious biological response.
  - Identify positions within organizations that can activate the cross-organizational team in order to elevate a local level of response prior to an official disaster declaration
  - Develop and exercise a decision support matrix in PI&ID plans that support a graduated response
- Review procedures for operating with [United States Public Health Service] USPHS, [US Centers for Disease Control and Prevention] CDC, HHS, USAID, and other key partners during a contagious biological response
- Examine the placement of liaisons between DOD and partner organizations, both enduring and temporary, and their required training and experience"

Implications

If the USG does not clarify roles and responsibilities concerning disease response, a unified response could be delayed or inadequate in the event of another major outbreak, risking a spread of the disease and increased numbers of lives lost.

Event Description.

This lesson is based primarily on this source:


Lesson Author: Katrina Gehman, Lessons Learned Analyst (Ctr), PKSOI
G. The HACC – Facilitating a Collaborative Environment with Non-Government Agencies, Charities, and Private Organizations (Lesson #2420)

Observation

As part of Operation UNIFIED RESPONSE, the Commander, Joint Task Force-Haiti (JTF-Haiti) conceived an ad hoc organizational design that could facilitate the coordination and collaboration with the growing international humanitarian assistance and disaster relief efforts. The Humanitarian Assistance Coordination Cell (HACC) served as this organization and sought to bring a much needed planning capacity and planning capability to tie the efforts of the U.S. military, the United Nations, and the Non-Governmental Organizations (NGO), charities, and Private Organizations (PVO) together. The organizational design of the HACC proved to be an exceptional use of Civil Affairs personnel as the eyes, ears, and voice of Joint Task Force-Haiti.

Discussion

On January 12, 2010, a magnitude 7.0 earthquake, centered under the capital city of Port au Prince, hit the small Caribbean country of Haiti. By the time that the earthquake was over, the government of Haiti and many organizations already there assisting them were decimated. With 14 of 16 Government ministry buildings and an estimated 97,000 dwellings destroyed, another 180,000 damaged, approximately 230,000 deaths, approximately 196,000 injured, and over 1.2 million people displaced, the people of Haiti were in a state of shock and the need to stabilize the situation was made more difficult and challenging due to the nearly paralyzed government. The U.S. response and that of the international community was swift; eventually involving over 140 Nations and 1,000 non-governmental organizations (NGO), charities, and private organizations.

On January 14, 2010, the Commander, U.S. Southern Command (SOUTHCOM), obtained approval to stand-up Joint Task Force-Haiti (JTF-H) to lead the humanitarian assistance and disaster relief (HADR) operations. The Deputy Commander, SOUTHCOM, Lieutenant General (LTG) Ken Keen, was quickly appointed as the Commander, JTF-Haiti as he was already in Port au Prince when the earthquake occurred. Given the incredible challenges that LTG Keen faced in terms of trying to stand-up the Joint Task Force headquarters, while also trying to stabilize the situation, he quickly recognized that the importance of communication and information sharing were going to be critical to overall mission success; especially with the over 1,000 Non-Government Agencies, charities, and private organizations providing humanitarian relief. As part of his efforts to confront this issue and to organize the various boards, centers, cells, and working groups, LTG Keen conceived an ad hoc organization that could best facilitate a collaborative environment and align JTF-Haiti’s efforts with the United Nations, the UN Mission for Stabilization in Haiti (MINUSTAH) and the various Non-Governmental Agencies. This organization would be called the Humanitarian Assistance Coordination Cell (HACC).

On January 22, 2010, the HACC was established in Haiti. The organization centered on 30 personnel from the 98th Civil Affairs (CA) Battalion (ABN), Fort Bragg, North Carolina and was led by Brigadier General (BG) Matern, a Canadian exchange officer assigned to the Headquarters, XVIII Airborne Corps. Although early planning and execution were problematic, the HACC would bring a much needed planning capacity and planning capability to achieve a greater degree of unity of effort through extensive coordination, collaboration, and communication of words that matched deeds. To accomplish this, the HACC’s mandate was to coordinate, synchronize, track, and assess humanitarian operations, create and maintain the humanitarian common operational picture (COP), integrate with all stakeholders to develop a prioritized lists of support requirements, and serve as the primary JTF interface with the UN, NGOs, and Interagency
partners all the while providing a direct link to the JTF Commander. To accomplish this mandate, HACC personnel were assigned to the U.S. Embassy, United Nations, U.N. Mission for Stabilization in Haiti (MINUSTAH), U.S. Agency for International Development (USAID), Office for the Coordination of Humanitarian Assistance (OCHA), Joint Operations and Tasking Center (JOTC), and across various U.N. and International Donor clusters, sectors, and programs. This infusion of military planning capability in several areas significantly contributed to the overall unity of effort across a broad range of organizations by reducing duplicated efforts and maximizing strengths and capabilities. In the end, the HACC was an effective organizational design in that it greatly improved the sharing of information, as well as, the coordination and collaboration within the UN “cluster system” in order to help stabilize the situation and ultimately to save lives.

**Recommendation.**

1. Codify as “Best Practice” the use of the Humanitarian Assistance Coordination Cell (HACC) to interface with the Non-Governmental Organizations, Private Organization, and the UN Systems.
3. Assign HACC personnel early to help establish a trusting relationship, ensure clear communications, and enhance coordination.
4. Include others in planning and information sharing.
5. Plan and assign CA personnel in order to prevent having a “single point-of-failure.” Some of the organizations that had CA personnel assigned to them consisted of only one individual, which could cause problems for HADR operations. For HADR operations that last 30 days or less, this type of assignment works well. However, for HADR operations that last 30 days or longer, this type of assignment does not account for individual illnesses, emergency leaves, or the stress of continuous 24/7 operations.

**Implications**

Foreign Humanitarian Assistance and Disaster Relief operations are some of the most complicated operations conducted by the U.S. military. Therefore, the JTF must take an early and continuous leadership role in building and refining planning and coordination structures that pull all entities together. The JTF must understand the other key players in terms of who are decision makers, what capabilities do they possess, and what are their strengths and weaknesses in order to get buy in up front and then execute together. A well-formed organization and team, such as the HACC, will recognize this and achieve unity of effort through its ability to coordinate and collaborate with all stakeholders.

