# RESEARCH

# Involvement of the US Department of Defense in Civilian Assistance, Part I: A Quantitative Description of the Projects Funded by the Overseas Humanitarian, Disaster, and Civic Aid Program

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## ABSTRACT

**Objectives:** To review the history and goals of the US Department of Defense's largest civilian assistance program, the Overseas Humanitarian, Disaster and Civic Aid Program and to describe the number, geographic regions, years, key words, countries, and types of projects carried out under this program since 2001.

- **Methods:** Using the program's central database, we reviewed all approved projects since 2001 and tabulated them by year, combatant command, country, and key word. We also reviewed the project descriptions of projects funded between January 1, 2006, and February 9, 2008, and examined how their activities varied by combatant command and year.
- **Results:** Of the 5395 projects in the database, 2097 were funded. Projects took place in more than 90 countries, with Southern, Pacific, and Africa Command hosting the greatest number. The most common types of projects were school, health, disaster response, and water infrastructure construction, and disaster-response training. The "global war on terror" was the key word most frequently tagged to project descriptions. Project descriptions lacked stated goals as well as implementation and coordination strategies with potential partners, and did not report outcome or impact indicators.
- **Conclusion:** The geographic reach of the program is vast and projects take place in a wide variety of public sectors. Yet their security and civilian assistance value remains unclear given the lack of stated project goals, implementation strategies, or measures of effectiveness. To facilitate transparency and policy discussion, we recommend project proposals include hypotheses as to how they will enhance US security, their relevance to the public sector they address, and outcome and impact indicators that can assess their value and effectiveness.

(*Disaster Med Public Health Preparedness.* 2010;4:66-73) **Key Words:** humanitatian assistance, disaster response, military aid programs, civic aid, monitoring and evaluation, civil-military

he conflicts in Iraq and Afghanistan have pressed the US Department of Defense (DoD) into engaging in the civilian spheres of humanitarian assistance, health, and development with an unprecedented scope and focus, under the auspices of conflict prevention, counterinsurgency, counterterrorism, and nation building.<sup>1</sup> Likewise, the international community's emphasis on civilian protection and the conceptualization of extreme poverty and underdevelopment as US security issues have further pressured the DoD to increase its presence in the sectors of public health and development.<sup>2,3</sup> Thus, there are numerous programs, initiatives, and directives, current and on the horizon, that are likely to increase the DoD's presence in the sectors of humanitarian assistance, health, and development in a variety of global contexts ranging from peacetime to open conflict.4-8

While the DoD seeks to expand its relevance and role in spheres of humanitarian assistance, public health, and development, most civilian practitioners know little about the DoD's premier and most visible global health and humanitarian assistance program: the Overseas Humanitarian, Disaster and Civic Aid (OHDACA) program. Although the DoD has not deliberately eschewed transparency of this program, the sheer number of different programs, the plethora of authorities and objectives, and the myriad ways of interpreting broad policy goals make it difficult for even the most astute civilian practitioner to comprehend. The DoD's OHDACA program is important for 3 reasons. First, it is the DoD's largest civilian assistance program. Second, OHDACA projects serve as a model for other DoD civilian assistance programs. The latter is crucial because the types and styles of OHDACA projects are copied by military project planners in a wide variety of global contexts, including large operations such as in Iraq and Afghanistan, even when these projects are funded by other DoD programs. Third, the OHDACA program funds disaster relief activities and peacetime development projects, making it one of the most visible DoD programs to humanitarian and development workers in the field.<sup>9</sup>

In 2007 the Partnership Strategy Office of the Secretary of Defense allowed civilian academic researchers to review the only central database of OHDACA projects-the Overseas Humanitarian Assistance Shared Information System (OHA-SIS). While the OHASIS database contains only peacetime OHDACA development projects, even reviewing this subset allows a far more complete picture of the scope, content, and activities of the OHDACA program than previously available. This analysis includes the following: (1) an overview of the history, objectives, and structure of the OHDACA program; (2) the first quantitative description of the OHDACA projects in the OHASIS database with particular focus on the types and content of these projects; (3) a discussion of the remaining information gaps necessary to inform a public discussion of the future of this DoD program; and (4) suggestions as to how the OHASIS database can be improved to facilitate transparency, efficacy, and accountability.

