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Great (Soft) Power Competition: US and Chinese Efforts in Global Health Engagement

Michael W. Wissemann

ABSTRACT: Global health engagement, an underutilized strategy rooted in the strengths of soft power persuasion, can lead to more military-to-military cooperation training, help establish relationships that can be relied on when crises develop, stabilize fragile states, and deny violent extremist organizations space for recruiting and operations. Examining Chinese efforts worldwide to curry favor and influence and the challenges posed by the COVID-19 pandemic, this article shows health as a medium is a very compelling and advantageous whole-of-government approach to national security policy concerns.

Introduction

The answers to achieving many of a strategic leader's objectives may lay in the use of soft power. "Soft power" was first coined by Joseph S. Nye Jr. in the 1990s. Nye's definition of soft power distinguished itself from hard power by using "attraction and persuasion rather than coercion or payment."¹ The premise is that forging relationships with nations and key influential individuals who have a like-minded view of a liberal world order will produce relationships more inclined to stand the test of time. Conversely, relationships built upon fear and the effects of coercive power are more likely to result in resentment and crumble when stressed.

Global health engagement (GHE), sometimes referred to as medical diplomacy or strategic health diplomacy, is a soft power strategy used by both China and the United States. It is a natural derivative of soft power, focused on providing a resource (health care) that many consider a human right. Countries that use GHE effectively may be left with a marked advantage, especially in today's volatile, unpredictable, complex, and adaptive operating environment. While the use of GHE cannot unilaterally halt some of the actions of revisionist powers or violent extremist organizations (VEOs) in these environments, the process can help stem the rising tide and slow revisionist rise.

Extremist powers and VEOs employ gray zone strategies to erode American influence worldwide. These methods fall below the threshold for traditional armed

1. Joseph S. Nye Jr., "China's Soft Power Deficit," *Wall Street Journal*, May 8, 2012, <https://www.wsj.com/articles/SB10001424052702304451104577389923098678842>.

conflict. Some gray zone strategies include “disruption of order, political subversion of government or nongovernmental organizations, psychological operations, abuse of legal processes and financial corruption.”² Not a new concept, this version is a reincarnation of Sun Tzu’s famous adage that, “To subdue the enemy without fighting is the acme of skill.”³ Sun Tzu goes on to say that to “capture his cities without assaulting them and overthrowing his state without protracted operations” is key.⁴ Not surprisingly, China is following the playbook of their greatest military theorist. While a high-intensity conflict with a near peer remains a distant, but catastrophic, possibility, subduing the enemy without the need for conflict could prove far more effective, both financially and militarily. As the world witnesses the erosion of social norms, grows tired of the international political banter, and continues to toil with the COVID-19 pandemic, the environment is ripe to inspire allies and potential partners to follow the America’s lead through high-visibility, cooperative, medical partnerships.

The foundational basis for GHE is established in numerous national policies. President Biden’s March 2021 *Interim National Security Strategy Guidance: Renewing America’s Advantages* mentions “health” 23 times.⁵ He encourages cooperation with the United Nations and European Union through the Global Health Security Agenda and states as one of his three pillars the need to “reinvigorate and modernize our alliances and partnerships around the world.”⁶ Meanwhile, the latest available *National Defense Strategy (NDS) 2018: Sharpening the American Military’s Competitive Edge*, a remnant of President Trump’s tenure, also extensively discusses “Strengthen[ing] Alliances and Attract[ing] New Partners.”⁷ Three key components of this objective are an effort to grow alliances in the US Indo-Pacific Command, strengthen NATO alliances to deter Russian aggression, and to support partner countries in Africa to minimize the threat from terrorism. Diplomacy in the form of incentives for allies through GHE, subject-matter- expert exchanges (SMEE), and joint training exercises can sway host nation opinion and secure US influence.

US Efforts

Recently, the US military has provided medical assistance globally, without regard for hemisphere, country, or creed. These efforts began with

2. Frank G. Hoffman, “Examining Complex Forms of Conflict: Gray Zone and Hybrid Challenges,” *Prism* 7, no. 4 (2018): 36.

3. Sun Tzu, *The Art of War*, trans. Samuel B. Griffith (Oxford, UK: Oxford University Press, 1963), 77.

4. Tzu, *Art of War*, 79.

5. Joseph R. Biden Jr., *Interim National Security Strategic Guidance: Renewing America’s Advantages* (Washington, DC: White House, 2021), <https://www.whitehouse.gov/wp-content/uploads/2021/03/NSC-1v2.pdf>.