**Event Description.**

This lesson is based on the article “USSOUTHCOM and Joint Task Force-Haiti…Some Challenges and Considerations in forming a Joint Task Force,” by COL John Ryan, Mr. Russ Goehring, and Mr. Robert Huslander, and the article “Imposing Order on Chaos: Establishing JTF Headquarters,” by Dr. Mark D. Mandeles, published in the *Joint Center for Operational Analysis Journal, Volume XII, Issue 2, Summer 2010.*

**Lesson Author:** Don Myers, FHA Concepts and Doctrine Advisor, PKSOI
H. Civil Affairs Team Supports Humanitarian Coordination and Medical Response to Haiti’s 2010 Earthquake (Lesson #2562)

Observation:

Civil Affairs (CA) strengthened the U.S. military’s initial response to Haiti’s 2010 earthquake by acting as an intermediary between the military and civilian population. This is evident through the work of CA Team (CAT) 812 which coordinated efforts with other organizations through a humanitarian assistance coordination center (HACC) and supported initial medical response in outlying areas, saving lives.

Discussion:

On 12 January 2010, a 7.0-magnitude earthquake struck Haiti unaware, causing immense destruction in an already fragile country. Over 316,000 people were killed and 1 million displaced, many who fled to outlying areas. As aftershocks continued after the main quake, over 100,000 structures collapsed, and 200,000 more were damaged, primarily in the capital Port-au-Prince and surrounding area. Infrastructure, including roads, the harbor and airport, and power systems, were destroyed. The earthquake also severely impaired governance structures of leading organizations which had responsibility to respond to such crises. The Government of Haiti (GoH) lost 14 of 16 parliamentary buildings, and numerous key officials were killed. The UN Stabilization Mission in Haiti (MINUSTAH), which had been in country since 2004 to strengthen governance/stability, lost almost 100 peacekeepers as well as the head of mission.

As soon as the GoH requested U.S. assistance, President Obama pledged U.S. support through a whole-of-government effort led by the U.S. Agency for International Development (USAID). The U.S. Department of Defense (DOD) provided significant support and humanitarian assistance/disaster relief (HA/DR) to this effort through Operation Unified Response (OUR). In a fortunate circumstance, at the time of the earthquake, U.S. Southern Command (SOUTHCOM) deputy commander LTG P. K. (Ken) Keen was visiting the US Ambassador to Haiti, whose residence survived the quake. SOUTHCOM appointed General Keen to lead the DOD’s relief efforts through Joint Task Force (JTF)-Haiti. Since MINUSTAH (a multinational organization) was already in country to conduct security/stability operations, it was decided to establish a Joint Task Force (JTF) (US forces only) to conduct OUR instead of a Combined JTF (CJTF). MINUSTAH would continue to provide security/stability tasks, while JTF-Haiti would focus on the relief and recovery efforts.

JTF-Haiti planned five phases for the U.S. military response to assist Haiti following the earthquake. Phase I (Initial Response) in Operation Unified Response focused on saving lives and providing relief for earthquake survivors. Phase II (Relief Operations) began on 5 February to assist displaced persons and further collaborate with non-governmental organizations (NGOs), the GoH, and the UN (MINUSTAH). Phase III (Restoration), carried out in mid-March, emphasized supporting the GoH and preparing for the potential of floods and mudslides. Although a Phase IV (Stabilization) was planned, it was not necessary since the citizens of Haiti maintained civility and MINUSTAH was able to handle any security incidents. Phase V (Recovery) took place in late May, providing for full transition of responsibilities back to the GoH, and OUR ended on 1 June.

The U.S. military was the largest contributor to the overall response effort, with over 22,000 personnel from all services. US Navy, Coast Guard, Marines, and Army Airborne forces executed tasks ranging from emergency search/rescue to aid distribution and the evacuation of US citizens. While conventional forces focused on providing relief to Port-au-Prince and the surroundings, Joint Forces Special Operations Component Command-Forward (JFSOCC-FWD) was responsible for response to the rest of the
country. JFSOCC-FWD’s role was to assess medical facilities and determine other critical needs outside of the capital, arranging for aid to fill gaps. These outlying areas in particular were strained from the influx of people displaced by the earthquake.

Some of the first Army Special Operations Forces (ARSOF) to respond to the crisis were Civil Affairs (CA) personnel. A total of two companies from the 98th CA Battalion deployed. The first to arrive was CA Team (CAT) 812 from Company A, consisting of five Soldiers, including a medic. At the time of the earthquake, CAT 812 was already deployed to Trinidad/Tobago as a Civil Military Support Element (CMSE). SOUTHCOM easily redirected them to Haiti, and they arrived within 12 hours of the earthquake. Since they were coming from another mission, however, they had gaps in equipment/supplies/uniforms. When they arrived, there was total chaos, and the area was unstable from aftershocks. CAT 812 first set up its base in an auto garage owned by the Haitian father of an ARSOF Soldier. As part of the initial response (Phase I), the team evaluated the situation, including surveying medical facilities for severe structural damage and overflowing morgues.

In the wake of the earthquake, a plethora of various organizations had descended on Haiti to assist, including governmental, interagency, and international/multinational non-governmental humanitarian organizations. 26 countries sent military assets in support, such as field hospitals, hospital ships, and helicopters. Since so many different groups offered assistance but lacked an entity for coordination, CAT 812 formed a Humanitarian Assistance Coordination Center (HACC). It was located in the US Embassy and managed and directed all incoming aid. The CA team set up an email account for the coordination of food requests, and it ended up receiving approximately 300-400 emails per day. The HACC also functioned to de-conflict efforts with the UN. Fortunately, the commander of the MINUSTAH forces, Brazilian Major General Floriano Peixoto, had had a professional friendship with the JTF-Haiti commander ever since he participated in a 1984 exchange program with the Brazilian Airborne Brigade. This relationship bolstered coordination across both organizations during the Haiti disaster.

After setting up the HACC in the Embassy, CAT 812 was sent by JFSOCC-FWD to assess the situation elsewhere in Haiti, as newly-arrived personnel from the 98th CA Battalion took over duties at the HACC. After assessing needs in northern Haiti and coordinating supplies for that area, CAT 812 was sent to Jérémie, a city of 31,000 in western Haiti with a large UN presence, about 180 miles from Port-au-Prince. In Jérémie, the team found a local hotel to use as its base of operations. For this mission, CAT 812 expanded to include an interpreter, since US Army Special Operations Command (USASOC) had placed a call for Haitian Creole speakers, and a Private First Class Soldier who spoke the language had volunteered.

