

# AMSC

## Humanitarian Missions Strategic Plan



### Phase 1 Report

## March 2000

*Request for this document can be referred to*

Army Medical Department Center and School  
Office of the Chief, Army Medical Specialist Corps  
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## Forward

Army Medical Specialist Corps (AMSC) professionals are available to deploy anywhere in the world to assist US forces in relieving or reducing the results of natural or manmade disasters or other endemic conditions such as human pain, disease, hunger, or privation that might present a serious threat to life.

For over 50 years the Army Medical Specialist Corp (officer and enlisted specialties) have contributed significantly in the evolving role of the Army Medical Department and the US Army in nation assistance. Our distinctive specialties and expertise as occupational therapists, physical therapists, dietitians, physician assistants, and respective enlisted specialists provide the foundation for humanitarian missions worldwide. With a clear and distinct role to offer, the AMSC must now strategically integrate these specialty skills into every facet of humanitarian mission medical planning and doctrine. To help us envision our future, each AMSC member must be actively involved in this endeavor. It's up to us to make a difference and demonstrate our value and commitment to humanitarian missions.

This strategic plan is our commitment to reducing human suffering through support of humanitarian missions worldwide. The plan clearly establishes those skills and expertise we can contribute and the types of operations in which we can make a difference. The plan was developed as a collaborative effort by AMSC professionals selected for their deployment experience, public health education, and passion for making a difference. The planning group comprised Army, Air Force, Navy, and Public Health Service occupational therapists, physical therapists, dietitians, physician assistants, and the counterpart enlisted specialists. LTC Patricia Hastings from the Center of Excellence in Disaster Management and Humanitarian Missions served as consultant in formulating this plan.

I am pleased with our efforts to date and personally say “*thank you*” to all who contributed to this plan. This is a living document - a work in progress!

L. Sue Standage  
COL, SP  
Chief, Army Medical Specialist Corps

Attachment:  
Strategic Plan

# AMSC Humanitarian Mission Strategic Plan

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## **Chapter 1**

### **Strategic Plan Overview**

1-1. Situation Statement. The Army Medical Specialist Corps (AMSC) has a long history of providing humanitarian assistance to the local populace during complex humanitarian emergencies (CHEs). The AMSC has the capability to support humanitarian missions<sup>1</sup> anywhere in the world where assistance to the local populace is provided predominantly by US forces. This assistance is specifically authorized by Title 10, United States Code, Section 401, and funded under separate authorities. Assistance provided under these provisions is limited to medical care and other services as authorized by Title 10. The Department of Defense has not maximized the skills and capabilities of the AMSC in supporting humanitarian missions.

1-2. Purpose.

a. The AMSC is prepared to provide humanitarian assistance anywhere in the world. This Strategic Plan outlines the capabilities of the AMSC to support these missions. The plan defines the roles and responsibilities of AMSC officers and enlisted counterparts and identifies specific operations for which the AMSC can provide support.

b. The plan describes Army Medical Specialist Corps strategic goals, objectives and strategies to carry out humanitarian missions in the 21<sup>st</sup> Century. The focus is to

- Provide an integrated, aligned, and focused plan of action toward the vision.
- Provide common direction for the allocation of finite resources and energies.
- Evolve from possible futures to one that is preferred.
- Provide strategy for implementing goals and objectives to ultimately achieve the vision.

1-3. Scope. This document constitutes strategic planning initiatives for supporting humanitarian missions as it applies to the AMSC. It will assist medical planners in identifying the appropriate specialists for supporting operations and will guide all personnel in planning, preparing and executing combat health support in support of national strategic, joint operations or multinational operations. The plan is based on the National Strategy, National Military Strategy, and public law.

1-4. Strategic Management Methodology. This plan follows a three-phase methodology: strategy formulation, strategy implementation, and strategy evaluation. The stages are briefly discussed below. [Annex A](#) depicts a diagram of the strategic plan process.

a. Phase 1 - Strategy Development. This phase involves establishing our vision, mission and goal; defining AMSC Roles in humanitarian missions; proposing a task organization;

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<sup>1</sup> The term “humanitarian missions” will be used throughout this document as a broad term to encompass all operations other than war, to include Stability and Support Operations. Other terms, with various meanings, are used, depending on the context. Refer to Appendix D, Definition of Terms, for other terms and their reference.