6. Biden, *Renewing America’s Advantages*, 10.

7. Department of Defense (DoD), *Summary of the 2018 National Defense Strategy of the United States of America: Sharpening the American Military’s Competitive Edge* (Washington, DC: DoD, 2018), 10, <https://dod.defense.gov/Portals/1/Documents/pubs/2018-National-Defense-Strategy-Summary.pdf>.

the construction of the Panama Canal which led to research and vaccines for malaria and yellow fever, work that continues today through the Walter Reed Army Institute of Research. The Department of Defense's reputation as a world leader in humanitarian assistance and disaster relief is well earned, with medical care being a key tenant of that *mechanism*. The codification to do so is provided in Joint Publication (JP) 3-29, *Foreign Humanitarian Assistance*, which provides the imperative "to relieve or reduce human suffering, disease, hunger, or privation" in areas outside of the United States.⁸ Furthermore, Department of Defense Instruction (DoDI) 6000.16, *Military Health for Stability Operations*, defines medical stability operations as a fundamental competency and something the military health system must be prepared to execute across the continuum of operations, up to helping reconstitute a host nation health-care system, if necessary.⁹

In 2004, on the receding tides of the world's most deadly tsunami, the USNS *Mercy* arrived in Indonesia and began a humanitarian assistance medical presence that would last for five months.¹⁰ Staffed by limited military medical personnel and over 200 staff from the nongovernmental organization (NGO) Project HOPE, the endeavor showcased America's ability to cooperate and the country's willingness to care in desperate times.¹¹ In Rear Admiral William McDaniel's words, "The ship sells itself. . . . Virtually everyone who visited *Mercy* became an ally in our efforts."¹²

The following year, the United States deployed military medical assistance professionals to Pakistan to help the country in the aftermath of a 7.6-magnitude earthquake. The 212th Mobile Army Surgical Hospital arrived from Germany at the epicenter within three weeks, along with a medical battalion from the 3rd Marine Expeditionary Force. During their time in country, the unit cared for over 14,000 patients.¹³ In the end, the 212th Mobile Army Surgical Hospital donated the hospital tents and medical equipment to the Pakistani government, certainly adding to the partnership of a key strategic ally needed to blunt the influence of regional VEO.¹⁴

8. Joint Chiefs of Staff (JCS), *Foreign Humanitarian Assistance*, Joint Publication (JP) 3-29 (Washington, DC: JCS, 2019), viii, https://www.jcs.mil/Portals/36/Documents/Doctrine/pubs/jp3_29.pdf.

9. DoD, *Military Health for Stability Operations*, DoD Instruction (DoDI) 6000.16 (Washington, DC: DoD, 2010), https://fas.org/irp/doddir/dod/i6000_16.pdf.

10. PowerPoint Briefing, USNS *Mercy* Commanding Officer's Brief, August 27, 2018, <https://health.mil/Reference-Center/Presentations/2018/08/27/USNS-Mercy>.

11. James B. Peake, "The Project HOPE and USNS *Mercy* Tsunami 'Experiment,'" *Military Medicine* 171, no. S1 (October 2006), S27, https://academic.oup.com/milmed/article/171/suppl_1/27/4577798.

12. William J. McDaniel, "Lessons Learned from Indonesia: An Outline," *Military Medicine* 171, no. S1 (October 2006), S61, https://academic.oup.com/milmed/article/171/suppl_1/59/4577813.

13. "When the Earth Shook: US Responds to Magnitude 7.6 Earthquake in Pakistan," *Year in Review* (blog), DoD, August, 4, 2005, <https://archive.defense.gov/home/features/2006/2005yearinreview/article4.html>.

14. Joshua Michaud et al., "Military and Global Health: Peace, Conflict, and Disaster Response," *Lancet* 393 (January 2019), 280, https://www.researchgate.net/publication/330472289_Militaries_and_global_health_peace_conflict_and_disaster_response.

