

# HEALTH DIPLOMACY: FROM THE AMERICAN PEOPLE

Prologue Series



WHAT IS PAST  
IS PROLOGUE

Michael O. Leavitt

Secretary  
U.S. Department of Health and Human Services

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I have come to understand that public service is a generational relay. Many of the most profound problems are not ours to solve in finality, but rather to incrementally improve during our temporary stewardship.

Three foundation goals thus form the basis for my public service: to leave things better than I found them; to plant seeds for the next generation; and to conclude my work knowing I have given my all.

For nearly sixteen years, my life has evolved in four year terms. I was elected three times as Governor of Utah. Some of what I consider our accomplishments were initiated in my first term, but fully matured in my third. Likewise, some seeds planted in my third term are only now beginning to flower.

Living in four year cycles has taught me the importance of choosing priorities and impressed the need for urgency. Time passes quickly.

I am currently in my fifth year as a member of President George W. Bush's Cabinet. I served first as the Administrator of the Environmental Protection Agency and now as Secretary of Health and Human Services. The constitutional constraints on the President's service imposed limits on what initiatives I might see to completion. However, I view it as my obligation to lead with a longer horizon in mind.

Over time, I have developed a set of tools useful in keeping a long-term vision in mind while managing the day-to-day problems. One such tool is establishing a 5,000 Day Vision, with a 500 Day Plan.

The 5,000 Day Vision is our aspiration for various long-term outcomes. The 500 day plan is more granular, listing what needs to be done now to bring about the larger vision. Both are recalibrated periodically.

As my stewardship comes to a close, it is time to plant seeds for the next generation. I intend to write and deliver a series of formal speeches to convey some of the 5,000 Day Vision and share what I see on our approaching horizon.

I call these speeches *The Prologue Series*. There is a statue behind the National Archives that I look at nearly every day as I drive between HHS and the White House. The statue, the work of Robert Aitken, is called "The Future." It depicts a woman looking up to the horizon from a book as if to ponder what she has just read. At the base of the statue are the words from Shakespeare's *The Tempest* "What is past is prologue."

I have titled this speech in *The Prologue Series*: "Health Diplomacy: From the American People."

Michael O. Leavitt  
Secretary  
U.S. Department of Health and Human Services  
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in Washington, DC

Some months ago, I was in a back alley of New Delhi holding a little boy across my lap. As a veteran father of five and now a grandfather of a similar number, I'm well qualified to estimate the baby's age at about 18 months. I tipped his head and administered two drops of polio vaccine into his mouth.

The mother — a small, quiet woman probably in her late twenties — knelt down to hold the baby's head. As she did, our eyes met for just a moment, and there was an unspoken understanding that parents want to protect their children.

The circumstances of our lives could not have been more different. I am a member of the President's Cabinet. I live in a comfortable townhouse across the Potomac River from our nation's capital. She lives in small hut with a dirt floor in a slum. Our lives intersected for a few minutes, part of a morning I spent in India reviewing our nation's support for polio eradication.

Her son is now safe from polio, and the people of that neighborhood have a different impression about the United States of America.



*Vaccinating a young child for polio in New Dehli.*

***I have heard HIV/AIDS victims in distant villages of Africa say the words “U-S-A” with their lips and “thank you” with their eyes.***

***The language of health is heard by the heart. The richest and poorest of us are bound together in the uncertainty of our mortality and the desperation of pain.***

A similar wordless communication occurred with a Muslim father in Zanzibar. I was there to help spray the block walls and sheetmetal roof of his home for mosquitoes. Our eye-contact lingered just a second longer than usual. It conveyed gratitude that his family could be malaria-free.

I have heard HIV/AIDS victims in distant villages of Africa say the words “U-S-A” with their lips and “thank you” with their eyes. They knew their lives had been improved because of the anti-retroviral drugs we provide.

I have seen the effect of impressive, white Navy hospital ships pulling into ports throughout the world. People arrive hours in advance and line the streets for blocks, hoping for care. They leave with a new pair of glasses, or without their persistent toothache. Others get surgery to repair a debilitating hernia or cataracts on their eyes. Tens of thousands are served, but millions know we were there.

Our nation supports economic development, clean-water projects, and education all over the world. We do joint research, train soldiers, and provide weapons, food and money. Ministering to the health-needs of people in hardship is the most important thing we do.

