Weekly Report

National Security Division
Week ending January 18, 2019

Items of Interest

Pompeo's Mideast Trip a String of Tricky Geopolitical Challenges

Secretary Pompeo with Saudi Crown Prince Mohammed bin Salman, January 14.

(Courtesy of Washington Times) Secretary of State Mike Pompeo wrapped up an eight-nation Middle East tour Monday, January 14, by defending Saudi Arabia as a key strategic partner in isolating Iran, even as he raised concern about Riyadh's human rights record and said "every single person" responsible for the death of U.S.-based dissident Saudi journalist Jamal Khashoggi must be held accountable.

The delicate dual messaging marked the end of a weeklong diplomatic trip through the region, where Mr. Pompeo faced a string of tricky geopolitical challenges during stops in Jordan, Egypt, Bahrain, Iraq, the United Arab Emirates, Qatar and Oman.

On one hand, the ambitious trip laid the groundwork for far more aggressive U.S. engagement in the region, underscored by the Trump administration's call for a NATO-style alliance among Arab powers to counter Iran and battle Islamic extremism. But Mr. Pompeo also struggled at nearly every stop to convince allies of Washington's reliability — let alone its commitment to confront the "common enemy" of Iran — because of unexpected policy moves by President Trump.

The signature moment of the trip was last week at the American University in Cairo, where Mr. Pompeo delivered a major speech that U.S. officials said was designed to reassure Arab powers of America's staying power as a "liberating force" and a stalwart against militant Iranian proxy activity from Syria to Lebanon, Iraq and Yemen.

The catch, is that "the speech came just weeks after Trump himself had shocked regional leaders by announcing the pullout of U.S. troops from Syria and a plan to deputize Turkey as a stabilizing force there," said Jonathan Schanzer, a Middle East scholar for the Foundation for Defense of Democracies. Sunni Gulf Arab states are unnerved by the prospect of Turkish incursions into Syria, said Mr. Schanzer, and they have growing concerns that Iran will fill the vacuum left by departing American troops.

"This was an incredibly challenging trip for Pompeo because Trump's Iran strategy on paper right now is not supported by the president's recent decisions on the ground," he said. "Pompeo did a very good job of trying to thread the needle between the president's statements and concerns among Arab leaders, but I think it was a near-impossible task," Mr. Schanzer said. "I think we saw that with some of the body language and some of the muted enthusiasm in the region toward the secretary's visit."

There was, for instance, no round of rousing applause during Mr. Pompeo's speech in Cairo, where he framed the administration's overall Middle East strategy as a "new beginning" after what he said was an era of "retreat" during the Obama years. The crowd remained subdued when Mr. Pompeo told them that "misjudgment" under Mr. Obama had resulted in the rise of the Islamic State in Iraq and Syria, as well as the "failed" 2015 Iran nuclear deal that Mr. Trump defiantly repudiated last year.

In Washington on Monday, National Security Adviser John R. Bolton amplified Mr. Pompeo's message on Twitter. He posted a message saying that a recent examination of Iranian documents that Israeli intelligence brought to light in April proved Mr. Trump "was right to end [the] horrible Iran deal" and that "pressure on Iran to abandon nuclear ambitions will increase."

Mr. Bolton specifically drew attention to a report by former International Atomic Energy Agency Deputy Director Olli Heinonen and others, who concluded that the documents "provide substantial evidence that Iran's declarations" to the U.N. nuclear watchdog agency "are incomplete and deliberately false."

Iranian authorities have always argued that their nuclear program was peaceful and not geared toward weapons production, but the core finding of the report published Friday on the website of the Institute for Science and International Security found that Tehran hid from international inspectors the existence of an underground facility that was in fact "charged with the development and production of nuclear warheads."

Confronting Iran

There were signs that some Arab leaders are eager for the Trump administration to follow through on its bellicose rhetoric toward Iran, even if concerns are soaring over the Syria pullout. Jordanian Foreign Minister Ayman Safadi suggested after meeting with Mr. Pompeo last week that Amman stands with Mr. Trump on the need to confront Iran.

“We all have problems with Iran’s expansionist policies in the region,” Mr. Safadi said at a joint press conference with the secretary of state. “We all want to make sure that whatever threat there is mitigated.”

But throughout the trip, Mr. Pompeo was dogged by questions and headlines about Mr. Trump’s withdrawal from Syria — particularly fears that Turkey will seize the moment to attack Syrian Kurds whom Washington once relied upon to battle the Islamic State. Mr. Pompeo got drawn into a nasty back-and-forth on the Kurdish issue again over the weekend when Mr. Trump threatened on Twitter to economically “devastate” Turkey — a NATO ally — if Ankara follows through on threats to attack the Kurds once U.S. troops are gone from Syria. The president made the threat upon announcing that the U.S. withdrawal had begun Saturday.