In 2010, the US military responded to the deadliest natural disaster in two generations, a 7.0-magnitude earthquake on the island nation of the Republic of Haiti, resulting in an estimated 300,000 deaths.¹⁵ The only hospital left operating after the earthquake was an Argentine military field hospital; they were quickly joined by medical teams from across the world, including the United States, Russia, and China.¹⁶ Twenty-six countries provided everything from supplies to field hospitals and hospital ships.¹⁷ The small nations of Qatar and Israel established field hospitals. Again, the US Navy partnered with civilians from an NGO, this time aboard the USNS *Comfort* hospital ship, and performed 843 lifesaving surgeries. Overall, the US task force performed over “1,000 surgeries [,] and treated more than 9,000 patients.” While this intervention surely positively impacted Haiti’s citizens’ impression of the United States by the thousands, a lack of quantifiable data only allows us to posit conclusions. This common theme in GHE should be rectified (see conclusions).¹⁸

US global health engagement efforts have employed both reactive and proactive measures. Besides tsunami and earthquake-type humanitarian assistance and disaster relief missions, one of the most recent large-scale proactive responses to a medical crisis has been the Ebola outbreak in West Africa in 2014–15. Named Operation Unified Assistance, the response, at its core, showed progress toward overcoming one of the largest stumbling blocks in providing medical aid across the world. A common critique of foreign medical assistance, especially aid provided by the Department of Defense, is that substituting US capabilities instead of bolstering host-nation effectiveness increases reliance on the United States, and in the long term, undermines the local system.¹⁹ It is easy to see how this creates resentment from host-nation medical experts and runs counterproductive to US strategic objectives.

To address these shortcomings, DoD involvement was “limited in scope and duration; designed to supplement or complement Liberia’s own efforts; and worked in support of the [US Agency for International Development] USAID.”²⁰

15. Reginald DesRoches et al., “Overview of the 2010 Haiti Earthquake,” *Earthquake Spectra* 27, no. S1 (October 2011), S1–S21, <https://pubs.er.usgs.gov/publication/70042013>.

16. David R. DiOrio, *Operation Unified Response – Haiti Earthquake 2010* (Norfolk, VA: Joint Forces Staff College, 2010), https://jfs.c.nvu.edu/Portals/72/Documents/JC2IOS/Additional_Reading/4A_Haiti_HADR_Case_Study_revNov10.pdf.

17. Gary Cecchine et al., *The U.S. Military Response to the 2010 Haiti Earthquake: Considerations for Army Leaders* (Santa Monica, CA: Rand Arroyo Center, 2013), 56, https://www.rand.org/content/dam/rand/pubs/research_reports/RR300/RR304/RAND_RR304.pdf.

18. Cecchine, *U.S. Military Response*, 58.

19. Michael D. Owens et al., “A Global Health Engagement Success: Applying Evidence-Based Concepts to Create a Rapid Response Team in Angola to Combat Ebola and Other Public Health Emergencies of International Concern,” *Military Medicine* 184, no. 5/6 (May/June 2019), 113, <https://academic.oup.com/milmed/article/184/5-6/113/5363849>.

20. Alix Boucher, *Supporting, Non-Standard Mission Role: US Operations in Liberia, 2014–2015, that Enabled the US and UN Response to the EVD Outbreak* (Carlisle, PA: Peacekeeping and Stability Operations Institute (PKSOI), 2018), 35, <https://pksoi.armywarcollege.edu/2018/01/11/supporting-non-standard-mission-role-u-s-operations-in-liberia-2014-2015-that-enabled-the-u-s-and-un-response-to-the-evd-outbreak/>.

In recent years, an effort has been made to synchronize US efforts with the host nation's desired end states. For example, in December 2020, US Army Africa in coordination with the US Africa Command hosted a virtual conference between military medical leaders in countries identified for a partnership exercise to be held in summer 2021 and their US partner units. In addition to fostering buy-in from partners, this synchronization ensures that whatever plan is implemented by the United States is beneficial for the host nation, and sustainable in the long run, given the economic and cultural constraints other nations' experience.