#### **THE OHDACA PROGRAM**

In 1992, Congress authorized the OHDACA program to allow the DoD to transport humanitarian supplies, although the legislation also permits the funds to be used "for other humanitarian purposes worldwide."<sup>10</sup> Because this phrase is vague, the Partnership Strategy Office periodically issues a guidance message to set policy for how these funds should be used. This guidance sets 4 objectives for DoD humanitarian assistance activities: to improve the DoD's access to strategically important areas, to influence strategically important populations in areas susceptible to extremist influence, to have a demonstrable and quantifiable positive impact on civilian populations, and to build a nation's capacity to deliver essential services and respond to disasters.<sup>11</sup>

The OHDACA program budget has ranged from \$58 million in 2004 to \$85 million in 2008.<sup>12</sup> An additional \$40 million for 2 years is available for disaster relief; however, the budget does not reflect salary support, benefits, or all transportation costs of personnel.<sup>13</sup> Very large emergencies such as the Indian Ocean tsunami require supplemental funds from Congress.<sup>14</sup> Of note, although the OHDACA program funds disaster relief projects, these projects are secondary to and have a supporting role for the Office of Foreign Disaster Assistance of the US Agency for International Development, which oversees and coordinates US government disaster relief as a whole.<sup>15</sup>

The Defense Security Cooperation Agency (DSCA) acts as the program manager for disaster and peacetime OHDACA projects, and offices reporting to the Assistant Secretary of Defense for Global Security Affairs provide policy oversight for each. The OHDACA

peacetime activities that are the focus of this review take place in public sectors such as health, education, and sanitation.

The nomination of an OHDACA project starts at the American embassy in the country where the project is to take place. The staff of American embassies consists of country teams that comprise representatives from the State Department, military, and other US government agencies, all of which report to the US ambassador or chief of mission. The US military has a small number of officers on these country teams, referred to as the military group, who nominate the OHDACA peacetime projects. The project nominations are sent to the US military regional organizations-called geographic combatant commands (CoCOMs)-where large projects undergo legal review. There are 6 geographic CoCOMs: European Command (EUCOM), Southern Command (SOUTHCOM), Northern Command (NORTHCOM), Central Command (CENTCOM), Pacific Command (PACOM), and Africa Command (AFRICOM), each with a distinctive administrative structure with respect to review of OHDACA projects. These military commands have a general or admiral in command of each region's designated US military forces.<sup>5</sup> EUCOM's area of interest encompasses the eastern half of the Atlantic Ocean to the Caspian Sea. CENTCOM encompasses the Middle East, Egypt, central Asia, and part of the Indian Ocean. NORTHCOM encompasses the continental United States, Canada, Alaska, and Mexico, and SOUTHCOM covers Central and South America and the Caribbean. PACOM covers the largest geographic area and includes East Asia, Oceania, and the Pacific Islands. Involvement of the US military in Africa was previously divided among 3 commands: EUCOM, CENTCOM, and PACOM. A sixth and new unified combatant command, AFRICOM, was established on October 1, 2008, to promote US national security objectives in Africa and its surrounding waters.

The CoCOMs send project nominations to the DSCA, and if the project meets the guidance, the DSCA approves the project. The DSCA refers projects with policy questions to the Partnership Strategy Office for final policy review. Of note, while AFRICOM assumed full responsibility for US security initiatives on the continent only as of 2008, in the OHASIS database, OHDACA projects that took place on the continent have been listed as AFRICOM projects for 8 years in anticipation of this new command. In reality, these AFRICOM projects were carried out by 3 other CoCOMs—PACOM, EUCOM, and CENTCOM—that divided the continent's countries among their 3 jurisdictions or areas of responsibility.

Congress requires that the DoD report annually on the total amount of OHDACA funds obligated, the number of transportation missions, and the transfer of nonlethal supplies. There are no congressional or internal DoD reporting requirements in terms of outcomes or impacts of projects.<sup>10</sup>

#### **METHODS**

The OHASIS database manages the application process and catalogues OHDACA projects. It includes the entire life cycle of a project, from nomination in the field, through approval by

the CoCOM, DSCA, and Partnership Strategy Office, to funding disbursement. Launched in May 2007, the OHASIS database subsumed and replaced HAP-I, an older, more cumbersome project tracking system.<sup>16</sup> Project nominators are required to enter project information for each OHDACA project and update it if the status of the project changes. Personnel at the CoCOM and DSCA level who review the nominated projects enter information about the status of the projects and provide free-form comments to other reviewers.