CAT 812’s primary mission in Jérémie was to assess critical needs and provide humanitarian assistance. CAT 812 assessed the numbers of internally displaced persons (IDPs), estimating approximately 100,000 to be in Jérémie, which strained the already low levels of food available and the limited healthcare system. CAT 812 also assessed outlying orphanages and met with local NGOs, such as the Haitian Health Fund (HHF). After assessing Jérémie’s immediate needs, CAT 812 arranged for a delivery of supplies, and an Army Landing Craft, Utility (LCU) delivered 29,000 lbs. of food and fuel. CAT 812 worked with both the Uruguayan UN contingent, which handled delivery and transport of the food from the boat to the warehouse, and with local NGOs, to plan equitable food distribution. The HHF fed 4,300 people from this shipment.

Once these basic needs were addressed in Jérémie, CAT 812 focused on the surrounding area. The HHF requested CAT 812 to assist at a medical clinic several hours outside of Jérémie. The CAT planned a Medical Civic Action Program (MEDCAP) with HHF, which enabled them to assess needs in outlying
remote villages. The HHF provided medical personnel and a guide, and CAT 812 provided its team leader, medic, and interpreter. MEDCAP activities included screening pregnant women, delivering basic medical procedures, and treating aches/pains/maladies including tuberculosis and pneumonia. The most severe patient, however, was a 3-month-old girl with a serious infection. Realizing the severity, CAT 812 transported the child all the way back to the hospital in Jérémie in coordination with HHF, where she received an IV, x-rays, and antibiotics. This child would have died if CAT 812 had not intervened. For the next several days, CAT 812 continued to work with local NGOs, identifying needs in health clinics and orphanages, and reporting to JFSOCC-FWD on conditions in/around Jérémie.

Of note, a RAND Study on the US military response to the 2010 Haiti earthquake concludes: “because of their experience in civil affairs in recent operations in Iraq and Afghanistan, the U.S. Army members of JTF-Haiti appeared to have been well prepared for interacting with earthquake victims in Haiti” (p. xvii – xviii).

**Recommendations:**

1. Utilize CA personnel in future HA/DR operations to establish a HACC for coordination with various humanitarian response/assistance entities.
2. Utilize CA personnel to assess and help provide for basic needs (food, healthcare, etc.) in initial response in an emergency, since they have the skills, training, and experience to work with local populations and partner with non-governmental organizations.
3. Continue to conduct exchange programs to foster relationships across the interagency, partner nations, and international community that could prove useful in future HA/DR operations.

**Implications:**

Future use of HACC will enable coordination across a plethora of organizations for a more effective overall response to a disaster. If CA personnel are used to make assessments and help provide supplies to meet basic needs during the initial response to a humanitarian disaster, then they will be more likely to interact well with the populace. This is important in the immediate aftermath of a disaster since there is a lot of chaos and people are upset. Furthermore, CA personnel have been trained to understand and interact with various organizations, and this is key in disaster response.

If the U.S. continues to engage in exchange programs with partner nations and across the international community, professional relationships and friendships may be built that will be used years down the road. Positive relationships foster better communication and coordination during a crisis. The RAND study notes that, “the Haiti experience reinforces the general notion that, during DR, communication can be facilitated if the different players have relationships already in place” (p. xvii).

**Event Description:**

This lesson is based on: “CAT 812 in Haiti: Rescue in Jeremie” – Veritas (Journal of Army Special Operations History); Vol. 11, N1; (Article by: Troy J. Sacquety). It also includes information from: “The U.S. Military Response to the 2010 Haiti Earthquake: Considerations for Army Leaders,” RAND, Arroyo Center (2013). Authors: Gary Cecchine, Forrest E. Morgan, Michael A. Wermuth, Timothy Jackson, Agnes Gereben Schaefer, Matthew Stafford. NOTE: Please view this lesson in SOLLIMS to see more resources/references.

**Lesson Author:** Katrina Gehman, Lessons Learned Analyst (Ctr), PKSOI
I. Promoting U.S. Involvement in FHA Operations (Lesson #2670)

Observation.

One key insight I have observed from personal experience performing Foreign Humanitarian Assistance (FHA) missions is the importance of promoting U.S. or friendly force involvement. A local entity, i.e. government representative or familiar persona, should be included in FHA operations for continued assistance and the legitimacy of governance. Civil Affairs and Civil Military Planners should ensure local populations see friendly forces assisting their communities.

Discussion.

There are repercussions and benefits of promoting friendly force involvement in FHA operations in both permissive and non-permissive environments. In either environment, the safety of Soldiers is paramount. The Indigenous Population (IP) is the target audience, and in most cases are being pushed and pulled from both sides of the conflict. Opposition forces (OPFOR) need the IP to replenish ranks and support their cause, while Friendly forces need the support of the IP in order to deny reinforcements and legitimize the incumbent government.

Personal experiences in FHA operations in Dili, East Timor from 2002 to 2003, and again in Zacapa, Guatemala, in 2014 have strengthened my belief in the premise that security of friendly forces is just as important in a permissive environment, like Guatemala and East Timor, as they are in an active war zone!

Guatemala (2014)

Operation Beyond the Horizons (BTH) Guatemala, operated by U.S. Army South (AR SOUTH) provided humanitarian and community services to cities in Guatemala. The purpose of BTH Guatemala was to conduct civil-military operations in support of the Guatemalan government. Support included Medical Readiness Training Exercises (MEDRETE), which consisted of both medical and dental services provided by military healthcare professionals partnered with local providers; veterinarian support in the form of vaccinations and examinations to IP in remote areas of the country; and engineer support – both new construction and improvements to existing structures.

This success story centers around the Information Operations efforts combined with the Public Affairs section (to include Combat Camera) assigned to Task Force Oso (TFO). Joint Publication (JP) 3-29 reads that public affairs should be involved at the first indication of potential FHA operations, as the ability to effectively disseminate public information during FHA can be critical to operational success. TFO built schools, roads, and improved structures in and around Zacapa, Chiquimula, and Jutiapa. These projects, to include the MEDRETE and animal vaccinations, were highly successful in these areas (some remote) due to the effective dissemination of information.