A more common example of proactive measures occurs during the use of Medical Civil Action Programs (MEDCAPs), sometimes called Medical Civilian Assistance Programs. MEDCAPs were a staple of the Vietnam era and an effort to influence the local population by providing health care to citizens in remote areas and bolstering the locals' ability to do so independently.²¹ MEDCAP II was designed to be an improvement but unknowingly supplanted host-nation capabilities during counterinsurgency operations. People are the center of gravity on which insurgency or counterinsurgency thrive.²² At times, MEDCAPs are used to shape the operational environment, targeting specific locations and populations or assisting in information operations. Lieutenant Colonel Bradley Tibbetts was responsible for delivering MEDCAPs in Kosovo in 2001–2. He shared:

A lot was about passive intelligence gathering. The more you know the area and the people, the more they would tell you and the more you started to notice things that were out of place. We never went out with intel collection in mind or actively sought information but it's amazing what they would tell you after you gave them a bottle of Motrin and a box of Sudafed. I later learned that tips from my reports identified both arms smuggling from Macedonia and human trafficking.²³

The aim of famed counterinsurgency theorist David Galula's first law of counterinsurgency is to gain the support of the people.²⁴ MEDCAPs, such as those conducted in Kosovo, and more broadly GHE, directly contribute to this aim by allowing the military to gain support and connect with the host-nation populace. Additionally, Galula's fourth law states that zone by zone, the counterinsurgent must clear the enemy and strengthen infrastructure

21. "Our History," Military Health System, accessed September 4, 2019, <https://www.health.mil/Military-Health-Topics/Health-Readiness/Global-Health-Engagement/Our-History>.

22. Robert J. Wilensky, "The Military Civic Action Program in Vietnam: Success or Failure?," *Military Medicine* 166, no. 9 (September 2001), 817.

23. Brad Tibbetts, e-mail message to author, November 7, 2019.

24. David Galula, *Counterinsurgency Warfare: Theory and Practice* (1964, Westport, CT: Praeger Security International, 2006), 52–55.

to help degrade insurgents. Medical exchanges and SMEE support this by empowering host-nation medical assets and creating capacity and medical infrastructure, giving potential insurgent groups less of a foothold in struggling countries.

Additionally, the Walter Reed Army Institute of Research plays a role in being proactive and exporting US influence abroad. With a tangible research lab presence in the country of Georgia, Kenya, Peru, and Thailand, as well as partner and field sites in over 40 additional countries, the US armed forces conduct research with host-nation partners on a myriad of endemic diseases.²⁵ These medical research labs do far more than just research and health protection for US troops. They are part of US branding abroad. “In Peru, Kenya, Egypt, Thailand and Cambodia,” the host nations have assigned the US facilities high-visibility partner organizations from their own government, viewing the US labs as “national assets.”²⁶ These partnerships also serve as a symbol of hope and support for many countries. Peru sits next to Colombia, which struggles with narcoterrorism. Likewise, Kenya borders Somalia, which has difficulty providing basic social needs for its population and lacks effective governance. Many of the associated field sites for the labs are in or near fragile states. The US partnership helps fill a void that another country or nefarious forces could exploit.

America, too, has demonstrated a large medical commitment to Africa over the last 18 years. While the venture is State Department led, the result of the President’s Emergency Plan for AIDS Relief (PEPFAR), established by President Bush in 2003 and renewed twice since, is a resounding success in GHE. Countries in sub-Saharan Africa with a PEPFAR program, compared with those countries that do not have the program, demonstrated three times the growth in UN human development index scores.²⁷ They also showed a significant increase in opinion of the United States and a 40 percent reduction in political instability and violence. These effects are tied directly to the aid provided to 7.7 million Africans, through antiretroviral treatments. In Kenya, Nigeria, and South Africa, the United States is viewed favorably in each country: 70 percent, 62 percent, and 57 percent, respectively.²⁸

25. James B. Peake et al., *The Defense Department’s Enduring Contributions to Global Health: The Future of the US Army and Navy Overseas Medical Research Laboratories* (Washington, DC: Center for Strategic & International Studies (CSIS), 2011), vii.

26. Peake, *Enduring Contributions*, 6.

27. Tom Daschle and Bill Frist, *The Case for Strategic Health Diplomacy: A Study of PEPFAR* (Washington, DC: Bipartisan Policy Center, 2015), 15, <https://bipartisanpolicy.org/report/the-case-for-strategic-health-diplomacy-a-study-of-pepfar/>.

28. Kristen Bialik, “How the World Views the US and its President in 2018 in 9 Charts,” Pew Research Center, October 9, 2018, <https://www.pewresearch.org/fact-tank/2018/10/09/how-the-world-views-the-u-s-and-its-president-in-9-charts/>.