There have been modifications to the database over time, including addition of key words, enhanced project description, and a list of compliance questions asked of each project. A revision to the database is expected in 2009.<sup>16</sup> At the start of this analysis—February 2008—5395 projects were listed in the OHASIS database starting from year 2001. Each project entry included name, number, year, funding program, approval status, combatant command, country, cost, person of contact, key words, and a free-form project description. This information, with the exception of the free-form project descriptions, was converted to a Microsoft Excel 2000 (Microsoft Corporation, Redmond, WA) spreadsheet and then transferred to a Microsoft Access 2000 (Microsoft Corporation) database for further analysis.

Of the 5395 OHASIS projects, 2100 were OHDACA projects that were marked as completed or approved by the DSCA and, thus, were included in this analysis. Of the 2100 projects, 3 were excluded because their free-form descriptions indicated they were later canceled by the CoCOM. These 2097 projects were examined by year, CoCOM, key word, and country. Although "actual cost" and "estimated cost" fields were listed for each project, the DSCA does not use the OHASIS database to track costs or the flow of money; multiple project planners and OHASIS database managers reported them to be inaccurate, and, thus, cost information was not included in this analysis.

We also reviewed the free-form project descriptions of every OHDACA-funded project from January 1, 2006, through February 9, 2008, to assess project activity and content. Only projects

### **TABLE 1**

since 2006—a total of 1128—were included in the project activity review because the format and completeness of these descriptions before 2006 largely precluded interpretation of project activity owing to the brevity of the descriptions and lack of answers to compliance questions provided by the former HAP-I database.

In considering project activity and content, we categorized each project into 1 of 11 activity groups. Six of the project activity groups regarded infrastructure provision and involved building, refurbishing, or supplying essential materials to schools, health care institutions, water systems, disaster response systems, general elements (roads and bridges), and social institutions-orphanages, community centers, women's centers, libraries, homeless shelters, mental health facilities, and retirement homes. Health care training and assessment projects involved teaching general health care classes, seminars, and conferences and epidemiologic health care assessments of populations. Direct provision of health care projects involved US military personnel providing short-term medical services to a population. Avian influenza projects included outbreak management training or donating equipment or laboratory facilities. Disaster response training projects involved teaching classes, seminars, and conferences regarding topics like first aid, incident command structure, supply chain management, and regional coordination. They also included assessment of communities' disaster response capabilities. Finally, miscellaneous projects either did not fall into any of the aforementioned categories or no project description was provided.

Projects that included multiple activities were counted in multiple categories. For example, a project that included building a clinic and providing direct health care services was counted as a health infrastructure project and as a health care provision project. Thus, the sum of the project activities equals more than the total number of projects.

#### RESULTS

In examining the OHDACA projects by country, CoCOM, and key words, all 2097 OHDACA projects entered into the OHASIS database since 2001 that were marked approved or completed by the DSCA were included.

Number of Projects Each Year by Combatant Command (N = $2097)^a$									
Year	AFRICOM	CENTCOM	EUCOM	PACOM	SOUTHCOM				
2001-2003	4	0	1	0	0				
2004	71	204	86	60	117				
2005	81	120	60	85	80				
2006	107	101	67	110	115				
2007	124	38	34	110	183				
2008	12	18	14	78	17				
Total	399	481	262	443	512				

Abbreviations: AFRICOM, Africa Command; CENTCOM, Central Command; EUCOM, European Command; PACOM, Pacific Command; and SOUTHCOM, Southern Command. <sup>a</sup>AFRICOM's projects refer to projects that took place on the continent of Africa since 2001. Before the creation of AFRICOM in 2008, these projects were divided among 3 other combatant commands: PACOM, SOUTHCOM, and CENTCOM. The low numbers reported for 2008 reflect the number of projects submitted and approved until February 9, 2008, only.

#### **Countries**

The countries hosting the most projects since 2001 were Iraq (195), Afghanistan (102), Indonesia (92), the Philippines (66), Djibouti (66), Ethiopia (53), Kenya (50), Bolivia (42), Ghana (40), and Cambodia (40).