The region had suffered flood damage in 2010 from Tropical Storm Agatha, and was the target audience for the 2012 and 2014 Beyond the Horizons Guatemala. In my opinion the efforts put forth to promote the projects and engagements was key in prepping the various locations for success. The IP welcomed the help and suspicious attitudes turned to thankful ones, which did not happen in Dili, East Timor.

In 2002 the U.S. Support Group East Timor was focused on rebuilding infrastructure (sewer, water, electricity, etc.) and the FHA aspect centered on MEDRETE and engineer support. Because most of this support was not in the public eye, or promoted heavily to the IP, a riot occurred about 4 months into the
year. The riot was based around the perceived lack of interest in humanitarian assistance - despite U.S. forces being responsible for stabilizing the power grid, and restoring public water services.

Recommendation.

My recommendation is to always promote U.S. or friendly forces FHA efforts! Every Soldier represents the United States, and their efforts should be emphasized to promote the goodwill shown to other countries in their time of need. The local face is still important to legitimize local governance, as well as sustainment efforts in the absence of U.S. and friendly forces - but a U.S. Soldier lending a helping hand leaves a lasting impression.

Implications.

Continued FHA missions lacking emphasis on U.S. involvement will not suffer failure, the consequences faced by excluding friendly involvement in FHA operations is dependent on the environment. In non-permissive environments, friendly forces will continue to be seen as aggressors or invaders instead of as allies. In permissive environments the impact may not be as intense, but may have lasting effects on future missions or relations in that AO.

Dedicated efforts to promote U.S. involvement in FHA operations are investments in security. It is important to future service members and future missions around the world that U.S. forces are seen in a positive light. The potential enemies we may face tomorrow are the IP watching our Soldiers, Sailors, Airmen, and Marines right now. Promoting our forces along with all the positive aspects of FHA may impact tomorrow’s conflicts.

Event Description:

This is lesson is based on my experiences conducting Foreign Humanitarian Assistance in both permissive and non-permissive environments. Psychological Operations Team Leader CPT Gerald Walling allowed me to use portions of his article, “Beyond the Horizon 2014: An Action in Civility and Commitment” to describe the mission. CPT Walling and I served on the staff for Task Force Oso, led by COL John W. Findley of the Missouri National Guard

Lesson Author: MAJ Major Johnson, Chief of Operations, 440th Civil Affairs Battalion
J. Transportation Holds a Key to Success: Lessons Learned through the Japanese Disaster Relief Experience (Lesson #2690).

Observation

In a largescale disaster relief operation, it is critical to establish a joint transportation control center and a transportation scheme at an early stage of the response. The joint transportation control center and its terminal under joint, interagency, intergovernmental and multinational (JIIM) circumstances must have enough trained personnel and equipment. It is essential to establish and practice transportation coordination mechanism and its procedure before the disaster occurs. Reviewing the current disaster response plan and relief mechanism is crucial. Reviewing military doctrine, organization, training, material, leadership and education, personnel and facilities (DOTMLPF) at strategic and national level is important.

Discussion

People in Japan have been suffering from numerous earthquakes since ancient time. According to a recent study of the history of earthquakes in Japan, more than 170 shocks with the scale of greater than Magnitude 7.0 have been identified since 416 AD.

A Magnitude 9.0 earthquake hit the northeastern region of Japan a quarter before 3 pm, March 11, 2011. The epicenter was approximately 80 miles east off the coast of Miyagi Prefecture. This earthquake was the most devastating earthquake ever observed in the history of Japanese earthquake surveillance. The enormous energy caused a tsunami in the Pacific Ocean, and it hit the vast area along the coastal line in the Northeast, shortly after the initial convulsion. The earthquake and tsunami caused widespread catastrophic damage in the east and northeastern region of the island.

The deadly tsunami also caused nuclear disaster. Approximately 50 minutes after the earthquake, the 50-foot high tsunami attacked the Fukushima Number 1 Nuclear Power Station situated along the coastal line in Fukushima Prefecture. The Power Station lost power supply, and the reactor became unable to be controlled. The Japanese Government designated the area within a 12-mile radius from Fukushima Number 1 Nuclear Power Station as a warning area. More than 100,000 residents were evacuated.

Japanese military forces responded quickly. Designated by the Self-Defense Forces Law, large-scale disaster relief activity is one of the missions assigned to active duty military forces. The Defense Minister ordered to task-organize the Joint Task Force Tohoku (JTF-Tohoku) composed of the ground, maritime and air components for the earthquake and tsunami response. The Central Readiness Force of the Japanese Ground Self-Defense Force, or CRF was, responsible for the nuclear disaster relief. The CRF was explicitly designed and established in 2007 for providing an initial response to various emergencies in and out of the country. In the peak time of the disaster response, the Defense Ministry mobilized approximately 100,000 personnel, about 550 aircraft, and 60 naval vessels. This number indicates approximately 50% of the strength of entire force that was committed in this operation.

In this relief operation, the Japanese military forces required simultaneously dealing with various tasks; search and rescue activity, force projection of relief activity units, transportation of relief supplies, and response to the nuclear accident. They knew that the capacity and capability of transportation was one of the keys to the success of the disaster relief operation.
Then, in the aftermath of the multiple disasters with countless requests from various autonomies and emerging operational needs, how did the Japanese Self-Defense Forces successfully organize and use the transportation for the disaster relief operation?

Recommendation.