There is little debate about the utility of PEPFAR efforts. Diplomats express increased access, influence, and greater opinion of US forces following humanitarian assistance and partnership exercises.²⁹ The PEPFAR program also helps foster more robust military relationships. Ambassadors have noted that GHE opened the door to military collaborations, fighting VEOs and a range of other security issues.³⁰ The program has advanced public diplomacy, opened doors in difficult relationships, extended the reach of US embassies, and leveraged domestic investment in health.³¹ All these benefits help prevent a void where VEOs can find space to operate, flourish, and destabilize countries and regions.

Chinese and Foreign Efforts

While GHE efforts have increased US standing on the world stage, China is narrowing the gap. Over the last several years, worldwide US approval ratings dropped from 48 percent to 31 percent, while China's leadership rating by contrast posted a slow steady gain from 31 percent to 34 percent.³² According to a 2020 poll, China's President Xi Jinping received higher confidence "to do the right thing regarding international affairs" than the US president (19 percent versus 16 percent).³³ Further, African countries such as Nigeria and Tunisia had a more favorable opinion of China. China continues to ignore global rules and to maximize their advantage, a common practice of rising powers.³⁴

Essential to this tactic is the stick-and-carrot approach. China's biggest stick is using their mammoth economy to browbeat trading partners into bilateral trade agreements that benefit only China. This stick is coupled with debt-trap financing to leverage favorable deals when overwhelmed countries default on Chinese loans, all backed by an aggressive military that has deliberately disregarded UN rulings. China continues to expand military colonization of islands in the South China Sea years after the area was awarded to the Philippines

29. Gary Roughhead et al., *US Navy Humanitarian Assistance in an Era of Austerity* (Washington, DC: CSIS, 2013), 2.

30. Tom Daschle and Bill Frist, *Building Prosperity, Stability, and Security through Strategic Health Diplomacy: A Study of 15 Years of PEPFAR* (Washington, DC: Bipartisan Policy Center, 2018), 26, <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2019/03/Building-Prosperity-Stability-and-Security-Through-Strategic-Health-Diplomacy-A-Study-of-15-Years-of-PEPFAR.pdf>.

31. Daschle and Frist, *Building Prosperity*, 26–27.

32. R. J. Reinhart and Zacc Ritter, "China's Leadership Gains Global Admirers," Gallup, March 4, 2019, <https://news.gallup.com/poll/247196/china-leadership-gains-global-admirers.aspx>.

33. Richard Wike, Janell Fetterolf, and Mara Mordecai, "US Image Plummets Internationally as Most Say Country Has Handled Coronavirus Badly," Pew Research Center, September 15, 2020, <https://www.pewresearch.org/global/2020/09/15/us-image-plummets-internationally-as-most-say-country-has-handled-coronavirus-badly/>.

34. Robert Gilpin, "Hegemonic War and International Change," in *Conflict after the Cold War: Arguments on Cause of War and Peace*, 4th ed., comp. Richard K. Betts (Boston, MA: Pearson, 2013), 107.

by the International Court at The Hague.³⁵ Given the aforementioned coercive and sharp tactics, it is easy to overlook China's use of other diplomatic strategies that have the People's Republic of China gaining ground around the world.

There is a misperception that China does not understand the use of soft power. Their abysmal human rights record at home and in Taiwan, coupled with censorship of the Internet, conjure visions of soft-power inadequacies.³⁶ Married with China's sharp/coercive power and its prolific gray zone strategies, these themes paint a dark picture. China, however, is quite astute in the applications of soft power, leveraging soft power tools like Panda diplomacy, stadium diplomacy, and Confucius Institutes.³⁷ Additionally, China is using their Belt and Road Initiative, a massive infrastructure program connecting China to other continents, to open the door for application of softer means across Asia, Africa, and even into Europe.

China initiated GHE efforts in 1963, when they sent medical teams to Algeria, building a hospital there. Since then, according to Peilong Liu, "about 23,000 Chinese medical workers have been sent to about 66 countries to provide services to an estimated 270 million people. At the end of 2013, 1,171 Chinese medical workers were working in 113 medical centers in 49 countries."³⁸ China has complemented these efforts in the past decade with the christening of its first hospital ship.