Why? The language of health is heard by the heart. The richest and poorest of us are bound together in the uncertainty of our mortality and the desperation of pain.

Give a mother with HIV/AIDS hope that she can raise her children, and her gratitude will never wane. Heal a father’s child, and he will never forget. Give a teen with disfigured legs the mobility of a wheel chair, and he will praise your name forever. As Iraqi Prime Minister al-Malaki said to me, “Health is a good messenger of peace.”

In geopolitics there is a constant struggle to win the hearts of people. In that battle, deeds speak louder than words. On the Richter scale of deeds, health makes the needle within a person’s heart jiggle more than anything else. The language of health is heard by the heart.

There is a lot of talk these days about the use of “soft power” and “hard power.” Hard power is military or economic prowess.

Soft power nudges in more subtle ways, relying on accumulated friendship and trust.

Bob Gates, the Secretary of Defense, recently told an audience: “In short, based on my experience serving seven presidents, as a former Director of CIA and now as Secretary of Defense, I am here to make the case for strengthening our capacity to use soft power and for better integrating it with hard power.”

I hope you will remember three primary things: first, the shared opinion of the Secretary of Health and Human Services and the Secretary of Defense that hard power and soft power work best when integrated; second, the notion that health diplomacy is the highest-octane soft-power fuel available; third, my series of specific recommendations on how our new President can improve our nation’s use of soft power.

Perhaps the greatest testimony of health diplomacy’s unique power is the degree to which it is used by enemies of democracy.

For example, in Lebanon, where the legitimate government has tried but failed to provide adequate health care, Hezbollah, a political party devoted to terrorism, offers on-the-ground medical services in poor Shia areas. Hezbollah has clinics and hospitals throughout the country. In large part, these have helped establish the group as a political force. Its members know that war alone will not win people’s trust.

Early in the Iraq War, Al Qaeda targeted the health sector as a means of discrediting the new government. I was in Iraq in the fall of 2008. I met with a group of doctors from different parts of the country. They told me Al Qaeda and other terrorist groups brutally attacked anyone associated with the health sector. And it worked!

Of an estimated 34,000 doctors in Iraq in the mid-1990s, at least 20,000 have left the country. Since 2003, 8,000 doctors have quit practicing medicine because of fear. More than 2,200 have been killed, and over 250 have been kidnapped. This has crippled health institutions in Iraq and has led to corruption, mismanagement, and terrible conditions. The availability and quality of health care has diminished, and people’s confidence in their government has suffered.



*USNS Comfort at dock for a humanitarian mission in Panama.*

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*USNS Comfort staff treats an adult's teeth with fluoride.*

Part of the successful surge strategy has involved greater support for Iraq's health sector. The government has a new health minister. Things are improving.

I met recently with a group of Iraqi doctors who have come to the U.S. to spend time learning from our health-care community. A month from now, they will return to Iraq with cellphone numbers and email addresses of American doctors. They will take with them enduring relationships that will continue to provide value for years to come. They will take home a more positive view of the United States.

The Taliban also know health is important to people. When health workers heard President Karsi was going to endorse an anti-polio campaign they asked that he not do so. The local clinicians know that if it appears important to the government, the Taliban will attack it. Perhaps for the same reason, they kidnap and attack health workers.

A man I know in the Health Ministry in Afghanistan was negotiating with the Taliban for the return of a kidnapped health worker. To persuade the Taliban leader (who had been an Islamic cleric), my friend appealed to his cultural sensitivities by saying, "This man comes from a good family. He has done nothing but try to help people who are sick. He is not a soldier or government official." The Taliban leader replied, "He brings credit to the government; that is why we took him."

Health is a legitimizer of governments and ideologies. It also legitimizes terrorists, revolutionaries, and dictators.

Fidel Castro has little hard power, but he has become a master at the use of health to generate soft power. He built a series of medical schools from which he graduates thousands of doctors and nurses each year. Graduates are deployed in underserved nations all over the world. Commonly accepted estimates place the number of Cuban-trained "doctors" around the world at more than 40,000.

It's a clever strategy, really. Cuban doctors become important members of a community. They also become influential political organizers among the poor and discontented. And, given the doctors' small salaries, Castro even makes money on the deal.

In terms of land and population, the island country of Cuba is about the size of the state of Pennsylvania. It has an economy that's smaller than that of West Virginia, but it is a major international player in health diplomacy. In health diplomacy, Cuba punches bigger than its weight.