1. Joint Transportation Control Center

Establishing a transportation nerve center is critical. Japanese Force established the Joint Transportation Control Center (JTCC) within Joint Staff. JTCC gathered the transportation needs from the Government's Emergency Response Headquarters, other government agencies, and response units. JTCC identified the priority to the transportation needs and assigned transportation measures to each need. Other than Japanese military transportation capacity, JTCC included the capability provided by the US and Australian Forces and commercial transportation capacity upon their transportation planning for maximizing the efficiency.

a) Manning the JTCC with enough trained personnel

The JTCC must have enough strength with a trained workforce. In this response, JTCC had to process a vast amount of information, requests, and tasks under internal and external high expectations. Being different from combat operations, however, the situation in the initial response was volatile, uncertain, complex and ambiguous (VUCA). Under the VUCA operational environment, they had to acquire the needs of the people and acknowledge the current supply inventory and transportation capacity, make the plan and control the entire missions. Efficient execution of transportation missions required trained personnel with enough strength. The Manning requirement is not only limited to the Center. As well as the JTCC in Tokyo, each Terminal station needs to bear the same level of quality personnel with adequate strength.

b) Transportation Scheme

The Transportation Scheme maximized their transportation efficiency and capacity for disaster response. To carry out the numerous transportation tasks with limited resources and a massive variety of supply load simultaneously, the JTCC created the Transportation Scheme. It designated the hubs, such as airports, seaports, and large military bases, terminal military camps, and measures of transportation between the hubs. The Scheme has two sections; Main Sections and Terminal Sections. Main Sections are between hubs of origin side and destination side. The JTCC is responsible for these sections for coordinating, tasking the transportation, using the Japanese ground, maritime, air force, and the US and the Australian Forces. Terminal Sections are composed of the sections between hubs and the terminals. JTF-Tohoku is responsible for the Terminal Sections. This way, relief materials from the Government, companies, NGOs, and individuals are collected at the Terminal. They are sent to a hub, then loaded to maritime vessels or aircraft for the destination hub. The final delivery was through the Terminal at a military installation.

2. Preparing and Exercising the Coordination Mechanism and Processes

It is essential for the military force, autonomy and contributing company from civilian sector to prepare and exercise the relief procedure well, foreseeing damages which may overwhelm each party's communication, reception, storage, sorting and delivery capacity.

In this response, Japanese Joint Staff stood up the JTCC for maximizing the military transportation

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capacity solidified with the external transportation capacity. JTCC and the Terminal station has enough human resources. They created the Transportation Scheme. The next challenge for the JTCC and the Terminals during the initial response was the coordination and communication between them and local autonomies to deliver the supplies to the people.

The earthquake and tsunami caused unprecedented damage, and it destroyed the capacity of local governments to generate damage assessment and submit the relief needs. It ruined the road network and telecommunication measures. The people who work for the local government could not even come to work. In the meantime, various relief suppliers and donors quickly massed their materials at the hubs and the terminals. The difficulty of acquiring local needs combined with the mechanisms in dealing with an overwhelming amount and variety of supplies became an initial bottleneck to deliver supplies to the people.

3. **Review of Disaster Relief Posture**

   a) **Review of Government Policy: Strengthening Transportation Coordination Mechanism and Posture**

   Reviewing the coordination mechanism and posture at the Government level can be a crucial enabler. After the disaster, the Japanese military has concluded a couple of agreements with the other government agencies and regional authorities for providing cooperation for immediate support in times of disaster response. The other government agency partner is also paying their effort. Currently, the Japanese Ministry of Land, Infrastructure, Transport, and Tourism is trying legislation that is expected to become one of the acts that further enhance the emergency disaster relief efficiency by enabling the Japanese military to use civilian public facilities such as port, airport and park and civilian transportation capacity.

   Having dialogs with unified action partners is also important. The Japanese military holds forums and exercises with the other government agencies, local governments, and freight and truck company association for strengthening the emergency relief posture.

   b) **Enabling External Capability**

   Use of external transportation capability is beneficial in disaster response. Also after this disaster, the Japanese military once again realized the significance of the use of civilian transportation and freight capability to complement the military transportation capacity. In 2015, the military concluded a contract to use large ferry boats for the use in an emergency. Due to this contract, in another earthquake in March 2016, the Japanese force was able to promptly project more than 250 relief troops and approximately 80 vehicles on board to the affected area.

   The transportation given by the foreign forces was another example of a use of the external capability. During the response, the US Forces, the Australian Forces and the Japanese Self-Defense Forces worked together to save the affected people. After the disaster, the Japanese and the US governments revised the bilateral defense guidelines to enable both sides to exchange information to start the necessary coordination more quickly.

4. **Review of Military DOTMLPF**

   a) **Organization for Disaster Relief**

   Reviewing the organizational framework is important. Traditionally, the Japanese Ground Self Defense Force did not have a centralized operational command. Ground Self-Defense Forces are regionally divided,
and they have the regional army headquarters enables them to take necessary actions within their boundaries. However, massive disaster may require the force to cross over the organizational border to cooperate. In 2018, the Ground Self Defense Force established the Ground Component Command for centralizing the operational matters. They are expected to function also in the disaster situation.

b) Material and Equipment: Securing Transportation Capacity and Capability

It is ideal to increasing the capacity and capability of military transportation. However, it often requires the approval of the Government to secure the budget to enhance it. It also needs some time to get approval. To compensate for the gap between the requirement and the reality, the use of civilian transportation and freight capacity is a valuable alternative.

c) Push Transportation

Sending relief materials without waiting for the request from autonomies (Push Transportation) is valuable. After this disaster, the government took the initiative to change the way of delivering supplies, enabling the transport actors deliver various relief supplies without waiting for the request from the local/regional authority. In the disaster response in 2016 in Kumamoto Prefecture, the Japanese government successfully, efficiently and swiftly delivered the enormous amount of relief supplies to the affected people in needs with this transportation measures. In 2016 response, JTCC sent LNOs to the Government Emergency Response Headquarters to acquire the Governments' transportation needs of delivering relief supplies and supported the push transportations.

Implications

Relief supplies can be the only lifeline for the affected people. Quick delivery of supplies may directly influence the life or death of the people in grave needs. The efficiency of use of transportation is also relevant to the force projection capacity. It is critical to balance the allocation of the transportation capability between the relief, force projection and other requirement needs.

Event Description

This article was prepared by PKSOI International Peace Operations Analyst LTC Akikazu Shibasaki and is based on the verbal script of a presentation by the Japanese Joint Staff used in Turbo-Transition Conference held in June 2018.
K. Unmanned Vehicles and the Use of Technology in HA/DR – Considerations for the Department of Defense (Lesson #2655)

Observation

Unmanned and/or autonomous vehicles, primarily drones, have various applications which lend these tools not only to military and combat operations but also and perhaps especially to humanitarian assistance operations. The development of unmanned/autonomous systems could benefit from further research into the necessity and use of these systems during humanitarian assistance and disaster relief. Additionally, the Department of Defense could benefit from exploring the use of commercial unmanned vehicle technology for support to foreign humanitarian assistance operations.