#### **Combatant Commands by Year**

Few projects were entered into the OHASIS database before 2004. SOUTHCOM increased its numbers of OHDACA projects per year from 117 in 2004 to 183 in 2007. Similar trends were seen in AFRICOM—71 in 2004 and 124 in 2007—and in PACOM—60 in 2004 and 110 in 2007. Conversely, the numbers of projects in CENTCOM have fallen steeply from a high of 204 in 2004 to a low of 38 in 2007, due in part to other funding sources becoming available to project planners in Iraq and Afghanistan. EUCOM also decreased its use of OHDACA projects from 86 in 2004 to 34 in 2007 (Table 1).

#### **Key Words**

The OHASIS database supplies 32 forced-choice key words in a drop-down menu for project nominators to choose to describe their projects. Of 32 keywords, the top 5 most often tagged to OHDACA project descriptions were global war on terror with 662 (31.57%), disaster relief with 629 (30.00%), school with 499 (23.80%), none with 350 (16.70%), and disaster preparedness with 251 (11.97%).

#### **Project Activities and Content**

In examining the OHDACA project content and activities, we looked only at the project descriptions of the 1128 projects marked as approved and completed by the DSCA and only from January 1, 2006, to February 9, 2008, because formatting changes in the OHASIS database precluded review of projects before January 1, 2006.

School construction and refurbishment projects predominated with 328 (29.07%) projects containing a school con-

**TABLE 2** 

#### Numbers of Projects by Activity Category

struction or refurbishment component; 215 (19.06%) projects involving construction, refurbishment, or equipping clinics or hospitals; 156 (13.83%) projects addressing improvements in disaster response infrastructure or equipment; and water infrastructure projects comprising 150 (13.30%). Disaster response training, avian influenza projects, health care training and assessment, general and social infrastructure projects, and direct health care provision projects each constituted fewer than 10% of project activities (Table 2).

#### **Project Activity by Combatant Command**

SOUTHCOM reported the greatest number of OHDACA projects, with 315, within the study interval. The majority of SOUTHCOM projects pertained to 2 activity categories, with 29.5% and 18.4% of projects devoted to disaster response infrastructure and disaster response training, respectively. Of the remaining projects, 17.8% were school construction and refurbishment, and 14.9% were health infrastructure projects. Fewer than 10% of projects pertained to the other activity categories. Of note, in reading the project descriptions, we observed that the disaster response infrastructure and training projects focused on building and equipping an integrated set of emergency operating centers throughout the Caribbean and Central America with disaster training activities focused on **training** host nation participants in how to use these new centers and equipment.

PACOM ranked second in terms of number of projects, with 298 within the study interval. In contrast with SOUTHCOM, PACOM projects were the most diffuse across activity categories: 23.5% school construction and refurbishment, 18.5% health infrastructure, 14.1% avian influenza preparedness, 13.8% disaster training, 12.1% disaster response infrastructure, and 12.1% health training projects. The disaster training and response infrastructure projects concerned a range of activities, from building schools that could double as emergency shelters to train-

Category	No. (%) of Projects With Activities in the Category $^{\mathrm{a},\mathrm{b}}$
School construction or refurbishment	328 (29)
Health infrastructure	215 (19)
Disaster response infrastructure	156 (14)
Water infrastructure	150 (13)
Disaster response training	104 (9)
Avian influenza	83 (7)
Health care training and assessment	54 (5)
Social infrastructure	49 (4)
General infrastructure	30 (3)
Health care provision	16 (1)
Miscellaneous	19 (2)

<sup>a</sup>Projects with activities in more than one activity category were counted in each relevant category. Thus the sum of projects by category (1205) adds up to more than the total number of projects (1128).

<sup>b</sup>The percent of projects in each category refers to the number of projects in that category out of the total number of projects (1128). The percents sum to more than 100% because of a rounding error.

ing military personnel from a host country on a specific disaster response technique such as air evacuation.

AFRICOM hosted 243 projects during the study interval. The top 3 types of projects in AFRICOM were school construction and refurbishment (34.1%), water infrastructure (25.1%), and health infrastructure (23.0%).

A full 54.8% of CENTCOM's 157 projects were devoted to school construction and refurbishment. Of these, 33 out of 85 (39%) took place in Iraq or Afghanistan, with the remainder occurring in Djibouti, Kenya, Ethiopia, or Yemen. Health and water infrastructure projects represented 17.2% and 15.3% of projects.

Of the 115 EUCOM projects, 28.7% were school construction and refurbishment, 26.1% were health infrastructure, 17.4% were avian influenza preparedness, and 13.0% were social infrastructure projects like refurbishing orphanages (Table 3).