determining a training plan for these roles; and presenting a strategy for disseminating this plan to commanders and senior leaders. This document fulfills phase 1 requirements.

b. Phase 2 - Strategy Implementation. This phase requires AMSCs to implement the strategic plan, devise policies, seek staff involvement, and allocate resources so that the formulated strategies can be executed. It will involve fine tuning the strategy, creating an effective organizational structure, directing marketing efforts, managing limited resources, implementing doctrine changes (FM8-42), and developing meaningful performance measures. The process owner for the implementation phase is the AMSC Fellow.

c. Phase 3 - Strategy Evaluation. This final phase involves monitoring the results of strategy formulation and implementation initiatives, measuring individual and organizational performance, and taking corrective actions when necessary. The evaluation includes both internal evaluation (such as lessons learned) as well as an external evaluation with key stakeholders. Strategy evaluation also includes evaluating the strategy itself for evidence of a systemic change that the desired outcomes are either being achieved or were achieved. The individuals involved in phases 1 and 2 will be invited to provide input in determining the effectiveness of this plan. To accomplish this we will review after action reports from deployments, lessons learned, anecdotal information, and other information available on deployments.

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## **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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## **Chapter 3**

### **Occupational Therapists (OT)/ OT Specialists**

#### 3-1. Description of Duties.

a. Occupational Therapist (65A). Plans, implements and supervises occupational therapy programs upon referral from medical officers and other health care personnel. These are programs of remediation, health maintenance, prevention, vocational adjustments, consultation in hospital/Medical Treatment Facility (MTF) and community settings to enhance task performance of mentally, emotionally and physically handicapped individuals. Services may include but are not limited to the following: Evaluation of competencies within life roles (for example, soldier, (MOS specific), occupational patterns, parent). Education and training to enhance habits, self-care, coping skills and activities of daily living (ADL). Identification and evaluation of mental and physical stressors and teaching prevention and coping skills. Enhancement of psychosocial skills. Design and development of splints, special equipment and their application to disabilities. Use of physical reconditioning techniques to maintain fitness, hasten recovery, and improve independence of self-care and activities of daily living. The primary wartime roles are: Upper extremity neuromusculoskeletal screening, diagnosing and treatment and the prevention and treatment of combat stress, and battle fatigue. Reconditioning and treatment to increase physical fitness, duty related skills and work performance to minimize return to duty time (Modified from DA PAM 611-21, March 1999).

The following should be added to the above job description: Supports humanitarian missions by recommending policy and providing management and guidance on upper extremity management and combat stress control in support of disaster victims, internally displaced persons and refugees.

b. Occupational Therapy Specialist (91BN3). Administers occupational therapy treatment to patients under direct supervision of a occupational therapist and manages the occupational therapy clinic. Assists the occupational therapist in the implementation of remedial, health maintenance and prevention programs for psychiatric as well as physical disability patients as applied to humanitarian missions (modified from DA PAM 351-4, October 93).

#### 3-2. Roles in Humanitarian Missions.

a. Education. As a licensed professional the occupational therapist is an educational asset to commanders, the Host Nation (HN) Ministry of Health, the HN population, HN medical personnel, allied forces medical personnel, and troops of U.S. and allied forces. Education will encompass the many areas of expertise that are unique to occupational therapy such as mental health and/or critical incident stress management, health promotion and wellness, upper extremity diagnosis and rehabilitation, injury prevention, ergonomics, and developmental disabilities.

b. Training. The occupational therapist serves as a trainer to HN and allied forces medical personnel, allied forces, and US troops. Training includes stress management techniques for caregivers and deployed forces, as well as family members. Training also includes training HN medical personnel on rehabilitation techniques, to include upper extremity diagnosis and rehabilitation, injury prevention techniques, mental health rehabilitation, ADL assessment, health promotion and wellness strategies and ergonomics.

c. Consulting. As a consultant to commanders, the HN Ministry of Health, and HN and allied forces, the occupational therapist provides assistance on mental health issues, health promotion and wellness strategies, and ergonomics as it applies to force health protection. Consultation includes critical event stress management, structuring refugee camps, surveying units, upper extremity orthopedic diagnosis and treatment, burn injury rehabilitation, and developmental assessments.

d. Assessment. As a mental health care provider the occupational therapist assesses individuals by conducting interviews, mental health exams, and unit/organizational surveys. As a neuromusculoskeletal evaluator the OT performs assessments on complex upper extremity injuries. The OT serving in a rehabilitation role assesses individual needs for rehabilitative care. Rehabilitative intervention assessments can include assessing performance of ADL and/or the need for upper extremity rehabilitation.