Discussion

Unmanned and autonomous systems are becoming increasingly attractive to the defense community for the multifaceted applications they deliver in an operational setting. Drones in particular have been used to carry out strikes on military targets and for surveillance in areas into which it would be dangerous to send military personnel.

The Secretary of the Army, in a talk given at the Center for a New American Security in May 2018, suggested that "leap-ahead technology", including "unmanned/autonomous air and ground vehicles will likely reside in combat formations". He also emphasized the necessity for exploration and development in these technologies given the fact that our competitors are already hard at work on the same. To this end, tech companies have found in the Department of Defense a captive market for their innovative technologies. Google, for example, has partnered with the DoD to develop an artificial intelligence, based on machine learning, that can parse and analyze vast swaths of digital video and imagery provided by unmanned surveillance aircraft.

However, as important as these systems are to combat operations, autonomous technology such as unmanned vehicles, or drones, have obvious applications in hazardous operations not limited to the battlefield. Humanitarian organizations have begun to adopt autonomous systems to perform disaster response and recovery operations as well. After the Philippines was devastated by Typhoon Haiyan in 2013, drones aided and even expedited recovery efforts immediately following the event. Aid workers scrambled to alleviate suffering and provide life-saving support; they dispatched drones to survey the extent of the damage and to identify usable roads, suitable locations for camps and relief hubs, and to deliver supplies to hard-to-reach places.

Commercial, "off-the-shelf" UAVs/drones were useful in inspecting roadways and infrastructure, and were also more cost-effective than repeatedly sending manned vehicles into remote and often ravaged areas. Furthermore, the images gathered from drone reconnaissance were made available online, and through crowd-sourcing useful landscape details were added in order to create quick and ready maps in support of search, rescue, and recovery operations. Unencumbered by any necessity for classifying and securing sensitive information, the immediate availability to all concerned parties of digital information allowed for a more immediate, cohesive response to the disaster. But beyond cost-efficiency and accessibility, the use of UAV technology in humanitarian operations after Typhoon Haiyan proved effective in mitigating compounding factors in a disaster response.
In Haiti, in the aftermath of a massive earthquake, aid workers deployed drones to carry out the aforementioned reconnaissance and logistical functions as well as to "monitor IDP camps, helping aid workers identify when shelters are empty and thus ready to be closed." The aerial imagery was also useful in support of surveys of schools, hospitals and other public structures. In addition to this, aerial imaging and surveying by unmanned aerial vehicles (UAV) showed the potential to influence research into preventative measures which could mitigate destruction in future disasters. For example, rubble detection and analysis from UAV imagery can be useful in determining the scale of the event, the quality of the infrastructure and building, and the allocation and prioritization of response efforts. Imagery provided by UAVs has also been used to locate standing water deposits where mosquitos and disease-causing pathogens thrive, allowing these areas to be avoided by relief workers and displaced peoples.

The proliferation of autonomous systems--especially unmanned aerial vehicles/drones, as mentioned above--continues in the humanitarian community, and the UN has taken up the cause by issuing a policy paper acknowledging the usefulness of said technology while recommending caution in its use and development. The policy paper, entitled "Unmanned Aerial Vehicles in Humanitarian Response," recognizes the significant advantages UAVs bring to humanitarian response and cites the examples of Haiti and the Philippines to showcase these applications. The paper goes on to encourage the appropriate use of UAVs, as well as to call attention to ethical issues such as data security and transparency. Finally, and importantly, it issues a call for more research.

The important aspect of this call for more research, coming from the UN, is that it presumes an adherence to the humanitarian principles. It calls for research and development for the purpose of alleviating suffering, saving lives, and responding to disasters quickly and effectively. Natural disasters are unfortunately common, and the aftermath of disasters presents complex situations for disaster response professionals and aid workers. Technological advancements conceptualized based on humanitarian assistance and disaster response scenarios can enhance effectiveness of future response operations and possibly serve to mitigate the damage inflicted by natural disasters. Moreover, the Department of Defense could benefit from exploring the use of and training on technologies used by civilian humanitarian aid workers so that, when supporting civil authorities in response to disaster relief, a more seamless unity of effort is achieved.

**Recommendation**

It is recommended that more research into unmanned vehicles and autonomous systems be conducted, and specifically with humanitarian assistance and disaster response applications in mind. Substantial research is already taking place, especially in unmanned/autonomous ground vehicles; however, the Department of Defense could also engage in R&D efforts aimed at improving technology in support of humanitarian operations. Ground vehicles and humanoid robots, for example, are being developed which can traverse difficult and dangerous terrain, defuse explosive materials, and extinguish fires; drone technology is advancing to the point where systems will soon be able to detect human vital signs, such as breathing or heartbeats, which will assist in search and rescue operations. More research should be conducted with a focus on autonomous systems in humanitarian assistance and disaster response operations so that these technologies can be better used to alleviate suffering, save lives, and perhaps even to prevent or mitigate the effects of natural disasters. A further recommendation for the Department of Defense is to invest in "off-the-shelf" UAV/autonomous systems and then train personnel on the employment of this technology in humanitarian operations.
**Implications**

Further research and development into the humanitarian applications for unmanned vehicles and autonomous systems will proceed regardless of a recommendation here. However, as recommended above, the Department of Defense would benefit from using and training on commercial, "off-the-shelf" technology in humanitarian operations. These can be more cost-efficient than deploying manned military vehicles, for one, and they are further unencumbered by any need for classifying the data produced, the untangling of which could hinder a timely response to a disaster.

**Event Description**

This lesson is based primarily on the following articles:

- Conger, Kate, and Dell Cameron. “Google is Helping the Pentagon Build AI for Drones.” *Gizmodo.com*, March 6, 2018.

**Lesson Author:** Christopher Flaherty, FHA Lessons Learned Analyst, PKSOI

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A TRV-80 SUAV being tested by the Marine Corps’ Combat Logistics Battalion 8 for unmanned aerial logistics support.