The OHDACA projects have taken place in more than 90 countries since 2004 in every geographic CoCOM. Between 2004 and 2007, SOUTHCOM, PACOM, and AFRICOM increased the numbers of OHDACA projects per year by 50% to 80%.

The OHDACA projects take place in multiple civilian sectors ranging from education, health care, and public health to water and sanitation and disaster preparedness. The OHDACA projects are heavily weighted toward infrastructure construction and refurbishment and equipping institutions in these sectors. While school construction and refurbishment, particularly primary schools, count as the most popular type of OHDACA project, health-related and public health–related projects figure prominently as well. If provision of clean water sources and disaster preparedness are counted as health activities, a full 68.97% of the OHDACA projects could be considered health related. This represents about \$40 million in expenditures per year, not including personnel and transport costs.

#### Limitations

Although the OHASIS database includes projects from 2001 to the present, few OHDACA projects are listed before 2004. Also, before 2006, descriptive project information is limited. Furthermore, because descriptive information was entered free-form by a wide variety of project planners, the quality, depth, and comprehensiveness of this information is varied. Also, the number of activities per project entry differed: one project entry might propose to build 12 schools and another only 1 school, or the number of proposed schools might not be included in the free-form project description at all. Thus, questions regarding, for example, the number of schools the DoD built in the last year cannot be determined precisely via the OHASIS database. Finally, while the OHASIS database confirms disbursement of funds for a project, it does not ensure the project went to completion-returned funds for projects that were not completed are not necessarily entered into the OHASIS database. Revisions to OHASIS data entry will be necessary to address these limitations.

#### DISCUSSION

The opening of the OHASIS database to outside reviewers represents a unique opportunity to more fully understand the activities of the DoD's premier humanitarian assistance program and to initiate a public discussion with the DoD regarding its evolving role in the spheres of humanitarian, health, and development assistance. The breadth of countries where OHDACA projects take place and the multiple civilian sectors they address—water and sanitation, disaster response, health and education infrastructure—emphasize the relevance of the OHDACA program to the civilian agencies working in these

## TABLE 3

Project Activity by Combatant Command <sup>a</sup>								
Project Activity	AFRICOM	CENTCOM	EUCOM	PACOM	SOUTHCOM			
School construction/refurbishment	83 (34.1)	86 (54.8)	33 (28.7)	70 (23.5)	56 (17.8)			
Health infrastructure	56 (23.0)	27 (17.2)	30 (26.1)	55 (18.5)	47 (14.9)			
Water infrastructure	61 (25.1)	24 (15.3)	4 (3.4)	27 (9.0)	34 (10.8)			
Disaster infrastructure	9 (3.7)	8 (5.0)	10 (8.7)	36 (12.1)	93 (29.5)			
Disaster training	1 (0.4)	3 (1.9)	1 (0.9)	41 (13.8)	58 (18.4			
Avian influenza	10 (4.1)	0 (0.0)	20 (17.4)	42 (14.1)	11 (3.5)			
Social infrastructure	21 (8.6)	2 (1.3)	15 (13.0)	2 (0.7)	9 (2.9)			
General infrastructure	4 (1.6)	2 (1.3)	2 (1.7)	19 (6.4)	3 (1.0)			
Health training	2 (0.8)	2 (1.3)	0 (0.0)	36 (12.1)	14 (4.4)			
Health care provision	1 (0.4)	2 (1.3)	1 (0.9)	12 (4.0)	0 (0.0)			
Miscellaneous	0 (0.0)	5 (3.2)	3 (2.6)	7 (2.3)	4 (1.2)			
TOTAL PROJECT ACTIVITES <sup>b</sup>	248	161	120	347	329			
Total <sup>c</sup>	243	157	115	298	315			

Abbreviations: AFRICOM, Africa Command; CENTCOM, Central Command; EUCOM, European Command; PACOM, Pacific Command; SOUTHCOM, Southern Command.

<sup>a</sup>Data are given as number (percentage). AFRICOM's projects refer to projects that took place on the continent of Africa. Before the creation of AFRICOM in 2008, these projects were divided among 3 other combatant commands: PACOM, SOUTHCOM, and CENTCOM.

<sup>b</sup>Some projects completed multiple activities and thus the total number of project activities is greater than the total number of projects.

Denominators for the percentage calculation were the total number of projects, rather than total project activities.

same sectors and geographic areas and underscore the blurry lines between civilian and military activities.

