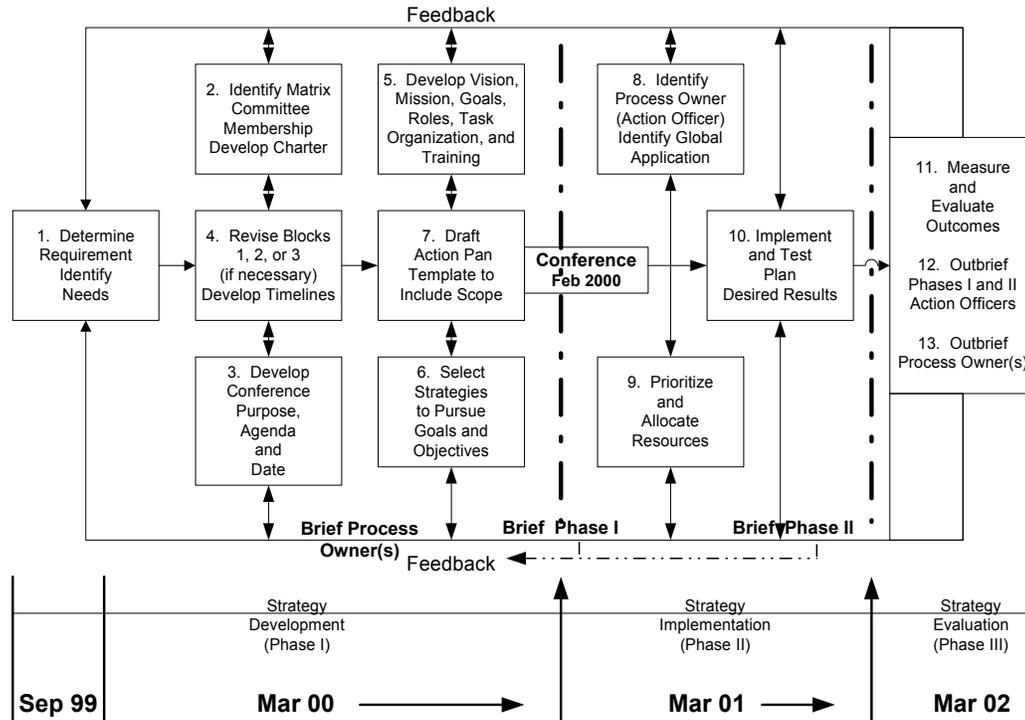


Annex A The Strategic Planning Project Model



Project Planning Timeline

This model represents a project management approach to meeting the long term objectives and desired outcomes of AMSC's support of humanitarian missions into the the 21 Century. Relationships among major components are clearly shown. The process is both dynamic and continuous. That is, a change in one component can easily bring about change in one or more of the other components.

Point of Contact:

LTC Robin J. Tefft, DrPH, RD
 Chief, Nutrition Care Branch
 AMEDD, 2721 Mcldoe Rd., Ste 1150,
 Fort San Houston, TX 78234
 Office: (210) 221-3376/6324
 DSN: 471
 robin.tefft@amedd.army.mil

[Return to Table of Contents](#)

Annex B Team or Task Organization

This chart summarizes the operations that each specialty can make a contribution to.

Operations as defined in FM 8-42	Specialty			
	Occupational Therapy	Physical Therapy	Nutrition Care	Physician Assistant
Non-combat Evacuation Operations	3-3a	4-3a	5-3a	6-3a
Domestic Support Operations- Disaster Assistance	3-3b	4-3b	5-3b	6-3b
Domestic Support Operations- Community Assistance	3-3c	4-3b	5-3c	6-3c
Domestic Support Operations- Environmental Assistance	3-3d	4-3b	5-3d	6-3d
Domestic Support Operations- Law Enforcement	3-3e	4-3b	5-3e	6-3e
Foreign Humanitarian Assistance	3-3f	4-3c	5-3f	6-3f
Security Assistance	3-3g	4-3d	5-3g	6-3g
Nation Assistance	3-3h	4-3e	5-3h	6-3h
Combating Terrorism	3-3i			6-3i
Peace Support Operations	3-3j	4-3f	5-3i	6-3j
Show of Force	3-3k	4-3g	5-3j	6-3k
Support for Insurgencies and Counterinsurgencies	3-3l	4-3h	5-3k	6-3l
Attacks and Raids	3-3m	4-3i	5-3l	6-3m

