



DoD GHE Snapshot

WHAT IS MISSING IN GHE?: ENGAGEMENT AFTER THE ENGAGEMENT!

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The Uniformed Services University of the Health Sciences' (USU's) Center for Global Health Engagement (CGHE) is pleased to share the fifth issue of the Department of Defense Global Health Engagement (DoD GHE) Snapshot. The DoD GHE Snapshot is intended to create self-publishing opportunities for GHE professionals to share knowledge and experiences and learn from one another in real time. We hope you enjoy and please refer to our social media and website for real time updates.

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Military Global Health Engagement (GHE) continues to foster international cooperation and preparedness with our allies and partners, aligning the activities with the goals articulated with Theater Campaign Plans and the National Security and Defense Strategies. However, amidst the myriad successes and invaluable relationships fostered through these engagements, a crucial opportunity often remains untapped: the need for structured and sustained follow-up to capitalize on the relationships forged during the engagement.

At the end of an exhaustive planning process, GHE initiatives often involve military clinical providers and educators engaging with each other at the tactical level. From our perspective, U.S. clinicians—often sent abroad for the engagement from their normal clinical practice in military treatment facilities or tactical units—build meaningful personal and clinical connections with local healthcare peers, practitioners and leaders. Yet, upon their return to their normal assignments, these relationships decay, often due to a lack of continued engagement, an unsystematic approach to capitalize on the formed relationships, and a lack of an appropriately approved technology platform that facilitates continued communication. These gaps fail to maximize the value of GHE activities and their ability to enable the underlying goal of building and sustaining partnerships.

I (Dr. Norton) recently attended a GHE activity with the Brazilian Navy on a mission along the Amazon River. Preparation prior to the engagement was excellent: didactic lectures prepared us to diagnose and treat many of the tropical diseases we would encounter and the GHE preparation helped prepare us for the relational and psychosocial aspects of working with other military physicians while performing care together in an operational context.

The right to healthcare is enshrined in the Brazilian constitution and the Brazilian Navy conducts health outreach missions at the invitation of the state and federally-funded municipal health departments within those states. Furthermore, the Amazonas region has a high proportion of indigenous people whose healthcare falls under the purview of the Secretariat of Indigenous Health (SESAI) of the Ministry of Health. The Brazilian naval ship was able to provide basic medical care and more advanced dental care, but any patients requiring imaging or advanced blood tests were referred to larger towns or cities several hours or days downriver.

Speaking Spanish served as a linguistic bridge that facilitated connection with both patients and Brazilian colleagues, which made understanding intricacies of these in-country relationships and dynamics more accessible. The friendship, professional relationships, and trust that my Brazilian counterparts and I developed over the course of our mission was palpable. After the mission, I (Dr. Norton) returned to my assignment at Walter Reed National Military Medical Center. The missions for my Brazilian counterparts, however, continue.

Male Brazilian doctors serve a mandatory year of service in the military, which has led to a network of Brazilian general medical officers throughout the Amazon region who rely on an informal consultation network to help each other. De-identified clinical conundrums, abnormal radiographs, and EKGs, as well as clinical photos are shared in a private group chat using a popular messaging application. During our time onboard, they often asked my opinion about interesting dermatology cases that were being shared, given my expertise in dermatology.



Post-engagement, my counterparts have taken deliberate steps to maintain contact with me in an effort to continue our friendship, professional interaction and relationship. By continuing to be a part of their personal network, we have stayed in touch and maintained our connections. Given the nature of our relationship and those of the community, this has often included being asked to participate in their information consultation network. While patient information is de-identified, the messaging application they are using is not compliant with our cyber and patient privacy requirements and there is no formal oversight of this process that would allow or guide

continued engagement. Thus, I am unable to contribute. Personally, it has been challenging to refrain from helping my colleagues and friends that are asking for my thoughts on cases (essentially requesting telementoring/teleconsultation) while also maintaining our relationships (which is part of the goals of the GHE) without understanding the limits of my professional boundaries now that the GHE activity is formally concluded.



Upon our return, we (the American military doctors) provided feedback to operational-level component medical leaders and planners. There was no formal structure for how to continue to engage at the clinician-to-clinician level with our Brazilian counterparts. This is unfortunate, given that there is continued interest in sharing and discussing cases, and because future engagements will not be able to capitalize on these existing relationships without those specific individuals returning. The interpersonal connection exists, but it was not formally translated into an organizational connection to sustain the relationships.



The existing professional relationship and desire to continue to collaborate without the support of a formalized system or approach is a "missed opportunity" to fully leverage our GHE and achieve strategic and operational goals. There is a spirit and sense of interpersonal connection that is central to any successful mission, operation, or strategic goal, and it cannot be fully captured simply by strategic and policy guidance. Rather, it is the role of organizational structures and policy both to enable developing tactical-level partnerships and to provide the support necessary to sustain them. Implementing follow-on engagement procedures would support the overall original intent of the engagement. Continued engagement or relationship-building would allow us to leverage the clinician-to-clinician connections forged during the initial engagement, transform them into robust partnerships, and provide ongoing support for our allies' healthcare systems. In this way, the value of GHE is not confined to isolated events but it becomes a continuous force multiplier for international readiness.

To fully harness the potential of follow-up engagement in GHE, several key gaps need to be developed. Firstly, a comprehensive plan for post-engagement interaction should be included with initial planning. Secondly, an approved technology platform for engagement and communication is needed that meets security and privacy standards, is easily accessible and available to our partners, and is connected to our official roles as representatives of the U.S. government. By planning for virtual follow-up with our partners, the value of the engagement, in terms of relationships and partnerships, can be sustained and grown without continued

in-person engagement by leveraging technology for virtual partnering and telementoring. This plan should allocate sufficient time for healthcare providers to engage virtually, ensuring ongoing dialogue after the formal activity, and supervision or participation by the unit overseeing the engagement needs to be involved to foster and cultivate the continued relationships.

In conclusion, the time has come to optimize the value of GHE activities. Failure to enable the leveraging of created relationships and partnerships is a missed opportunity to maximize the value and objectives of GHE.



For questions or additional information, please contact us at cghe@usuhs.edu or visit our website at cghe.usuhs.edu

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