Mr. Pompeo dodged the issue Monday when pressed by reporters during his visit to Saudi Arabia. “You’ll have to ask the president,” he said. Hours later, the White House announced that Mr. Trump had pushed his warning anew by “stressing” in a call Monday with Turkish President Recep Tayyip Erdogan “the importance to the United States that Turkey does not mistreat the Kurds and other Syrian Democratic Forces.”

Mr. Pompeo also struggled during his trip to make visible headway toward defusing a nearly 2-year-old diplomatic standoff among several Arab powers. The rift pits Saudi Arabia, the UAE and Egypt against Qatar over claims that Doha is too closely aligned with Iran, supports the Muslim Brotherhood and turns a blind eye to terrorism financing activities. Analysts say a Trump administration push to lure nations into an “Arab NATO” focused on countering Iran hinges on ending the standoff. But Mr. Pompeo’s efforts got off to a rocky start when it was announced just as he arrived in the region that a top administration envoy tasked with easing tension between Qatar and the others had suddenly quit.

Anthony Zinni, a retired Marine Corps general and former head of U.S. Central Command whom Mr. Trump tapped last year to help resolve the Qatar dispute, told CBS News that he was resigning “because of the unwillingness of the regional leaders” to support U.S. mediation efforts. Mr. Pompeo still pushed the issue, asserting during a joint press conference with Qatari Foreign Minister Sheikh Mohammed bin Abdulrahman Al Thani that the feud “has dragged on for too long.”

“The dispute benefits adversaries and harms our mutual interests,” he said. “The United States hopes the parties involved will see once again the benefits of cooperation and take actions necessary to rebuild unity in their ranks.”

Even though Qatar showed little interest in reconciling with the other Arab powers, Mr. Pompeo praised Doha as a key friend of Washington and signed an agreement with Mr. Al Thani to expand and renovate the Qatar-based Al-Udeid Air Base, which hosts some 10,000 American military personnel and the forward headquarters of the Pentagon’s Central Command.

Saudi complications

Then came Monday’s visit to Saudi Arabia, where U.S. relations have been tense in the months after the brutal killing and dismemberment of Mr. Khashoggi on Oct. 2 inside the Saudi Consulate in Istanbul.

While U.S. officials praise Riyadh as a critical ally in the push to counter Iran, key members of Crown Prince Mohammed's entourage have been implicated in the Khashoggi killing and critics say Riyadh has yet to come clean on key details of the operation. U.S. intelligence agencies have reportedly concluded that the crown prince must have at least known about the Khashoggi plot.

The fallout from the writer's death has prompted U.S. lawmakers on both sides of the aisle to demand that the Trump administration pull back American support from a years-old, Riyadh-led military campaign against Iran-backed rebels in nearby Yemen amid reports of indiscriminate Saudi bombing campaigns there.

Speaking to reporters at the end of his Riyadh stop, Mr. Pompeo said he had raised the Khashoggi case in his meetings with Saudi King Salman bin Abdul-Aziz Al Saud Salman, as well as other human rights concerns and the fate of women's rights activists who have been detained in the kingdom.

"The Saudis are friends, and when friends have conversations, you tell them what your expectations are," he said. "And I think the Trump administration has made clear our expectation that all of those involved in the murder of Khashoggi will be held accountable."

Although he offered few details, the secretary said the Saudi campaign in Yemen was discussed and asserted that Washington is frustrated that Iran-backed rebels in the war zone are not honoring a U.N.-brokered cease-fire reached last month. Mr. Pompeo finished his trip with a stop in Oman, where he held talks with Sultan Qaboos bin Said. *Photos from the trip are available **here**.*

Cato Policy Forum "The Return of Great Power Competition"

On January 15, the Cato Institute, a public policy think tank, hosted a panel discussion with four distinguished scholars to discuss their recent work on the history and future of great power relations. Attending on behalf of The American Legion was National Security Assistant Director Jeff Steele.

According to the event description, the Trump administration has emphasized the reemergence of great power competition as the organizing principle for U.S. foreign policy. What scholarship should inform its understanding of how to compete with China and Russia? And how will international relations change in an era when new actors are challenging the status quo?

The history of great power politics can provide some clues. Over time, states have risen above rivals and fallen to new challengers—but the transitions have not always been disastrous, nor even violent. Some states have successfully managed their decline, while others have resorted to aggressive posturing, or even war, to try to maintain their status at all costs.