e. Mental Health Care Provider. As a mental health care provider in humanitarian missions the occupational therapist will apply Combat Stress Control (CSC) principles to humanitarian relief. As such, the occupational therapist will consult with leaders on mental health (MH) issues. Preventive mental health interventions the occupational therapist provides include critical event stress management; structuring of refugee camps to support healthy adaptation and good mental health; and interviewing units/refugees as part of conducting an organizational survey. Direct patient care in this role includes interviewing of individual stress casualties, conducting mental status exams, performing neuro-psychiatric triage, restraining neuro-psychiatric casualties, and assessing individual functional performance. Indirect patient care includes education/consultation to leaders (HN and allied forces) on stress management, conducting critical stress management debriefings and/or unit surveys, and development of OT programs to address functional deficits.

f. Neuromusculoskeletal Screener. The Army occupational therapist serves in a physician extender role as a neuromusculoskeletal evaluator (NMSE). The occupational therapist evaluates, diagnoses, and treats complex upper extremity injuries. Treatment includes wound care, burn management, and splinting/casting of the upper extremity as appropriate.

g. Administration. Serve as Chief, Minimal Care units for a task force, medical liaison officer, and in a variety of other administrative positions.

h. Pre/Post Deployment Preparedness. Serve on Health Assessment Response Team (HART) to assess pre- and post- deployment psychosocial needs.

i. Subject Matter Expert (SME). Provide training as a SME to commanders and HN medical personnel on upper extremity disorders and treatment, burn management, and other rehabilitative conditions. Training and knowledge exchange can take place in the HN or HN can participate in knowledge exchange in the U.S.

j. Health Promotion. Serves as health promotion officer to promote wellness and injury prevention to maintain readiness. The occupational therapist can also provide health promotion services to the HN Ministry of Health and the local population.

k. Injury Prevention. Serve on injury prevention team to provide educational and intervention strategies on prevention of upper extremity musculoskeletal injuries.

### 3-3. Operations Occupational Therapists/Occupational Therapy Assistants Can Support.

a. Noncombat Evacuation Operation (NEO). Serve as a mental health care provider. *Perform after-action debriefings to reduce stress-related problems (FM 8-42, Chapter 4-17)*<sup>2</sup>.

b. Domestic Support Operations-Disaster Assistance. Serve as an educator/trainer, consultant, assessor, mental health care provider to victims and caregivers, and a neuromusculoskeletal screener. In addition to the above mentioned roles, FM 8-42 lists the following roles for the occupational therapist during disaster assistance: *conduct critical incidence stress debriefings and after action debriefings, deliver direct care to victims of the disaster, provide preventative and restorative care support and augment local facilities (FM 8-42, Chapter 3-3).*

c. Domestic Support Operations-Community Assistance. Serve as an educator/trainer, consultant, assessor, mental health care provider, and a neuromusculoskeletal screener. FM 8-42 references the following roles for this operation: *participation in community health screening, delivery of educational presentations, and staffing of a MEDCEN/MEDDAC as needed for treatment of serious injuries (FM 8-42, Chapter 3-3).*

d. Domestic Support Operations-Environmental Assistance. The occupational therapist serves as a consultant to civil authorities during domestic support operations requiring environmental assistance.

e. Domestic Support Operations-Law Enforcement Support. The occupational therapist serves as a consultant during domestic support operations requiring law enforcement support. *Serve as a force multiplier by providing traditional CHS to employed US Army forces and serve as an administrator, e.g., Chief of Minimal Care Units or other administrative positions (Modified from FM 8-42, Para. 3-3, a. 3.)*