In addition to more complete and standardized reporting of project planning and execution activities, we suggest several changes to the type of information reported in the OHASIS database so as to enhance transparency, efficacy, accountability, and communication with civilian humanitarian and development agencies. First, the data in the OHASIS database expose the weakness of 2 of the objectives of the OHDACA program: US military access to specific communities and US military influence in specific communities. The large number of countries in which OHDACA projects are proposed (>90) suggests a lack of priority and clarity regarding the identification of specific areas to which access is desired and which populations to influence.

A separate cross-sectional review of the OHDACA projects implemented in calendar year 2006 showed that two thirds of projects in that year took place in the CoCOMs' lowest priority countries, also suggesting that the objectives of enhancing the strategic goals of access and influence did not drive project selection. The lack of a precise definition of access renders these criteria so nondiscriminatory that any project involving a US military member working outside the United States could fulfill them. The question remains: Does access refer to members of the military being able to implement a project in a particular community, or does it refer to the ability of the US military to gain approval of a nation's government to establish a military base within its borders, regardless of the specific sites of the OHDACA projects? The assumption of access is even weaker in light of the fact that a significant number of the OHDACA projects are implemented by local contractors, and occasionally projects are implemented in areas where the local population already views the US military favorably. Focusing "influence" projects on areas where the military already has overseas bases or where it seeks additional bases would be a more convincing use of OHDACA program funds in fulfilling the stated goal relating to influence.

Of note, the project descriptions suggested another rationale driving OHDACA project nomination—that of generating good will toward the United States among civilians who might otherwise support anti-American groups, such as terrorist organizations. This notion of "winning hearts and minds" was reflected in the abundant invocation of the key word global war on terror-a full one third-to describe OHDACA projects. In project descriptions, frequent subjective statements such as "this project will ameliorate the social vulnerabilities that make populations sympathetic to radical ideologies" implied that poor living conditions cause extremism and that improving those conditions reduces the foothold of extremist ideologies in a given community, an assumption that is not yet supported by data. Related were statements indicating the belief that OHDACA projects should be used to improve host nation capacity to provide government services to its own people, thereby winning the loyalty of its constituents and undermining radical antigovernment elements.

Reflected in these differing rationales for OHDACA projects is the tension brought forth in why the DoD should be involved in these spheres of humanitarian assistance, health, and development in the first place. The traditional view is that the DoD should be involved to achieve narrow strategic objectives such as winning local support for a military base. This view differs and even conflicts with the emerging notion that the DoD should be involved in these spheres because underdevelopment, long-term vulnerability of populations, and "weak states" are themselves US security threats.<sup>3,5</sup> If the DoD defined its objectives more specifically with regard to what it intends to achieve and why, examining these notions would be easier and would inform a public debate regarding its appropriate role.

Although reconciliation of these viewpoints will need to take place via a broad public policy debate informed by data at upper levels of government leadership, we would encourage OHDACA project planners to articulate in the OHASIS nomination process their hypotheses as to how their project will advance US or regional security. They should include a reasonable attempt to quantify this effect because currently it is their subjective perceptions that are driving action and implementation. As DoD policy becomes clearer with respect to its motivations and objectives for programs like OHDACA, the Secretary of Defense should require the CoComs to report universal, quantifiable policy impact indicators.

Another step toward transparency and clarifying the niche of the OHDACA program in the realms of humanitarian assistance, health, and development would be the articulation of desired regional or country level outcomes, or "end states." To outside reviewers, the aggregate of each CoCOM's OHDACA projects appears as a disjointed array that addresses a smattering of needs but fails to make any significant strides in addressing any one problem or sector, a dilemma familiar to many development organizations. The exception is SOUTHCOM, where the emphasis on disaster relief infrastructure-particularly building emergency operating centers and supplying them with training and communication equipment—is coherent in that the objective seems to be creating a sustainable, reliable, and robust disaster response system across the Caribbean and Central America. The SOUTHCOM OHDACA projects can be seen as incremental steps toward meeting that goal. While many organizations do not articulate concrete outcomes or desired end states, this represents a problematic stance for the DoD. It opens all sectors of civilian life that could possibly be construed as having security implications to DoD involvement, and with this interpretation, the lines between military and civilian activities disappear. For civilian organizations that want to avoid working in the same sectors as the US military, to lessen the perception they are implementing US military policy rather than humanitarian principle, this "mission creep" is particularly troublesome.<sup>17,18</sup> The OHASIS database, if opened more

broadly to civilian organizations, presents an ideal forum to begin to address this issue by stating end state goals and concrete objectives by country and region. This will not only increase the transparency of the DoD, but also help the DoD coordinate with other US government agencies and avoid redundancy, competition for resources, and inefficiency. It may also reveal the need to expand the capacity and reach of civilian agencies in cases in which the DoD is using the OHDACA projects only to make up for lack of civilian agency presence.