"This was a wonderful panel; one of the most nuanced and interesting discussions of great power politics and the rise of China I've heard in DC," said Jeff Steele.

Check out the video online here: https://buff.ly/2TQGrKT. It's about an hour and 30 minutes long.

Quality of Life

More Than 17,000 Uniformed Medical Jobs Eyed for Elimination

(Courtesy Of Tom Philpott, January 10, 2019 Military Update column) The Army, Navy, and Air Force are finalizing plans to eliminate over the next few years more than 17,000 uniformed medical billets - physicians, dentists, nurses, technicians, medics, and support personnel.

The reduction will allow those billets to be repurposed as warfighters or combat-support skills to increase the lethality and size of operational units. Another goal is to deepen the workload of remaining medical billets at base hospitals and clinics to strengthen wartime medical skills and also to improve quality of care for beneficiaries, defense officials explained.

One senior service official shared the latest figures he has seen showing the uniformed Army medical staff falling by almost 7,300, the Navy by almost 5,300, and the Air Force by just over 5,300. Spread across a combined medical force of 130,000, both active duty and reserve, the planned cuts would lower uniformed medical strength by roughly 13 percent, a drop steep enough to alarm some health care leaders as well as advocates for military health care beneficiaries.

"If the goal is to tear down the military health system, this would be a reasonable way to do it," warned one service health official, who asked not to be identified.

Given the numbers involved, said retired Navy Capt. Kathryn M. Beasley, MOAA's director of government relations for health issues, the staff cuts eyed are worrisome for patient access, particularly to physicians young families rely on, such as pediatricians and obstetricians.

"We need to see the final numbers to understand the impact," she said. But senior defense officials, who say they collaborated closely with the services on overall staff reduction plans, contend the current force is larger than needed to meet today's operational missions and is overloaded with skill sets not useful for deployment and delivering of battlefield care. Also, they contend, the oversized staffs harm quality of care because at too many bases hospitals and clinics these care providers don't treat enough patients to keep skills sharp.

“So, part of this drill is to realign our people to the appropriate level of workload so that their skills, both for battlefield care and for beneficiary care, improve,” said one Defense Department official.

Top defense officials agreed to discuss reasons behind the planned staff cuts for the military health care system, but declined to confirm any numbers for medical slots targeted, which some service officials did share, because no figures will be firm until the FY 2020 defense budget request is approved by the White House and sent to Congress in February. If Congress approves the cuts, to be presented billet by billet, the reductions would begin to take effect in FY 2021.

Preliminary Navy documents show uniformed staff at Walter Reed National Military Medical Center falling by 534 personnel, with, for example, 82 taken from director of clinical support including 28 of 39 corpsmen, 5 of 12 radiological diagnosticians, 4 of 7 pharmacists, 8 of 19 pharmacy techs, and 9 of 45 medical lab technicians.

Defense officials described a year-long collaboration between service medical departments, the Joint Chiefs, the Defense Health Agency, and CAPE, the Cost Analysis and Program Evaluation Office of the Secretary of Defense. The force cuts are just one part of an enormous transformation occurring across military medicine.

Control of all medical facilities is being transferred to the Defense Health Agency, where functions of the three separate service medical departments already are being consolidated to streamline health care operations, slash support costs, and standardize practices and procedures, from scheduling appointments to reporting on provider errors. Meanwhile the military health system is adopting MHS Genesis, a new electronic health record system.

Just as Congress directed these changes, it told the secretary of defense in its FY 2017 National Defense Department Authorization Act to collaborate with service branches on defining medical and dental personnel requirements to ensure operational readiness, and to convert military medical positions to civilian positions if deemed unnecessary to meet operational readiness needs.

The medical force reduction effort, however, isn't being funded for a mass conversion of military billets to civilian medical positions. Instead the emphasis is on providing more effective and efficient care, on battlefields and through military treatment facilities, to troops, families, and retirees, using smaller staffs that are sized to gain more experience and be better trained for military operations.

To understand what's about to happen, said a senior official familiar with the staff cut plans, it is helpful to grasp a notion that sounds counterintuitive: “Reducing the number of people providing a particular service within a facility does not mean a degradation of care within that facility.”

A “truism in the medical arena,” he added, “is that the more times a provider performs a procedure, the better that provider is at performing that procedure.”

If a military hospital now staffed with five orthopedic surgeons performs 10 knee replacements a month, that's only two operations per surgeon. If staff is cut to one surgeon able to still comfortably perform 10 procedures a month, both quality of patient care and the readiness of that surgeon for war will improve.