The *Daishan Dao*, also known as the *Peace Ark*, is China's most tangible and visible instrument of influence abroad through medical means. Built for a mission set like the USNS *Comfort* or USNS *Mercy*, China's hospital ship is an unwavering exporter of Chinese soft power. On its initial tour, the ship conducted a three-month operational cruise around the Horn of Africa; a decade later this location is now the site of China's first overseas base.³⁹ Since 2008, the Chinese ship and its team of medical professionals have provided medical care

35. Stephen Burgess, "Confronting China's Maritime Expansion in the South China Sea: A Collective Action Problem," *Journal of Indo-Pacific Affairs* 3, no. 3 (August 31, 2020): 112–34; Sarah Zheng and Rachel Zhang, "South China Sea: Calls to Honour Hague Ruling 5 Years On, but Beijing Digs In," *South China Morning Post*, July 25, 2021, <https://www.scmp.com/news/china/diplomacy/article/3142456/south-china-sea-calls-honour-hague-ruling-5-years-beijing-digs>.

36. Joseph S. Nye Jr., "China's Soft Power Deficit: To Catch Up, Its Politics Must Unleash the Many Talents of Its Civil Society," *Wall Street Journal*, May 8, 2012, <https://www.wsj.com/articles/SB10001424052702304451104577389923098678842>.

37. David Volodzko, "China's Medical Diplomacy: China's Latest Contribution to the WHO Is Part of a Long History of Using Medical Diplomacy as Soft Power," *Diplomat*, April 12, 2016, <https://thedi diplomat.com/2016/04/chinas-medical-diplomacy>.

38. Peilong Liu et al., "Chinese Distinct Engagement in Global Health in Africa," *Lancet*, August 30, 2014, 794, <http://nai.diva-portal.org/smash/get/diva2:399727/FULLTEXT02>.

39. James A. Chambers, "The Rise of Chinese Military Medicine: Opportunity for Mercy Ship, Not Gunboat, Diplomacy," *Military Medicine* 176, no. 9 (September 2011): 1045, <https://academic.oup.com/milmed/article/176/9/1043/4345491>.

to 180,000 people across 40 countries.⁴⁰ According to the People's Republic of China, the ship contains several operating rooms and can care for 1,000 patients simultaneously. During a weeklong stop in Port Moresby, Papua New Guinea, in 2018 the ship's staff cared for 4,000 patients.⁴¹ That same operational tour, titled "Mission Harmony," included 10 other country stops, many throughout the eastern Pacific and western hemisphere, including Venezuela.⁴²

During past partnership exercises, such as Pacific Rim, US and Chinese medical personnel worked together. These exchanges have helped craft Chinese policy changes on how to employ or staff the hospital ship, which is a win when viewed through a humanitarian lens.⁴³ This collaboration establishes common ground for cooperation in high-stakes humanitarian relief or disaster relief operations. The People's Liberation Army Navy is "gearing up the transformation from a green-water navy to a blue water force that does not just protect its own sailors in naval combat but also saves the lives of those in need, regardless of nationality."⁴⁴ With China's shift from a regional power to a country with worldwide reach and ambitions, the *Peace Ark* will undoubtedly play a role in those efforts.

In addition to the *Peace Ark* circumnavigating the globe, China has made significant GHE contributions worldwide. The country contributed to Haiti earthquake relief in 2010. More recently, China played a significant role on the world stage during the Ebola endemic in West Africa.⁴⁵ China has had a significant medical presence across Africa since first aiding Algeria during their war for independence in 1963. In 2015, they committed "to send 1,500 medical professionals to the continent."⁴⁶ Since 1963, they have deployed 18,000 medical professionals to 46 countries.⁴⁷ It is clear China is well versed in using GHE and continues to leverage this strategy to shape the operating environment to its benefit.

A recent high-profile example of China using GHE to alter a country's ill-perception of them involved the shipment of face masks to Canada during the height of the COVID-19 pandemic. While the whole world was in need,

40. Associated Press (AP), "Chinese Hospital Ship Stops in Turbulent Venezuela," *Navy Times*, September, 22, 2018, <https://www.navytimes.com/news/your-navy/2018/09/22/chinese-hospital-ship-stops-in-turbulent-venezuela/>.

41. People's Republic of China (PRC), official website, accessed August 9, 2019, https://eng.mod.gov.cn/news/2019-04/23/content_4840098.html.

42. AP, "Chinese Hospital Ship."

43. Da-Wei Li et al., "Inspiration of the Functional Localization of a US Naval Hospital Ship on a Chinese Hospital Ship," *Military Medicine Research* 3, no. 7 (April 2016).