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<sup>2</sup> Italicized information is quoted from FM 8-42 dtd 27 October 1997

f. Foreign Humanitarian Assistance. Serve as an educator/trainer, consultant, assessor, mental health care provider, and a NMSE to victims of natural and man-made disasters. *Apply stress control measures during and after the operation to caregivers and victims, and provide health care needs to the refugee population (FM 8-42, Chapter 3-4). Serve as an administrator, e.g., Chief of Minimal Care Units or other administrative positions (Modified from FM 8-42, Para. 3-3, a. 3.)*

g. Security Assistance. Serve as SME, consultant and educator on upper extremity rehabilitation. FM 8-42 lists the following roles during security assistance: *provide CSC training for US Army personnel and the foreign internal defense augmentation force, and participate in a cultural exchange program with foreign medical personnel to exchange visits, training and educational resources (FM 8-42, Chapter 3-5).*

h. Nation Assistance. Serve as an educator/trainer and a consultant to HN personnel, perform assessments of health care needs, provide mental health care to U.S. Forces and the HN population, perform neuromusculoskeletal screenings, and serve as SME, consultant and educator on upper extremity management and rehabilitation. In FM 8-42, *consultation in nation assistance is identified with an emphasis on knowledge sharing among medical specialists to enhance the HN medical personnel's skills (FM 8-42, Chapter 3-6).*

i. Combating Terrorism. Serve as a consultant and/or provide education and training. *The occupational therapist will augment stress management teams in order to provide traditional CHS to US and friendly forces, which includes conducting debriefings to victims, rescuers, and caregivers after an attack (FM 8-42, Chapter 3-8, 4-17).*

j. Peace Support Operations. *Occupational therapy personnel assist in preventing stress disorders and misconduct stress behaviors caused by operational factors during peacekeeping operations (FM 8-42, Chapter 3-9). Provide stress management training and consultation to unit commanders (FM 8-42, Chapter 4-17). Refer to humanitarian assistance and nation assistance for additional roles that may be included during peace support operations.*

k. Show of Force. *The occupational therapist will support the combat force by providing CHS in the traditional role (FM 8-42, Chapter 3-10).*

l. Support for Insurgencies and Counterinsurgencies: Serve as a mental health care provider. Combat health support during insurgency/counterinsurgency operations may include the following as referenced in FM 8-42: *providing rehabilitation guidance, training of HN medical personnel, employing CSC prevention programs and developing rehabilitative services (FM 8-42, Chapter 3-11).*

m. Attack and Raids. Serve as a consultant. *Provide direct medical care to EPW (enemy prisoners of war), detained or retained personnel, and civilian casualties (treatment of burns and complex upper extremity injuries). Conduct debriefings of soldiers who are*

*injured and/or wounded. Provide mental health care support to decrease misconduct stress behaviors among US forces (FM 8-42, Chapter 3-12).*

3-4. Occupational Therapy Training Opportunities.

- a. Combat Stress Management Course
- b. Neuromusculoskeletal Evaluator (NMSE) Upper Extremity Course
- c. Burn and Trauma Management Course
- d. CHPPM Ergonomic Course
- e. Enlisted Clinical Management Course
- f. Faculty Development Course
- g. Critical Incident Stress Management Training
- h. Hand Specialty Course (Civilian)
- i. NOVA Disaster Response Course
- j. Army Training and Evaluation Program (ARTEP) training
- k. Master's in Public Health with emphasis in epidemiology and ergonomics and/or management of individuals with psychosocial conditions

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## **Chapter 4**

### **Physical Therapists (PT)/PT Specialists**

#### 4-1. Description of Duties.

a. Physical Therapist (65B). Serves as an independent practitioner and physician extender, evaluating, managing and providing treatment to patients for neuromusculoskeletal conditions with and without referral. Plans, implements and supervises physical therapy programs upon referral from medical or dental officer, or other health care professional. Primarily evaluates and treats disorders of human motion through the use of physical therapeutic means. These methods assist the promotion of functional independence, healing and prevent or minimize the disability caused by disease, surgery or trauma. Serves as consultant to commanders and the military community providing guidance within the areas of physical fitness, physical training and injury prevention. Develops and conducts training programs on injury prevention and physical rehabilitation for medical and non-medical personnel. The primary wartime role is to triage, evaluate, and treat soldiers with neuromusculoskeletal conditions to optimize return to duty status in a forward-deployed environment, preventing the need for reconstitution of the force. The role also includes burn and wound care. Supports humanitarian missions by recommending policy and providing management and guidance on preventive and restorative care in support of disaster victims, internally displaced persons, and refugees. (Modified from DA Pam 611-21).

b. Physical Therapy Specialist (91BN9). Administers physical therapy treatment to patients under the supervision of a physical therapist, and manages the physical therapy clinic. In the absence of a physical therapist, the physical therapy specialist will treat patients under the direct supervision of a designated physician. Technical supervision will be provided as needed by the Chief, Physical Therapy of the MTF with the assigned area of responsibility for the physical therapy specialist.

