

Chapter 2

The Army Medical Specialist Corps

2-1. Introduction. Members of the AMSC and their enlisted counterparts provide public health and ancillary health care in support of humanitarian missions. AMSC professionals are occupational therapists (OT) and OT assistants; physical therapists (PT) and PT assistants; registered dietitians and nutrition care specialists; and physician assistants (PA). In addition to performing specialty health care defined by the scope of practice of each professional association, many AMSCs have other qualifications that make them ideal professionals to assume multifaceted roles in humanitarian missions: advanced degrees in public health, experience in humanitarian missions, and administrative experience in health care management. The specific roles of each specialty are delineated in subsequent chapters.

2-2. The AMSC Mission Statement.

To provide a cohesive system of world class allied health professionals; multi-functional AMEDD leaders dedicated to total health care in support of America's Army at home and abroad.

2-3. The AMSC in Support of Humanitarian Missions: Vision, Mission and Goal.

a. Vision. To serve as valued experts in support of humanitarian missions. Expectation: Our realization of this end state vision is to define our role, participate in planning, be trained and ready to deploy, and be deployed in support of humanitarian missions.

b. Mission. To employ and deploy AMSC officers and their enlisted counterparts in planning and conducting health support in humanitarian missions.

c. Goal. To contribute to reducing human suffering by supporting military humanitarian missions.

2-4. Strategic Plan Initiatives. To achieve the goal of contributing to humanitarian missions, the AMSC leadership has made the commitment to organize and communicate AMSC capabilities to Army Medical Department senior leaders, commanders, command surgeons, and medical planners. This will enable combat health support commanders and planners to optimally select the most versatile health care providers and administrators in support of humanitarian missions. The following initiatives were identified as key actions needed to accomplish the goal. These initiatives are the focus of phase 2 of this plan (see also [Annex A](#)).

a. Establish a Skills Database. Although many AMSCs possess unique qualifications applicable to humanitarian missions, there is no single archive of this information to facilitate decision-making for humanitarian mission support.

(1) The AMSC leadership will maintain a database that documents such information as specific deployments, unique skills (obtained either through professional qualification courses or experience), public health degrees, other educational degrees, language, and other data elements appropriate for humanitarian missions. Information will augment and amplify the data that are maintained by PERSCOM.

(2) The database will be used as a management tool to proactively inform commanders, command surgeons, and medical planners about AMSC capabilities. It will also be used as an information resource for identifying individuals to match a specific operational tasking.

b. Determine Teams/Task Organization. There may be circumstances in which a team or other organizational element will be formed on an ad-hoc basis in support of specific missions. [Annex B](#) depicts the humanitarian missions that each specialty can support individually. Instances in which multiple specialties can support a particular operation suggest possibilities for a team approach to optimize the outcome.

c. Develop a Training Plan. The commitment to supporting humanitarian missions implies a commitment to maintaining a cadre of trained, ready professionals. Phase 2 planning will include the development of a training plan that considers the following initiatives.

(1) Select 4-8 AMSC officers for *Combined Humanitarian Assistance Response Training (CHART)* train-the-trainer certification. Phase 2 will involve developing criteria for selection, determining a funding mechanism, and establishing a plan to appropriately use the expertise of CHART trainers.

(2) Incorporate humanitarian support classes into the curricula of internships (OT and dietitian), the US Army-Baylor University Graduate Program in Physical Therapy, the Interservice Physician Assistant Program, the officer basic and advance courses, and enlisted MOS/ASI courses.

(3) Provide central funding or endorse local funding for training at civilian humanitarian courses sponsored by the military, nongovernmental organizations, universities, or other organizations. Examples are:

- University of Wisconsin certificate in disaster management
- University of Hawaii certificate in disaster and humanitarian relief
- Red Cross courses
- Tropical Medicine Course
- USUHS course on pediatric humanitarian issues
- Tri-service Combat Stress Conference
- International Health programs
- Epidemiology courses

(4) Endorse local funding for training in civil affairs or in a language at the Defense Language Institute (DLI).

(5) Provide central funding or endorse local funding for the Combined Humanitarian Assistance Response Training (CHART) course sponsored by the Center of Excellence in Disaster Management and Humanitarian Assistance (COE) and the Health Emergencies in Large Populations (HELP) course sponsored by the International Committee of the Red Cross and co-sponsored by the COE.

(6) Establish a training-with-industry (TWI) program with the Federal Emergency Management Agency (FEMA), nongovernmental organizations (NGOs) or other appropriate organizations. Ideas for collaboration:

- Medical planner at the MEDCOM and CINC level
- International Rescue Committee, International Medical Corps, American Refugee Committee, or CARE
- Federal Emergency Management Agency (FEMA)
- Defense Medical Readiness Training Institute (DMRTI) Training program
- Special Operations, Low Intensity Conflict (SOLIC)

d. Establish a system to share lessons learned from AMSCs returning from deployments.

e. Establish a Skill Identifier. An exploratory committee has been formed to determine the feasibility of establishing a skill identifier (SI) in Disaster Management and Humanitarian Assistance (DM/HA). The tentative plan is to establish an SI within 3 years. The action officer is the Fellow in the Office of the Chief, AMSC. The suspense is May 2000, when the Board of Directors will discuss the preliminary findings.

(1) Preliminary plan:

- Research SI guidelines
- Establish the qualifying skills and education, e.g., CHART, HELP, FEMA courses, university courses.
- Conduct a curriculum review
- Obtain approval of the preliminary plan

(2) Consider the need for sustainment training, such as TWI

(3) Sample model: Establish the CHART course as the foundation (note: the CHART course is being developed as web-based distance learning courseware). Add an AMSC-unique curriculum to meet the established number of hours for award of the SI. This will require a curriculum manager.

f. Endorse Long Term Health Education and Training funds for Masters in Public Health degrees.

g. Encourage AMSCs to attend the Combat Casualty Care Course (C4).

2-5. Linkages. To achieve the intended results, this strategic plan must be linked to Army doctrine, medical planning, and humanitarian assistance deployments.

a. This plan builds on the regulatory or policy guidance listed in [Annex C](#).

b. Key linkages include:

- Unified Commanders in Chief (CINC)
- Unified Command Surgeons
- Unified Medical Planners
- Medical Command (MEDCOM)
- Regional Commanders
- [US Air Force Foreign Assistance Officer](#)

2-6. Marketing the strategic plan. Communicating this plan to key stakeholders will be a key factor in its ultimate success. The key linkages identified above will be incorporated into the marketing plan. This is completed during phase 2.

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