



DoD global health engagement workforce development: Generating readiness and interoperability

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Introduction

The 2022 National Defense Strategy (NDS) highlights the need for strengthening deterrence against strategic competitors and transboundary threats such as pandemics.¹ This is achieved through Alliances and partnerships which are an enduring strength for the United States. These alliances and partnerships are established, enhanced, and employed through global health engagement (GHE). The Department of Defense (DoD) policy defines GHE as “interactions between individuals or elements of DoD and those of a Partner Nation’s (PN) armed forces or civilian authorities, in coordination with other US Government departments and agencies, to build trust and confidence, share information, coordinate mutual activities, maintain influence, and **achieve interoperability in health-related activities that support US national security policy and military strategy.** GHE activities establish, reconstitute, maintain, or improve the capabilities or capacities of the PN’s military or civilian health sector, or those of the DoD.”²

During the March 29, 2022, Senate Appropriations Committee, all three US DoD Service Surgeon Generals highlighted the value of GHE. The Army

Surgeon General mentioned the Army Medical Command’s support to Regional Combatant Commands (CCMD) and international community through innovative approaches to GHE activities. Examples included a trauma, burn and rehabilitation medical program in the United Arab Emirates, assigning a liaison officer to the United Kingdom Military Medical Department, and ongoing collaborative research with international partners.³ The Air Force Surgeon General discussed his three priorities which included enhancing Joint and Combatant Commander capabilities by increasing global health engagements. **Partnerships with Denmark, Norway, and Sweden were highlighted as providing opportunities to train for the future fight in an arctic environment and bolstering interoperability.**⁴ The Navy Surgeon General described projecting medical power through GHE activities which are a critical element of global stability and national security. He acknowledged the increase demand for GHE from the operational forces and GHE as an effective readiness generator to increase medical and non-medical knowledge, skills, and abilities.⁵

As demand increases, there is a need across the Military Health System (MHS) to enhance the GHE workforce to generate readiness and improve interoperability. The Air Force and Navy currently have a GHE special experience identifier and additional qualification designator respectively. The Army developed an additional skill identifier for the Veterinary Corps. There is some variation among the Services in how these GHE personnel are categorized, the competencies needed, and education and training required to become a GHE specialist and sustain the unique knowledge, skills, and abilities (KSA). Potential synergies could be gained through a joint GHE approach to identifying requirements and the way the Services organize, train, and equip individuals and units.

These findings are not unique to the MHS but impact the broader DoD security cooperation (SC) military and civilian workforce, a subset of GHE as seen in policy.⁶ In Fiscal Year 2017, Congress required the Secretary of Defense to carry out a DoD Security Cooperation Workforce Development Program.⁷ The program was designed “to oversee the development and management of a professional workforce supporting security cooperation programs and activities.” **The program would ensure the workforce has the required capacity (people and skills), the DoD receives the best value for public resource expenditure and is assigned with the appropriate level of expertise and experience in sufficient numbers to fulfill security cooperation program requirements.** A study by RAND in 2018 sought to inform the development of career models for the SC workforce including competencies, experience, job families, and measures to improve workforce management in the long run.⁸ Their findings and additional research informed what would become DoD Policy in 2021 for implementing a SC workforce certification program. Much can be gained by taking a similar approach to the GHE workforce.

Current State

Office of the Secretary of Defense (OSD)

According to GHE Policy, the Assistant Secretary of Defense for Health Affairs (ASD(HA)) **“develops and oversees policies regarding required competencies, professional conduct and standards of Military Health System personnel**

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in the planning, conduct, assessment, monitoring, and evaluation of DoD GHE activities.”¹⁰ The ASD(HA) also oversees the Uniformed Services University of the Health Sciences, including the Center for Global Health Engagement which support GHE education and training. Although not specified in the current GHE policy, the Secretaries of the Military Departments are organizing, training, and equipping individuals and units to implement the GHE policy.

Air Force

The Air Force established the **International Health Specialist (IHS) Program** in 2000 and now includes over 300 personnel.¹¹ The IHS Program and associated GHE instruction establishes procedures for utilization, organization, and training of IHS personnel for GHE.¹² The Air Force Medical Service (AFMS) is responsible for identifying and training members with IHS core competencies and awarding a Special Experience Identifier (SEI). This includes the ten core competencies that characterize the IHS professional (*Figure 1*). The competencies are acquired from personal experience, self-study, web-based training, and formal education. Three categories of IHS professionals include familiarized, enabled, and senior global. Assignments range from operational to strategic and include Component Major Command, CCMD, Air Force Component Commands, Joint Headquarters, Deputy Undersecretary of the Air Force for International Affairs, the Uniformed Services University, National Guard Bureau Joint Surgeon’s Office, Defense Security Cooperation Agency, Department of State, and United States Agency for International Development (USAID) among others. Officers and Enlisted personnel are nominated by their Corps/specialty area to receive additional IHS education and training and serve in designated IHS billets.