Doctors schooled in Cuba are not particularly well-trained. In many cases, medical associations complain that these doctors cannot pass the qualifying exams for licensing. However, to the people in poor, underserved villages in Central America and Africa, they are a big improvement over nothing.

I've met Cuban doctors in El Salvador, Guatemala, Honduras, Nicaragua, Haiti, Mozambique, and Tanzania. I even came across the trail of Cuban doctors in Timbuktu. When I was there, U.S. Army Special Forces personnel told me that there are teams of Cuban health-care workers permanently working in the most remote areas of northern Mali, where Al Qaeda trains and hides.

Recently, a Central American health minister said to me, "We're dependent on Cuba to train our doctors. We have no alternative right now." It is not a good thing for the United States when Central American governments are dependent on Cuba.

President Hugo Chavez in Venezuela is adopting the same model. He is currently building a large medical school to train doctors for export around the world.

Democracies in many regions of the world are in test-drive status with their people. Health care is a litmus test of their government's legitimacy and effectiveness. Using health care to discredit democracy is a tactic right out of the insurrectionist handbook.

In Central America we are at risk of seeing 30 years of progress toward democracy erode. In country after country in Latin America, leftist governments are being elected. Health care is used by left-leaning candidates to stir up discontentment among the people.

The first time I met Hugo Chavez, he said to me, "What is the infant mortality rate in Washington, D.C.? In Cuba it is six per 1,000." I have no idea if that figure is accurate. Neither does

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*A community in Mozambique that will benefit in clean water and sanitation from the U.S. Government's Millennium Challenge Corporation.*

Chavez. Chavez used Washington, D.C.'s rate because it is higher than the overall U.S. rate, and he was looking to cast a socialist system in the most favorable light.

I said, "And what is it in Venezuela, Mr. President?" He admitted it was 23 per 1,000, but he expected it to be lower this year.

Let me acknowledge that some people fundamentally regard linking humanitarian assistance to foreign-policy goals as a crass abandonment of sincerity. They think global health should be about benevolence and feel uncomfortable in measuring the benefits of health diplomacy.

But we can be benevolent and benefit from it. In fact, it is a practical necessity to strategically allocate our benevolence to optimize benefit.

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Infectious disease is a good example. In the last century, three pandemic influenzas have struck. The pandemic of 1918 took more than 50 million lives worldwide, including more than 600,000 in the United States. There have been at least ten pandemics in the past 300 years. There is no reason to believe this century will be different than the previous three. If a highly infectious influenza virus begins to spread among humans anywhere in the world, it will take less than three weeks to cross the borders of the United States.

It is in our interest to help other nations develop disease-monitoring systems and other tools necessary to protect their citizens — and ours. Health diplomacy in that context is as much self-interest as altruism. Our benevolence can produce benefits.

Health diplomacy improves the quality of our air and water. When I headed the Environmental Protection Agency, I came to understand the adverse impacts on our nation's health that come from pollutants that are generated in other countries and are carried by prevailing winds to the United States. The black puff of smoke coming from a factory in China or a tail pipe in Mexico City may well be breathed in California or Maine.

Health diplomacy improves the quality of our food and medicine. We are opening offices of the Food and Drug Administration in China, India and Latin America, not just to inspect goods but to work closely with the host governments to improve their regulatory systems — not just out of benevolence, but because we benefit.

A high percentage of our medications are now made in China and India. Most of the fruits and vegetables consumed in the United State during the winter months are grown in Central America. The quality and safety of those products are enhanced by our work in other nations.

Nicaragua is an example. In conversations with President Ortega, I volunteered to bring a team of experts to help clean up of Lake Managua, their primary water source. One morning we spent several hours together on and around the lake. We got into his jeep. He drove; I was his passenger. This was a good diplomatic moment. I was there helping him solve a problem critical to his country's prosperity. Our work together helped ensure that the food Americans eat is safe.

I spent part of a day vaccinating chickens against avian influenza in Vietnam. Our nation was helping to protect poor farmers' livelihoods. At the same time, we were protecting American citizens against avian influenza.

Working together on mutually important problems in places like Nicaragua and Vietnam creates relationships, trust and a foundation to solve other problems. We need to broaden the definition of health diplomacy to include more than patient care. Water safety, health security, veterinary care, environmental health — all of these are effective parts of health diplomacy.