(Photo by Lance Cpl. Scott Jenkins, 2nd Marine Logistics Group. 7 May 2018)
L. Micro Grids for Disaster Relief Contingencies (Lesson #2660)

**Observation**

Micro grids can be an effective way to restore power during disaster relief operations – but only for those areas having “non-structural damage” to the power infrastructure.

**Discussion**

A “micro grid” is a local energy grid with control capability – which means it can be disconnected from the entire electrical grid (the interconnected network for delivering electricity from suppliers to consumers) and operate autonomously. Simply speaking, a micro grid is a power source that can operate independent of the overall grid. In practice, the micro grid generator is plugged into existing distribution lines (in areas with infrastructure/lines still intact), and the autonomous unit/grid produces and distributes the amount of power desired, depending on the size of the generator. The unit can be fueled in a number of ways – solar power, natural gas, fossil fuel, wind, or hydro power.

In Puerto Rico, in the aftermath of the Hurricane Maria, areas that experienced damage to the power distribution lines were not able to benefit from the use of a micro grids; for those areas, other power generation options needed to be pursued. However, certain areas in Puerto Rico with non-structural damage to the power grid infrastructure greatly benefited from the use of micro grids. Personnel from the “Task Force Power Restoration” in Puerto Rico were able to install a micro grid in less than a day, and it would begin producing energy as soon as the generator was up and running.

In advance of installation, “Power Task Force Restoration” in Puerto Rico first conducted an in-depth analysis of the given problem set – with assistance from the Department of Energy, 249th Prime Power, FEMA, and electrical engineers from USACE. Analysis determined the max load and meters the grid would re-energize in the relief efforts, in addition to determining requisite technical data points. Prior to installing/commissioning an individual micro grid, a drawing of the micro grid was sketched out and a stringent flow chart checklist was followed. This checklist ensured the same steps/procedures/uniformity for all micro grid installations. Also, despite the fact that each micro grid was slightly different, the safety and functionality of the micro grid was comprehensively checked and verified prior to handing it over to the host nation utility company.

One key benefit gleaned from the use of micro grids in Puerto Rico is they are generally mobile/movable in a disaster area. This is important, because as power lines are restored, the micro grid unit can be moved and used to produce power elsewhere.

**Recommendation**

1. Army/DoD planners should consider use of micro grids to restore power during disaster relief operations – for those areas having non-structural damage to the power infrastructure.

2. Additionally, for long-term scenarios/applications, engineers should explore use of hydro-powered micro grids – which can provide an efficient and reliable form of energy, low-cost versatility, and longevity … with certain pros and cons.
Event Description

This lesson is based on the article “Micro Grids: A Viable Power Solution,” by CPT Garrett D. Anderson, 22 June 2018.

Related articles:


Lesson Author: Dave Mosinski, Lessons Learned Analyst, PKSOI

(U.S. Army photo by Preston Chasteen. 22 June 2018)

Army Corps of Engineers contractor "Power Secure" reconnect power lines near the town of Lares, Puerto Rico
3. CONCLUSION

As the Peacekeeping and Stability Operations Institute (PKSOI) celebrates its 25th year assisting the Army in preparing for complex operations, the Army’s Foreign Humanitarian Assistance (FHA) Program and Proponency at PKSOI is in its first year. Former Chief of Staff of the Army General Gordon Sullivan identified a quarter century ago that although the Army might wish to focus training for high-intensity combat, the reality is that it would instead be required to accomplish a host of other missions in cooperation with United Nations (UN) and Non-Governmental Organizations (NGOs). Experience has proven that the outdated mindset positing that if an organization could conduct combined arms maneuver then it could do anything is quite incomplete.

Well-honed specialty skills and understanding of people, policies, and procedures are imperative to accomplishing these critical – but episodic – disaster response and stability missions. Conducting joint, combined, or even coalition warfare relies upon the existence of common concepts, terminology, and procedures between military peers. Civil military operations should not assume any such homogeneity across the array of actors during a humanitarian crisis. The DoD must acknowledge that it will likely not be in the lead, but requires cadre who understand the policies, best practices, and personalities of this peculiar yet powerful cast of actors to best support progress towards common goals.

Many norms of a traditional military culture are absent or even reversed in a foreign humanitarian crisis. Military commanders accustomed to leading may instead find that they are best utilized in support roles, and may find that their comparatively robust resources become greatly restrained. The funding, authorities, and direction that military commanders are accustomed to exercising instead become constraints and restraints. Senior leaders must exercise disciplined initiative in mission command as the DOD assumes a supporting role to deliver unique capabilities and capacities with unparalleled efficiency and agility during FHA.

FHA operations are far more complicated in a complex crisis, wherein conflict between armed actors can greatly impede the required response from the international community. The UN recently reported that in just the last decade their response has shifted from 80% natural disaster response to 80% complex crisis involving active conflict. This means that the DOD will likely find itself at ground zero in many of these responses and must be able to coordinate effectively. Our understanding of the array of stakeholders and vulnerabilities of the at-risk populations will inform the international community’s perception of our response for years to come.

Further, a fundamental dichotomy emerges for service members responding to these missions. Service members, who are reluctant to kill and destroy by nature, steel themselves to do so in combat, yet most of these same men and women would rise naturally to come to the aid of those who have survived disasters. They instantly see a multitude of things that they could do if we just employed full resources of the military toward the problem. However, our response systems demand that the military is often the last resort for delivering aid and not the first to line for response. This becomes acutely evident when the military directed to react to a humanitarian crisis in an environment where lack of security restricts the humanitarian response. Senior leaders must exercise disciplined initiative as the DOD assumes a supporting role to deliver unique capabilities and capacities with unparalleled velocity and agility without derailing the recovery and development efforts.

Strategic leaders require a broad aperture to comprehend the diverse array of NGOs, IOs, and multilateral stakeholders conducting disaster response and humanitarian assistance efforts, as well as the nuanced meanings of the humanitarian principles like humanity, impartiality, and independence that
shape their policies, procedures, and perceptions. For example, leaders must understand that humanitarian organizations will maintain their neutrality between both violent extremist organizations (VEOs) and our western coalitions despite military perception that our end-state goals are generally aligned. While we see our liberation of a city from ISIS control as a humane action, they see us as simply one of the armed actors generating suffering through our armed actions. Strategic leaders must prepare themselves to collaborate in this environment yet the typical leader, staff, and collective training may develop personal biases that will impede collective success.