#### 4-2. Roles in Humanitarian Missions.

a. Education. Provide educational services in the areas of health promotion, wellness, fitness and a variety of rehabilitation techniques. These services are available for the HN local population, US Commanders, units, and personnel.

b. Training. Provide training on fitness and rehabilitative techniques for HN personnel.

c. Consulting. Serve as a physical fitness and rehabilitation consultant. The physical therapist can consult on unit pre- and post-deployment physical readiness, injury prevention, health promotion and provide surveillance and analysis of injury trends (rates and mechanisms). These consulting services can be provided to commanders, allied forces and HN medical personnel.

d. Physician extender. Serve as direct access physician extenders providing triage, diagnosis and treatment of neurological & musculoskeletal trauma.

e. **Force Multiplier.** Serve as force multipliers by providing rapid evaluation and treatment of musculoskeletal injuries to optimize return-to-duty (RTD) status in a forward-deployed environment and prevent the need for reconstitution of the force.

f. **Subject Matter Expert (SME).** Provide training as a SME to commanders and HN medical personnel on fitness, amputee treatment, burns, musculoskeletal disorders, and other rehabilitative conditions. Training and knowledge exchange can take place in the HN or HN can participate in knowledge exchange in the U.S.

g. **Administration.** Serve as Chief, Minimal Care units for a task force, medical liaison officer, and in a variety of other administrative positions.

h. **Triage.** Serve as triage officer specializing in orthopedic and neurological conditions.

i. **Pre/Post Deployment Preparedness.** Serve on Health Assessment Response Team (HART) to assess pre- and post-deployment needs and physical readiness.

j. **Health Promotion.** Serve as health promotion officer to promote wellness, injury prevention, and fitness to maintain readiness. The physical therapist can also provide health promotion services to the HN Ministry of Health and local population.

k. **Injury Prevention.** Serve on injury prevention team to provide educational and intervention strategies on prevention of musculoskeletal injuries.

#### 4-3. Humanitarian Missions Physical Therapists/Physical Therapy Specialists Can Support.

a. **Noncombat Evacuation Operation (NEO).** Serve as consultant to the command on unit pre- and post-deployment physical fitness and physical readiness, serve as rehabilitation SME for both force and evacuees, and analyze unit injury trends for the command.

b. **Domestic Support Operations.** Serve as physician extender to provide preventive and restorative care support to victims, provide triage services specializing in orthopedic and neurological/musculoskeletal conditions. Serve as a force multiplier by providing traditional CHS to employed US Army forces and serve as an administrator, e.g., Chief of Minimal Care Units or other administrative positions. The US Army CHS provided in disaster assistance operations should include physical therapy to provide preventive and restorative care support. (Modified from FM 8-42, Para. 3-3 a 3).

c. **Foreign Humanitarian Assistance.** Serve as part of the education team to educate on injury prevention and intervention strategies for the HN population and unit commanders, exchange knowledge with HN medical personnel on a variety of rehabilitative conditions, i.e., amputees and burns. The physical therapist serves as physician extender, providing preventive and restorative care support to victims and providing traditional CHS to U.S.

forces. The physical therapist can also provide triage services specializing in orthopedic and neurological conditions and serve as an administrator, e.g., Chief, Minimal Care Units or other administrative positions.

d. Security Assistance. Serve as SME, consult and educator on rehabilitation and restorative care support as part of the Department of State cultural exchange program.

e. Nation Assistance. Serve as SME, consult, educator and trainer to share knowledge and new techniques in the area of rehabilitation and restorative care to the populace in urbanized and rural areas.

f. Peace Support Operations. Serve as a physician extender and force multiplier to the peacekeeping force. Providing rapid evaluation and treatment of neurological/musculoskeletal conditions to optimize RTD status. Physical therapist can also serve as consultants to the task force commander on overall unit fitness and injury prevention.

g. Show of Force. Serve as a physician extender providing rapid evaluation and treatment of neurological/musculoskeletal conditions to optimize RTD status. Physical therapist can also serve as consultants to the peacekeeping force commander on overall unit fitness and injury prevention.

h. Support for Insurgencies and Counterinsurgencies. Serve as consultants on the status of HN military medical infrastructure and capabilities. The physical therapist can also share knowledge and new techniques in the area of rehabilitation and restorative care to help support the HN military medical infrastructure (Modified from FM 8-42, Para. 3-11 b 4).

i. Attacks and Raids. Serve as a physician extender for allied forces and enemy prisoners of war (EPW). Train EPW medical personnel to provide rehabilitative services for EPWs.