There is another way health diplomacy benefits the United States of America. Was it Mary Poppins who sang, "A spoonful of sugar makes the medicine go down?"

The United States has a complex relationship with Pakistan. We are important partners in the fight against terrorism. The United States infuses billions into Pakistan every year in military aid. However, for various reasons, our government is poorly regarded by the Pakistani people.

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***We are benevolent — but we don't always benefit. We need to tell the American story better.***

I recently asked Sherry Rehman, who serves as both Pakistani Minister of Health and Minister of Information, if she thought people in Pakistan knew we give Pakistan substantial help. She acknowledged they didn't and added, "I didn't know until recently." She said the U.S. government is not well regarded among Pakistanis — except in one region where the United States is quite popular. It is in the northern part of Pakistan where a massive earthquake struck in 2006.

The Minister went on to say, in essence, that people in the region remember the image of U.S. helicopters that came to their rescue in their hour of need. "The helicopters are gone," she said, "but the American people stayed and helped them rebuild their communities." In those areas, well over two years later, more than 50 percent of the people have a favorable impression of the United States — a far cry from the fewer than 10 percent in other regions.

I traveled the earthquake zone. There I met with the leaders of small villages in the mountains still digging out from their rubble. I saw the small health clinic we are helping them build, and I met the health workers we are training. The Minister is correct; we are well thought of there.

A few weeks later, I read that American and NATO troops had entered Pakistan territory, seeking to root out a high-profile Al Qaeda leader hiding in the mountains. It was a necessary use of hard power, one that would ultimately benefit both of our nations. However, because of the political situation in Pakistan, it was an action certain to draw criticism from our critics there.

I'm guessing the reaction in the area of the earthquake was not so harsh. Soft power builds trust for moments when hard power is required. I think this is the reason the Secretary of Defense feels so strongly about the need to integrate hard power and soft power. This is another example of health diplomacy combining benevolence with benefit.

Health has become a significant tool in our foreign policy apparatus across the government. The United States has

dramatically increased our health diplomacy spending. Recently authorized 5-year budgets represent 7-times-greater effort than before the Bush Administration.

The State Department (USAID), the Departments of Defense, Agriculture, and Health and Human Services, and the Environmental Protection Agency, all contribute to the effort. However, government activities are only part of the American health-diplomacy picture. Thousands of U.S. non-governmental organizations, corporations, universities, and private citizens, provide assistance around the world. The combined government and non-government assistance makes the United States the most generous humanitarian force in human history. I'm fairly sure much of the world doesn't believe that.

I am confident that many of those who receive our nation's generosity don't know it comes from us. We are benevolent – but we don't always benefit. We need to tell the American story better.

Some American health initiatives are well known, like the President's Emergency Plan for AIDS Relief, or PEPFAR. Similarly, The President's Malaria Initiative, or PMI, is the foundational piece of an impressive campaign among various countries and civil societies to defeat malaria.

Congress has recently authorized a remarkable \$48 billion over the next five years for PEPFAR and PMI. History will conclude that, in global health, President Bush has been noble, bold and successful.

The next President should make health diplomacy an overarching theme of foreign policy. The various efforts of PEPFAR, PMI, and of USAID, the Department of Defense, HHS, Agriculture, and the EPA, should be looked at as a combined federal effort.

In addition, the President should reach out to the hundreds of American non-governmental organizations (NGOs), faith-based organizations, universities, corporations, foundations, and individuals who are doing charitable health work outside the borders of the United States today. A colorful banner should be tied around all of our contributions, showing the world the collective generosity and compassion of the American people.

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*Spraying against malaria as part of the residual spraying campaign in Zanizbar funded by PEPFAR.*

***Imagine the impact if those words, “From the American People,” began to appear over and over again in countries we assist.***



*Community Clinic staff in Stone Town Zanzibar. The Clinic is managed by the Aga Khan Foundation in partnership with the Revolutionary Government of Zanzibar.*

The President should issue a call to express our national compassion as a choir, not as a collection of soloists. He should ask all organizations whose work is paid for by the American taxpayer to brand their efforts with a common message: “From the American People.”

The phrase “From the American People” is currently being used by USAID. I’m not suggesting any organization abandon its own identity. I am suggesting there would be an enormous benefit if we jointly built a reputation around these words. Imagine the impact if those words, “From the American People,” began to appear over and over again in countries we assist.