44. PRC, official website, accessed August 9, 2019, http://eng.mod.gov.cn/news/2019-04/23/content_4840098.html.

45. Michaud et al., "Militaries and Global Health," 281.

46. Volodzko, "China's Medical Diplomacy."

47. Lloyd Thrall, *China's Expanding African Relations: Implications for U.S. National Security* (Santa Monica, CA: RAND, 2015), 49, https://www.rand.org/pubs/research_reports/RR905.html.

Canada was in the midst of selecting a company to install 5G networks across their country. Huawei, China's state-sponsored telecom giant with ties to the Chinese Communist Party, was a contender, however, fears of privacy violations and spying were a major concern. The face masks were designed to increase the favorable perception of Huawei and potentially get them beneficial action regarding their bid.⁴⁸ Similarly, China shipped supplies to European countries like Serbia and Spain. These actions helped China reinforce the narrative that the United States abandoned these countries, that China can fulfill the role of leader on the world stage, and that China is taking COVID-19 seriously.⁴⁹

Due to their participation in high-visibility medical missions and international cooperation activities, it comes as no surprise that China enjoys a positive reputation across Africa. A recent Pew Research poll explored over 24 countries' views of China, including three Africa countries. Kenya and Nigeria expressed a 67 percent and 61 percent positive rating of China, respectively. South African opinion was supportive as well, with 49 percent favorable and 38 percent unfavorable.⁵⁰ China's medical diplomacy will continue to help the country make inroads across the entire southern hemisphere, especially in Africa.

Recommendations and Challenges

Several recommendations for improvement, many with a foundation or framework already in place, bear consideration. Some proposals are best practices and whole-of-government approaches that can be replicated across other combatant commands. Leveraging existing organizations with expertise, resourcing those entities, and investing early in cross-domain training for company-grade officers can pay long-term dividends. First, there is a distinct need for greater synchronization of efforts across the interagency and others to realize the full potential of GHE. There has been little coordination in the past when synchronizing military and civilian NGO efforts. Navy hospital ships have arrived in ports without advance planning or communication with the NGO already on the ground.⁵¹ Coordinating across all instruments of national power is imperative to maximize effectiveness and achieve synergy.

Given the previously mentioned concerns regarding unity of effort, all combatant commands should endeavor to provide synchronization, as the AFRICOM

48. Alicia Chen and Vanessa Molter, "Mask Diplomacy: Chinese Narratives in the COVID Era," *Freeman Spogli Institute for International Studies* (blog), Stanford University, June 16, 2020, <https://fsi.stanford.edu/news/covid-mask-diplomacy>.

49. Brian Wong, "China's Mask Diplomacy: By Shipping Medical Supplies to European Countries, China Is Seeking to Boost Its Image as a Responsible Global Leader," *Diplomat*, March 25, 2020, <https://thediplomat.com/2020/03/chinas-mask-diplomacy/>.

50. Richard Wike et al., "International Publics Divided on China," Pew Research Center, October 1, 2018, <https://www.pewresearch.org/global/2018/10/01/international-publics-divided-on-china>.

51. Roughhead, *US Navy Humanitarian Assistance*, 3.

model does, through liaisons with other governmental agencies. US AFRICOM has embedded more than 30 personnel from a variety of other US government agencies, including personnel from USAID.⁵² USAID is a key partner in delivering humanitarian assistance and disaster relief and the training and provision of host-nation medical facilities. Furthermore, the AFRICOM leadership team includes a deputy commander for civil-military engagement and a senior Foreign Service officer from the US Department of State. This integration enables a whole-of-government approach and maximizes preexisting on-the-ground resources, whether other governmental agencies or supporting long-term NGOs partners. The framework to do so already tenuously exists.

The Department of Defense should leverage under-resourced tools already in place to help synchronize efforts. The “Uniformed Services University Health Sciences (USU) is the nation’s federal health professions academy,” which should be doing more than just training doctors, nurses, and future scientists.⁵³ The university’s Center for Global Health Engagement was established to provide support to the combatant commands.⁵⁴ With the alignment of the Defense Health Agency and Uniformed Services University as a direct-report unit, the Defense Health Agency should be resourced to synchronize efforts and act as a repository for GHE best practices across combatant commands.