#### 4-4. Physical Therapy Training Opportunities.

- a. COL Doug Kersey Neuromusculoskeletal Evaluation (NMSE) Course
- b. Navy Epidemiological Surveillance Course
- c. CHPPM Ergonomics Course
- d. Burn Course
- e. Advance Spine Course
- f. Triage Home Study Course
- g. Advanced Trauma Life Support (ATLS)
- h. Advanced Cardiac Life Support (ACLS)
- i. Army Training and Evaluation Program (ARTEP)

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## **Chapter 5**

### **Dietitians / Nutrition Care Specialists**

#### 5-1. Description of Duties.

a. Dietitians (65C). During peacetime and mobilization or wartime formulates policies, develops procedures and directs and supervises the operation of nutrition care services and the provision of comprehensive nutrition care programs in fixed medical treatment facilities (MTF) and field medical units. Manages medical food preparation and service systems in MTF and field medical units. Ensures therapeutic diets and foods are available and prepared for patients in MTF and field medical units. Coordinates and ensures the procurement and receipt of safe, wholesome food items/rations for patients and staff during wartime and peacetime. Provides nutrition health promotion programs for the military community and develops and directs nutrition education or dietary intervention programs for the military and military beneficiaries. During peacetime and wartime assists the physician with nutritional assessment and therapeutic dietary intervention of patients, and participates and conducts applied research. Serves as a consultant at all levels of nutrition related health and performance issues, and medical food service operation in MTF and field medical units. Develops, implements and directs nutrition and medical food service education programs for hospital food service specialists, dietetic interns and other medical personnel during peacetime and wartime. Assists the Army Surgeon General in executing his duties as the DOD Executive Agent for nutrition (DA Pam 611-21).

The following should be added to the above job description: Supports humanitarian missions by recommending policy and providing management and guidance on food distribution and food security issues in support of disaster victims, internally displaced persons, and refugees.

b. Nutrition Care Specialists (Hospital Food Service Specialist) (91M). Assists in the supervision of medical nutrition care operations, plans, prepares, cooks, and serves food for regular and therapeutic diets in field and fixed hospitals. Duties for MOS 91M at each skill level are:

91M10. Performs basic clinical dietetic functions in the dietary management and treatment of patients. Prepares, cooks, and serves therapeutic and regular food items according to nutrition care treatment plans under the supervision of a dietitian or 91M NCO.

91M20. Performs and supervises basic clinical dietetic functions in the dietary management and treatment of patients. Supervises, prepares, cooks, and serves therapeutic and regular food items according to nutrition care treatment plans under supervision of a dietitian or senior 91M NCO.

91M30. Supervises the clinical dietetic management aspects in nutrition clinics, clinical dietetic branches, or production and service branches in nutrition care divisions. Supervises and assists in the preparation, cooking, and serving of therapeutic and regular food items.

91M40. Supervises the production and service branch in nutrition care divisions.

91M50. Supervises the nutrition care divisions or appropriate headquarters staff position. (DA Pam 611-21).

## 5-2. Roles in Humanitarian Missions.

a. Education. Provide and assist in planning and implementing education to military and HN individuals and groups on age and disease specific nutritional needs, performance nutrition, breastfeeding, alternative food preparation techniques based on individual and group resources, food safety, personal hygiene, and health promotion. The dietitian and nutrition care specialist can also develop exportable packages on the aforementioned topics for troops and HN populations.

b. Training. Train HN health care providers on basic nutrition, nutrition assessment and surveillance techniques, supplementary feeding programs, micronutrient supplementation and fortification options, community feeding programs, health promotion, and infrastructure restoration. An SME program can also be established whereby HN health care providers could travel to the U.S. to exchange knowledge and training on nutrition topics.

c. Consulting. Provide recommendations to military commanders, HN representatives, and NGOs supporting the local population on the nutritional needs of the troops/HN population. Plan and implement feeding operations, ration selection, appropriate medical nutrition therapy interventions, and disease prevention/health promotion programs.

d. Assessment. Provide guidance and conduct nutrition/health/sanitation assessments on selected populations to determine their nutritional/health status. Based on the assessment information, plan and implement appropriate nutrition / health/ sanitation interventions. Measure the effectiveness of nutrition / health interventions that have been implemented.

e. Administration. Serve in a variety of administrative duties. These include policy development, nutrition surveillance, subsistence procurement and management, feeding operations management, resource management, facility planning, personnel management, and contract planning and administration.