[Return to Table of Contents](#)

Annex C
References

Code of Federal Regulations

Title 10, United States Code, Section 401 – Humanitarian Assistance

Strategic Documents

National Security Strategy For A New Century, 14 January 2000

National Military Strategy – Shape, Respond, Prepare Now, 1997

Medical Readiness Strategic Plan, 1999

Joint Vision 2010, 21 March 1998

U.S Army Posture Statement, FY 01

Army Medicine Strategic Plan, 1999-2005, Updated Winter 2000

Joint Publications

Joint Pub 3-07 Joint Doctrine for Military Operations Other Than War

Joint Pub 3-07.6 Joint Tactics, Techniques, and Procedures for Foreign Humanitarian Assistance

Joint Pub 4-02 Doctrine for Health Services Support in Joint Operations

Joint Pub 4-02.1 Joint Tactics, Techniques, and Procedures for Health Service Logistics Support in Joint Operations

Joint Pub 5-0 Doctrine for Planning Joint Operations

Army Publications

AR 40-3 Medical, Dental, and Veterinary Corps

FM 8-10 Health Service Support in a Theater of Operations

FM 8-42 Combat Health Support in Stability Operations and Support Operations

FM 100-23-1 Multiservice Procedures for Humanitarian Assistance Operations

[Return to Table of Contents](#)

Annex D Terms

Activities of Daily Living (ADL). This term refers to the routine activities required of an individual during a normal day. This can include performance areas such as bathing, dressing, feeding, grooming and toileting.

Combat Health Support (CHS). Combat health support in stability and support operations are those actions encompassing all military health-related activities taken or programs established to further US national goals, objectives, and missions. These actions and programs may differ to some degree from the traditional CHS role (FM 8-42, para 1-2b).

Combat Stress Control (CSC). This term refers to the management of stress in combat situations. The occupational therapist serves on a restoration team that provides neuropsychiatric triage, stabilization, treatment and disposition.

Critical Event Debriefing. A debriefing which takes place after a critical event. The debriefing is conducted by trained personnel, which includes an occupational therapist. The purpose of the debriefing is to restore unit cohesion, reduce short-term emotional/ physical distress, and safeguard future effectiveness and unit well being.

Host Nation (HN) – A nation that receives the forces and/or supplies of the US to be located on, or to operate in, or to transit through its territory.

Internally Displaced Persons (IDPs) – Individuals who leave their homes for similar reasons but do not cross a border and enter another country.

Neuromusculoskeletal Evaluation (NMSE) - This refers to a physician extender role unique to occupational therapists and physical therapists in the military. In this role, the credentialed therapist provides primary evaluation of neuromusculoskeletal complaints.

Nutritional / Health Assessments – The practice of determining nutritional or health status through the use of measurements, usually used to screen participants or populations for immediate interventions.

Nutrition Surveillance – The monitoring of the nutritional status of a specific group over time which may give warning of impending crisis, or monitors the effectiveness/ineffectiveness of existing programs and policies.

Refugees – Persons who flee their own country because of war, violence, famine or a well-founded fear of persecution for reasons of race, religion or nationality.

Unit Survey Interview. Small group interviewing technique used to acquire information about unit cohesion, morale, well-being, readiness for missions, and leaders' strengths and weaknesses.

[Return to Table of Contents](#)

Annex E

Acknowledgements

Any project of this magnitude is a collaboration of many great minds in the spirit of cooperation. The Strategic Planning Committee would like to thank the following individuals for their insights and enthusiasm in bringing this plan to fruition.