Second, GHE is a wide-reaching effort that affects not just the military and needs the incorporation of interagency, NGOs, and other governmental agency partners. Midgrade officers should receive yearlong assignments to organizations such as the Department of State or USAID to gain interagency experience.⁵⁵ The Army Medical Department already affords similar opportunities through “Training with Industry,” where select personnel spend a year with the Joint Commission (responsible for health-care facility accreditation) and RAND, among others.⁵⁶ These officers then return to the Army Medical Department and infuse it with fresh ideas. Further, the connections made with civilian counterparts in these agencies can lead to career-long relationships that facilitate cross-organization collaboration.

52. “About the Command,” United States Africa Command, accessed August 19, 2019, <https://www.africom.mil/about-the-command>.

53. “About,” Uniformed Services University (USU), accessed August 26, 2019, <https://www.usuhs.edu/about>.

54. “Overview,” USU Center for Global Health Engagement, USU, accessed August 8, 2021, <https://cghe.usuhs.edu/home>.

55. J. Christopher Daniel and Kathleen H. Hicks, *Global Health Engagement: Sharpening a Key Tool for the Department of Defense* (Washington, DC: CSIS, 2014), 12, <https://www.csis.org/analysis/global-health-engagement>.

56. “AAC Training with Industry,” US Army Acquisition Support Center (blog), accessed August 9, 2021, <https://asc.army.mil/web/career-development/programs/aac-training-with-industry/>.

Third, the United States can continue to project and brand American global goodwill by leveraging high-visibility entities already performing on the world stage. The USNS *Mercy*, stationed in San Diego with ready access to the Naval Medical Center San Diego, should be a keystone component in partnership enhancement. With one third of Indo-Pacific Command's vast area of responsibility composed of island nations, a hospital ship can expand global influence and help brand American diplomacy across half the earth's surface.⁵⁷ Concurrently, the USNS *Comfort*, stationed on the east coast and colocated with the Naval Medical Center Portsmouth, is a prime candidate to bring medical training and assistance to Africa, something the Chinese have been doing for half a century. Medical SMEEs with NATO countries on the European continent will help reinforce commitments to alliance partners staring down the barrel of overt Russian aggression.

Finally, abundant information on the statistical impact of global health engagement is available. Initiatives that show results get funded. In an era of constrained resources, it is incumbent upon the services providing GHE to show the combatant commanders a return on investment. While subjective and anecdotal evidence can demonstrate the great impact of this engagement, quantitative changes in local perceptions would further support the need to continue or expand the program. Quantitative analysis should start with pre- and post-questionnaires of the local populace and foreign military medical personnel participating in MEDCAPs and SMEEs. A survey created for a 2020 engagement in Senegal, designed in English and translated into French, to receive frank quantitative feedback, was not fielded due to the cancellation of the exercise. Adding tools like this survey and leveraging processes and organizations already in existence can help multiply the impact of American global health efforts.

Challenges for limited resources and the global pandemic will continue to impact overseas engagements. The COVID-19 crisis phase and stateside response necessitated the cancellation of three scheduled African GHEs in summer 2020. As US response operations stabilized, and the organization reviewed the ability to put together a single exercise, unknowns and quarantine restrictions hampered the ability to gather a full team. During planning, a paucity of valid statistics on COVID-19 prevalence rates in a given country, changes of embassy staff, and sealing of national borders complicated issues. Further, there were cultural questions about whether US personnel bringing in their personal medical protective equipment would be perceived as favorable and considerate or whether it would sow distrust.⁵⁸ Finally, the time required to remove a critical clinician from soldier-focused care, such as an orthopedic surgeon (two weeks

57. "About USINDOPACOM," US Indo-Pacific Command, accessed August 15, 2019, <https://www.pacom.mil/About-USINDOPACOM/>.

58. Author's personal experience, April–May 2020.

stateside quarantine, three weeks in country, two weeks quarantine upon return) is untenable given the surgical caseload of musculoskeletal injuries the active-duty population sustains. Some of these concerns can be mitigated by utilizing fully vaccinated medical professionals. If GHE is to continue, the remainder of these issues will need to be addressed early in planning through requests for information and leveraging previously established relationships on the ground.

Conclusion

While global health engagement and strategic health diplomacy are not new concepts, they are still compelling tools for influencing behavior. The use of global health engagement as an instrument of national power could provide the catalyst for countries teetering between alliances to side with whoever can garner favor with their population, achieving the ends of spreading democracy, values, and influence worldwide.

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