That argument for a careful reduction of staff isn't persuasive for some career medical personnel. One said he is worried staff cuts this deep could leave hospitals short of personnel to deploy or to receive patients if old wars escalate or new ones break out in Korea, Eastern Europe, or the South China Sea. He also worries about finding civilian replacements when needed, noting chronic staff shortages within the VA medical system that can't even be filled in peacetime.

"I don't believe it's doable when you take your platforms down to this degree and you're still putting people on [forward] deployment schedules," said this senior service official. "You can argue on the margins whether you need quite as many people here or there. But these hospitals support training as well as provide care and [they] keep people in operational units," he added. After deep staff cuts, "you're are going to have a very hard time keeping docs, especially in uniform."

Ironically, he added, these staff cut plans arise near the end of wars in Iraq and Afghanistan where U.S. military medicine produced "the best outcomes in combat casualty care in the history of the world."

Senior defense officials answered such concerns with assurances DHA and the services are giving careful consideration to readiness needs including wartime requirements. Military facilities still will have robust civilian staffs, they added, and will be able to backfill with reserve medical personnel and civilian contracts.

Officials conceded the staff cuts, and refocusing on deployable skills, over time will change the mix of providers delivering care on base, forcing more family care off base and onto TRICARE provider networks.

"We will expect to see an increase in certain skill sets [and] a decrease in other skill sets. More trauma surgeons, fewer pediatricians, for example. Those kinds of changes are right at the heart of what Congress has directed us to do," said one official. The same shift in medical skill sets for hospital staffs will begin to reshape graduate medical education pipelines.

"The reason why we do graduate medical education is to be able to supply that ready medical force," said another senior official. "We need to expand our capacity in some areas" but will see them "contract" in others.

Some critics of the staff cuts suggest a desire for budget savings is a key factor. Navy documents identify "expected total savings of $1.14 billion" from that service's uniformed medical "end-strength divestiture" plan. Senior defense officials deny that's the case, citing an "unwavering commitment" to improving medical readiness and quality of care.

"How do we get higher levels of medical readiness for the next major conflict? That central question is going to drive a lot of changes throughout the military health care system."

Staff Activities

- This week, staff continued planning for the upcoming Washington Conference that will be taking place February 25 – 28.
- Tuesday, staff met with the Elizabeth Doyle Foundation to discuss caregiver initiatives in preparation for our upcoming plans to provide direct support to Gold Star Mothers & Families.

- Tuesday, staff attended a Cato Institute panel discussion with four distinguished scholars to discuss their recent work on the history and future of great power relations. See above in the Items of Interest section of the report for more information about this event.
- Wednesday, staff attended AUSA's Institute for Land Warfare (ILW) breakfast series hosted by General Mark A. Milley, Chief of Staff of the Army, and Presidential Nominee for the next Chairman of the Joint Chiefs of Staff. "We have made tremendous progress in the last several years and have recovered from depleted levels of readiness brought about by sustained periods of conflict," as he emphasized that "America's Army stands ready," to respond to whatever the American people need.
- Wednesday, staff attended the Lemnitzer Lecture series hosted by General (R) Stanley A. McChrystal former Commander, International Security Assistance Force (ISAF) and Commander, U.S. Forces Afghanistan (USFOR-A). He praised the Army's approach to leader development, saying, "We get above-average performance out of average people" and spend 10 times as much time on developing leaders than the private sector does.
- Thursday, National Security staff accompanied Legion Commander Brett Reistad and DC Executive Director Lou Celli to the Pentagon for meeting with the director of the U.S. European Command (EUCOM) Pentagon Liaison Office, Col. Kelly Houlgate in preparation for the commanders European trip in June. EUCOM is one of ten Unified Combatant Commands of the U.S. military, headquartered in Stuttgart, Germany. The Commander of EUCOM, General Curtis Scaparrotti, simultaneously serves as the Supreme Allied Commander, Europe (SACEUR) within NATO.
- Thursday, following the meeting with Col. Houlgate, the commander and staff also paid a courtesy call on Acting Assistant to the Secretary of Defense for Public Affairs, Charles E. Summers, Jr., He is the Pentagon's chief spokesman, U.S. Navy veteran, and Legion and VFW member.

POW/MIA Update

This week, the Defense POW/MIA Accounting Agency made 4 new funeral announcements. Click on the links to read more:

01/17/19: Airman Accounted-For From World War II (Kalausich, J.)
01/17/19: Airman Accounted-For From World War II (Hamilton, V.)
01/15/19: Naval Aviator Accounted-For From The Vietnam War (Lannom, R.)
01/11/19: USS Oklahoma Sailor Accounted For From World War II (Cook, G.)

Rhonda Powell, Director, National Security Division