Navy

The Navy Bureau of Medicine (BUMED) established a GHE office (GHEO) in 2012, published BUMED Instruction for the Global Health Specialist program in 2017, and updated the instruction to 6400.10 Navy Global Health Engagement Activities in 2021. The instruction states BUMED must establish a GHEO program, fund and maintain GHE positions, manage support agreements, and support CCMDs with GHE activities. The tasks are accomplished by medical department officers who attain the **global health specialist additional qualification designator (AQD)**. These officers “enhance NAVMED operational forces through specific knowledge, skills, and abilities.”¹³ A draft GHE competency model is used to identify requirements across three levels based on seven KSA global health domains and 28 sub competencies (*Figure 1*). The competency levels are tier 1: additional qualification designator, tier 2: global health specialist—associate, and

tier 3: global health specialist—professional. BUMED coordinates across medical commands to ensure GHS officers sustain KSAs to support GHE activities. Assignments include Navy health security cooperation officers, GHE managers, liaison officers to US Government agencies, and with the BUMED GHEO. There are currently 279 active and reserve component Navy personnel with the Global Health Specialist additional qualification designator.¹⁵

Army

The US Army maintains the largest number of medical professionals within the DoD.¹⁶ They contribute to GHE programs and activities leveraging the military and civilian workforce. Assignments to “GHE” type positions include the Office of the Surgeon General, some Component Commands and operational units. Army doctrine from 2020

Figure 1. GHE Competencies

Competency	Air Force IHS	Navy HSO	Joint Core ¹⁴
Cross-Cultural/Geo-Political Competence	✓		✓
Foreign Language Proficiency	✓		✓
Global Health and Health Systems	✓		✓
Joint Operational Planning	✓	✓	✓
Joint Operations	✓		✓
Security Cooperation	✓		✓
Civil-Military Operations	✓		✓
Health Diplomacy	✓	✓	✓
Monitoring and Evaluation	✓		✓
Strategic Communication	✓	✓	✓
Leadership		✓	
GHE Principles		✓	
Mission Planning and Coordination		✓	
Capacity and Capability Building		✓	



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includes a description of GHE.¹⁷ The recently published Army Medical Modernization Strategy Framework includes GHE as a strategic enabler.¹⁸ However, as of this writing, Army medicine does not yet have a separate policy for implementing the DODI 2000.30. The Army Veterinary Corps has taken a proactive stance and developed a **GHE additional skill identifier (ASI)** to better prepare their personnel. The Corps is composed of approximately 540 active-duty veterinarians although not all personnel have pursued the ASI.¹⁹ Consideration is being given to scaling this effort up and creating a GHE ASI for other medical professionals.

A Path Forward

DoD could benefit from establishing a GHE workforce development program to enhance the professionalization and interoperability of this unique capability. A similar approach used by the Defense Security Cooperation Agency to improve the SC workforce could be followed. This can include determining DoD GHE workforce requirements, managing the workforce, enhancing development

through education and training standards across levels of competency, ensuring a school is designed to educate, train, and certify the GHE workforce, tracking skills and certifications, and establishing and measuring readiness generated through standardized GHE KSAs. The program could provide guidance and direction to the Services that enriches the existing workforce or establishes a full-time career path for a GHE workforce.

This could start with a baseline assessment of GHE manpower assignments across the DoD and comparing it to existing and emerging requirements. This might include the Services, CCMDs, Component Commands, Joint Commands, US Embassies (e.g., Health Attaches), interagency partners (e.g., USAID), international organizations (e.g., the World Health Organization), PNs (e.g., liaisons) among others. Once requirements are determined, GHE areas of concentration (AOC) such as planning, oversight, and management; operations and management; and acquisition management could be established and tracked in a GHE manpower system of record. Each AOC could include a unique set of education, training, experience, and continuous learning elements. Associated certification levels such as basic, intermediate, and executive for each billet could be established. Each certification level might include their unique GHE competencies and job tasks.

This would ensure the department is properly designed to support standardized GHE education and training requirements, the workforce meets demand in line with the NDS, and has the right capacity to deliver.

To move forward, roles and responsibilities associated with the GHE workforce development program for OSD and the DoD Component Heads should be assigned and could mirror those outlined in the SC Workforce Certification Program Policy. This could be achieved by convening groups of relevant stakeholders, facilitate working sessions, consolidate outputs, validate findings, and updating the relevant policy, governance, and processes. The ASD(HA) could lead policy development, oversee GHE manpower governance, establish and manage the program, and set the GHE AOC and certification levels. Consistent with existing policy, the ASD(HA) oversees the Uniformed Services University delivery of GHE education and training and could support refinement



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of the GHE workforce development program.²⁰ DoD Component Heads could administer the program and supplement the joint requirements to meet their unique Service missions. Additional responsibilities may perhaps include, but not be limited to integrating the GHE certification program with career roadmaps, designating AOCs and certification levels for GHE positions, and maintaining entries in the GHE manpower system of record.

Benefits

Establishing a GHE workforce development program would help ensure designated personnel have the required capacity, the DoD receives the best value for GHE resource expenditure and is assigned with the appropriate level of expertise and experience in sufficient numbers to fulfill GHE program requirements. **The effort could help codify Joint KSAs, inform standardized education and training requirements, and enable compliance tracking thereby enhancing the readiness and interoperability of the force.** The GHE workforce would be properly equipped to plan, prepare, execute, monitor, assess, and evaluate GHE programs and activities. Furthermore, Executive leaders in the MHS would enhance their understanding and application of GHE to achieve NDS and National Security Strategy (NSS) objectives.

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Future State

The **GHE workforce is enhanced and properly resourced** to better implement the GHE policy in support of DoD and in conjunction with interagency and international partners. Support to this effort will assist the MHS in scaling up their success through GHE in meeting NDS and NSS objectives.



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