The most significant deficiency in U.S. government foreign-assistance delivery is the abysmal job we do in branding ourselves and our activities. This is true not only in health alone, but across the board. Every agency of the federal government has its own focus, and each jealously guards its own turf.

Often, these credit-claiming debates are resolved by affixing multiple seals and symbols on material. Routinely, one sees printed material with up to six different logos, each from a different department or agency of the United States government. This isn’t merely a complaint about bad aesthetics or design. It compromises our ability to benefit from our benevolence.

For very good reasons, a great deal of federal aid is delivered through non-governmental organizations (NGOs) all over the world. Most NGOs do an excellent job, and they are a real asset. Often the United States is overwhelmingly the largest partner or exclusive funding source of an NGO, but one would never know it. Services are almost always provided under the banner of the NGO. Nearly all U.S. Ambassadors tell stories of going to events where lavish praise lauds the goodness of an NGO, without a word being said about the American citizens paying for it.

There are hundreds of small things that should add up to our message. When patients are handed their anti-retroviral medication, it should come in a bag bearing the words, “From the American People.” When community health-workers we train and pay for go house to house, they should carry a bag displaying the phrase, “From the American People.” If that were done, those sacks and bags would carry more than medicines—they would carry a message from the people of the United States.

Picture the President of the United States at a clinic in Pakistan as a mother gets prenatal services. Can you see the message: “From the American People”? Can you envision what it does for our country’s brand when the President, during a stop in El Salvador, helps an American non-profit organization immunize children against polio?

This is not a trivial matter. We need to benefit more from our quietly abundant benevolence. Fixing the federal government’s siloed approach to this can only be done by the President. Fixing it a department at a time, won’t work. The next President — early on — should implement a common branding strategy across the government by Executive Order.

Let me acknowledge that there are situations where it is imprudent for the symbols of the United States to be represented on our aid. There are situations where doing so may undermine a host government or even put those who render the aid in danger. Those situations can be accommodated. What cannot be tolerated in the future is the dilution of our foreign policy goals and the brand-recognition we need to carry them out.

When authorizing PEPFAR and PMI, Congress saw the virtue of involving “non-traditional aid agencies.” The Departments of Defense, Health and Human Services, and Agriculture, and the Environment Protection Agency employ some of the best public health professionals in the world. Included in the legislation was a new novel model of a coordinator.

The Global AIDS Coordinator was given responsibility for organizing and directing the multiple agencies and departments that were already working globally on AIDS. The position has unusual powers in determining funding priorities and resolving interagency disputes. The coordinator system works, and the new President should consider expanding its use.

Some people talk about creating a Department of Development. This is a bad idea. Two Cabinet roles have taught me that programs do better when they are supported across the government, not merely by one Cabinet officer. A Department of Development would isolate and compartmentalize health diplomacy.

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Another way to improve our efforts is to leverage our symbols. Previously, I mentioned our Navy hospital ships and the powerful symbol they provide when they pull into the harbor of any country. Other governments see the value of these symbols. You might be interested to know the Chinese are building smaller hospital ships because they can enter smaller ports.

Some worry that periodic visits are expensive and unsustainable. The ship provides help and then leaves. But what such a ship brings is the same powerful symbol that the Chinook helicopters provided in Pakistan. It is the combination of memorable military symbols and sustained on-the-ground efforts by American NGOs and government agencies that sustains good feelings.

In summary, I have offered six suggestions to the next President:

1. Use health diplomacy to advance your other foreign-policy goals;
2. Broaden health diplomacy's definition to include water quality, health security, veterinary care and environmental health;
3. Unify the American brand by adopting the USAID banner, "From the American People," across the entire national government;
4. Ask America's taxpayer-financed NGOs, universities, faith-based organizations, corporations, and individuals, to join as a chorus of goodness, not a collection of soloists — and highlight their activities;
5. Appoint U.S. global coordinators rather than compartmentalizing our assistance within one government department; and
6. Combine powerful symbols like Navy hospital ships and military helicopters with sustainable on-the-ground efforts by U.S. NGOs backed by government financial support.

In conclusion, I would offer our next President this advice: Remember that the President is America's most powerful symbol. Embrace the power of health as a personal diplomatic lever. Let the world see the goodness of America — by letting it see the goodness of her most powerful citizen.

In a global market there are three ways to approach change. You can fight it and fail; you can accept it and survive, or you can lead it and prosper.

We are the United States of America; let us lead.

*What is past is prologue...*