Finally, a lack of outcome data for any project makes it impossible to tell if the OHDACA projects met the criteria of providing humanitarian or disaster relief services and to what extent. While generally the humanitarian benefit of building schools, wells and water treatment facilities, and health centers could be robust, it also could be poor depending on the social and environmental context. We can imagine wells that deplete the water sources of other communities, ill-stocked and -staffed clinics that limit access to health care rather than expand it, and poorly planned humanitarian assistance that exacerbates conflict rather than ameliorates it.<sup>1,19</sup> The lack of substantial needs assessment and evaluation reporting in the OHASIS database and to congressional oversight committees decreases accountability and suggests an incorrect assumption that all projects with humanitarian intent benefit civilians regardless of project quality or contextual variables. The humanitarian community (eg, nongovernment organizations and United Nations agencies) in earlier years was also using "achievement" indicators as measures of their project effectiveness, but for similar reasons was forced to replace them with more appropriate outcome and impact indicators. This change has immeasurably improved quality performance, project planning, and accountability. Funding organizations, such as the US Agency for International Development, require outcome and impact measures for grantees. If the DoD is to gain respect for claims of effectiveness and ensure to Congress and others that projects actually make a difference (eg, improve health outcomes, access, and influence), then a similar degree of project scrutiny is necessary.<sup>20</sup> Congress should hold the DoD accountable, in the same way civilian agencies are, for the outcomes of its development and humanitarian programs. Indeed, Secretary of Defense Robert Gates, in a June 2008, speech at Scott Air Force Base, Illinois, stated he "noticed that none of the services easily accept honest criticism from outside their branches, or scrutiny that exposes institutional shortcomings. This is something that must change across the military."21

Although the OHDACA program's budget pales in comparison with the \$21.8 billion spent by Department of State and the US Agency for International Development on official development assistance in 2007, OHDACA projects represent the bulk of DoD humanitarian activities that civilian agencies encounter in the field.<sup>22</sup> Even small projects can alter the perceptions of local populations of the DoD and of the civilianmilitary relationship in general, and undesired consequences from projects can significantly outweigh the relatively small dollar amounts spent to implement them.

In this regard, we advocate, as others have, for implementation of monitoring and evaluation of project outcomes and impacts in not only the relevant public sectors, but also ideally with respect to clearly stated country-level objectives or end states.<sup>21,23</sup> It is anticipated that a RAND Corporation project in partnership with the DoD, once it is pilot tested in 2009, will provide a more robust template for future monitoring and evaluations standards in this regard.

#### CONCLUSION

Although the OHASIS database currently lends itself to internal project nomination tracking, it holds enormous potential as a tool to promote transparency, efficacy, and accountability by promoting informed discussion about the evolving role of the DoD in the spheres of humanitarian, health, and development assistance. This is especially true if projects funded by DoD programs other than the OHDACA could be included in the OHASIS database.

The OHASIS database could serve as a powerful tool to increase the transparency of the OHDACA program to civilian development and humanitarian entities and increase its efficacy and accountability in providing care and services to vulnerable populations. To this end, we recommend that each OHDACA project state a hypothesis as to how it will enhance US security, its relevance to a country-level end state or objective, and outcome and impact indicators that measure the project's effectiveness in the public sector it addresses.

While opening the OHASIS database for civilian review is a step toward transparency, it offers only a glimpse into the total picture of the DoD's involvement in the spheres of humanitarian assistance, health, and development. Next steps to further clarify the DoD's current role include a review of other DoDfunded civilian assistance programs, especially OHDACA's direct disaster relief assistance and the Humanitarian and Civic Assistance Program. More important, however, is to explore via country-level case studies how the DoD's civilian assistance programs interact with those of other US government agencies and civilian organizations with the goal of defining the appropriate role of the DoD in the spheres of humanitarian assistance, health, and development—one that capitalizes on its comparative advantages and works in conjunction with civilian development and humanitarian entities.

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