LTC Patricia Hastings deserves special thanks for her commitment to excellence as a consultant in developing the plan. She actively participated in planning conference discussions by providing a visionary perspective, steering the groups toward the right course, and reinforcing the areas of emphasis. She continued to consult on the project through phase 1 completion. LTC Hastings is one of the Army's treasures. She is knowledgeable in her field and tireless in her commitment to humanitarian work and the military's role in this work. The Committee is exceedingly grateful for her guidance.

COL Nancy Henderson served as the AMSC humanitarian expert, providing guidance from her experiences in numerous humanitarian missions.

Mr. Arthur Loveland coached, mentored and challenged the committee to think beyond its boundaries. His expertise kept the committee on a visionary and far-reaching track. The committee is indebted to him for his tenacity and guidance from inception through completion of phase 1.

The strategic planning conference team leaders were asked to perform "above and beyond" by leading the planning groups through all the activities, which provided the content of the plan. They worked long hours and endured the challenges of leadership in a loosely defined environment. Many thanks to LTC Charles Gorie, MAJ(P) Josef Moore, MAJ Peggy Jones, and MAJ Steve Gerardi for eagerly serving this role. The following planning group recorders deserve a special thanks for their role in support of the group leaders and preparing the documents that form the body of this plan: MAJ Maria Bovill, MAJ Robert Halliday, CPT Jesus Rodriguez, and SFC Mark Kenyon.

The Committee appreciates Air Force, Navy, and Public Health Service participants for their contribution to this plan in the spirit of collaboration.

The following conference participants provided the foundation for the plan:

Occupational Therapy: LTC William Howard, LTC Leonard Cancio, MAJ Karoline Harvey, 1LT Karen Luisi, 1LT Jorge Smith, SFC Ramon Diaz, SFC John Holmes, LTC M'Lynda Durr (USAR), and CDR Susanne Pickering (PHS)

Annex E
Acknowledgements (Continued)

Physical Therapy: CPT Timothy Cass, CPT Deydre Teyhen, CPT Kristin Hulquist, 1LT Shannon Irish, CPT Matt Garber, SSG Lucien Rice, SGT Richard Postell, LTC Cheryl Howard (USAR), LTC Kim Gottshall (USAR), LCDR Scott Gaustad (PHS), CAPT Charlotte Richards (PHS), MAJ David Gilmore (USAF), CAPT Barbara Recker (USN), and CPT Shawn Scott

Nutrition: MAJ Sonya Corum, MAJ Teresa Dillon, MAJ Danny Jaghab, MAJ Richard Meaney, MAJ Rhonda Podojil, CPT Michelle Mardock, SSG Francisco Alexander, SSG Glenn West, SSG Steven Lunk, LTC Nancy Rush (USAR), LTC(P) Sarah Helms (USAR), COL Marsha Lilly (USAR), LTC Mary Hoettels (USAR), CAPT Karen Herbelin (PHS), LTC Stephanie McCann (USAF), and LT John Urban (USN)

Physician Assistant: MAJ Donald Zugner, CPT Gregory Goodwiler, CPT Edward Eacrett, CPT Bogdan Langner, CPT Jorge Rodriguez, CPT David Dundore

The Strategic Planning Committee
MAJ(P) Robbin Rowell
MAJ William Wheeler
1LT Lorie Barker

A final note from the project leader...

This plan could not have reached a successful conclusion without the selfless devotion and hard work of the Strategic Planning Committee members. Each member demonstrated a sincere aspiration to develop the best plan possible. Each worked tirelessly to plan and conduct the strategic planning session, to negotiate and integrate input from diverse points of view, and to bring together the final phase 1 plan. The high quality of this document was a direct result of their teamwork, flexibility, expertise, and dedication. Thank you for your commitment to an excellent plan.

LTC Robin Tefft

[Return to Table of Contents](#)