Our understanding of the complementary roles of DOS, USAID, and other interagency participants as well as the associated funding, authorities, and direction will directly influence the efficiency and effectiveness of our response. We must be able to speak the language of the community of interest. Quips about the oxymoronic “UN cluster system” can quickly alienate a military leader from his international partners, who are committed professional practitioners of the humanitarian trade. When searching for direction on how to execute missions, Army units turn to doctrine as the “owner’s manual,” but when it comes to FHA, there is no Army doctrine to guide responses. Instead, soldiers turn to joint doctrine, NATO doctrine, and DODIs or DODDs, or may sometimes have to resort only to publicly available best practices and subject matter expert inputs. It is imperative that senior leaders and key planners are prepared via FHA training and education before the call comes for a unit to deploy. Commanders and staff planners preparing for an FHA mission must understand the reach-back capabilities resident in PKSOI-FHA, the Center for Excellence for Disaster Management and Humanitarian Assistance (CFE-DMHA), OUSD-P, and USAID-OFDA.

The confluence of global trends such as surging migration toward coastal regions, development of dense urban concentrations in megacities, increasing speed and lethality of pandemics, intensifying storm patterns and rising sea levels, and growing refugee populations, all signal that the frequency and scope of DOD demand for FHA responses is likely to increase in the years to come. Strategic leaders must dedicate the time to prepare before their units are called upon to respond. The lessons learned captured in this Sampler and throughout SOLLIMS are a valuable aid in that effort. Our country and the most vulnerable populations around the world will be counting on you to deliver in the direst situations, while their lives are on the line. Good or bad, they will never forget our response.

COL Morgan (Dan) O'Rourke
Chief, FHA Division
PKSOI
Annex A. FHA-Related RESOURCES & REFERENCES

[Ensure you are logged in to SOLLIMS to access some of these items.]

The following is a brief bibliography comprised of some of the foundational U.S. government documents related to Foreign Humanitarian Assistance. In addition to the legal and governmental documents listed are selected case studies and other research derived publications.

US Code and Law

- Foreign Assistance Act (FAA) of 1961 [As Amended Through P.L. 115–56, Enacted September 08, 2017]
  - Cf: Chapter 2 – “Military Assistance”

- Title 22 U.S.C.
  - ch. 32 “Foreign Assistance”
    - Subchapter 1
      - Part IX – “International Disaster Assistance” (§2292-2292h)

- Title 10 U.S.C.
  - Subtitle A – General Military Law
    - Part I: “Organization and General Military Powers”
      - Ch. 20 “Humanitarian and other assistance” (§401-410);
    - Part IV: “Service, Supply, and Procurement”
      - Ch. 152 “Issue of Supplies, Services, and Facilities”
        - §2561 – Humanitarian Assistance

Executive Orders

- E.O. 12163—“Administration of foreign assistance and related functions”
- E.O. 12966—“Foreign disaster assistance”

DOD Policy and Guidance

- DOD Directive 5100.46, Foreign Disaster Relief (FDR)
- DOD Instruction 2205.02, Humanitarian and Civic Assistance (HCA) Activities
- DOD Instruction 2000.21, DOD Support to International CBRN Incidents

Joint Publications

- JP 3-29 – “Foreign Humanitarian Assistance”
DOS/USAID Policy and Guidance

- *Foreign Affairs Manual, vol. 2*
  - 060 – International Disaster and Emergency Assistance
- *USAID Policy on Cooperation with the Department of Defense*

NATO Publications

- *NATO Standard AJP-3.4.3*  *Allied Joint Doctrine for the Military Contribution to Humanitarian Assistance*
- *NATO Standard AJP-3.4.9*  *Allied Joint Doctrine for Civil-Military Cooperation*
- *Standing Operating Procedures for the Euro-Atlantic Disaster Response Coordination Centre*
  - *Standing Operating Procedures for the Euro-Atlantic Disaster Response Unit* (2001)
- *NATO’s Role in Disaster Assistance* (2001)

Case Studies/Reports


Other


For further guidance on Army Foreign Humanitarian Assistance topics, please contact the *Foreign Humanitarian Assistance division* at the U.S. Army Peacekeeping & Stability Operations Institute. Also, please visit the FHA portal in the SOLLIMS database for research and reference materials related to Foreign Humanitarian Assistance.
Annex B. Previously Published SOLLIMS Samplers
(Available in SOLLIMS Library)

2018  Complexities and Efficiencies in Peacekeeping Operations
      Inclusive Peacebuilding: Working with Communities
      Monitoring & Evaluation for Peace and Stability

2017  Operationalizing Women, Peace, and Security
      Leadership in Crisis and Complex Operations
      Civil Affairs in Stability Operations

2016  Refugees & Internally Displaced Persons (IDPs)
      Strategic Communication/Messaging in Peace & Stability Operations
      Stabilization and Transition
      Investing in Training for, and during, Peace and Stability Operations
      Building Stable Governance
      Shifts in United Nations Peacekeeping

2015  Foreign Humanitarian Assistance: Concepts, Principles and Applications
      Foreign Humanitarian Assistance [Foreign Disaster Relief]
      Cross-Cutting Guidelines for Stability Operations
      Lessons on Stability Operations from USAWC Students
      Security Sector Reform

2014  Reconstruction and Development
      Women, Peace and Security
      Lessons on Stability Operations from USAWC Students
      Overcoming “Challenges & Spoilers” with “Unity & Resolve”
      Improving Host Nation Security through Police Forces

2013  Key Enablers for Peacekeeping & Stability Operations
      Lessons on Stability Operations from USAWC Students
      Multinational Operations
      Leadership in Stability Operations: Understanding/Engaging the People
      Protection of Civilians

2012  Medical Assistance/Health Services
      Reconciliation
      Civ-Mil Cooperation
      Building Capacity

2011  Ministerial Advising
      Fighting Corruption
      Economic Stabilization

2010  Transition to Local Governance
      Rule of Law and Legitimacy
      Protection of Civilians in Peacekeeping
SOLLIMS Sampler

https://sollims.pksoi.org

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