## 5-3. Operations Dietitians and Nutrition Care Specialists Can Support.

a. Noncombat Evacuation Operation (NEO). Plan and implement medical nutrition therapy for evacuees. Plan and manage the facilities and shelter for evacuees.

b. Domestic Support Operations – Disaster Assistance. Provide medical nutrition therapy to include nutrition counseling and education (modified from FM 8-42, 3-3, a[3]). Conduct nutrition and health assessments. Plan or provide guidance on the appropriate rations for the troops and the population in need. Coordinate and manage the resources provided to support the assistance effort.

c. Domestic Support Operations – Community Assistance. Plan and participate in community health care programs such as health screening and educational presentations (modified from FM 8-42, 3-3, b). Provide guidance on the operation and management of community feeding programs.

d. Domestic Support Operations – Environmental Assistance. Provide recommendations for the use of local subsistence resources.

e. Domestic Support Operations – Law Enforcement. Provide nutrition education that will maximize performance in a variety of energy demanding environments.

f. Foreign Humanitarian Assistance. Conduct population assessments and provide recommendations to the supporting agencies and/or HN health officials on appropriate health and nutrition interventions. Collaborate with NGOs working within the region to establish an optimum food distribution program. Develop and manage food programs and ensure that food wholesomeness standards are maintained (modified from FM 8-42, 3-4a[1]). Plan and manage facilities and shelter for the population in need. Provide consultation on the establishment and management of micronutrient fortification, breastfeeding promotion, maternal child health programs, growth monitoring, culturally appropriate food support, and supplementary feeding programs. Provide education to the HN population on a variety of nutrition and disease prevention topics, and provide training to HN health care providers on nutrition assessment, medical nutrition therapy, and on providing nutrition education for better health.

g. Security Assistance. Develop and implement military training packages on basic nutrition and health promotion to enhance the skills of the medical paraprofessionals (modified from FM 8-42, 3-5b). *Participate in the Department of the State cultural exchange program by exchanging US and foreign military medical personnel for visits, training, and education (FM 8-42, 3-5b).*

h. Nation Assistance. Perform population health assessments. Assist Ministries of Health and other HN representatives with health policy development. Assess the education and training levels of health care professionals and technicians (modified from FM 8-42, 3-6a[3]). *Assess the existence of health education and health promotion programs targeted at the general population (modified from FM 8-42, 3-6a[3]). Participate in consultation programs to share knowledge and new techniques (FM 8-42, 3-6b).*

i. Peace Support Operations. Provide education to troops on health promotion. Provide recommendations on the appropriate rations for the operation. Plan and manage the feeding of the peacekeeping force. Provide combat health support to the peacekeeping force (modified from FM 8-42, 3-9a).

j. Show of Force. Provide recommendations on the appropriate rations for the operation. Provide education on performance nutrition and health promotion to the troops.

k. Support for Insurgencies and Counterinsurgencies.

(1) Insurgencies. Provide training on medical nutrition therapy to the medical personnel (modified from FM 8-42, 3-11a[4]). Provide nutrition guidance (modified from FM 8-42, 3-11a[4]).

(2) Counterinsurgencies. *Assist the HN in identifying the health needs of the population (FM 8-42, 3-11b[3]).* Develop, in concert with the HN, nutrition and health promotion programs aimed at the resolution of potential or actual health problems (modified from FM 8-42, 3-11b[3]). Provide education on performance nutrition to the HN troops. Perform nutrition / health assessments on the HN troops to aid in the planning and implementation of intervention programs.

1. Attack and Raids. *Plan and manage the facilities, shelter, feeding, and the provision of care for EPW, detained or retained personnel, refugees, and civilian casualties (FM 8-42, modified from FM 8-42, 3-12a[4]).*

#### 5-4. Nutrition Care Training Opportunities

- a. Lactation Consultant Course
- b. Facility planning courses
- c. Contracting Officer's Representative (COR) Course
- d. Civil Affairs courses
- e. Correspondence courses in logistics and engineering
- f. Health Promotion Director's Course (Cooper Institute)
- g. Hazard Analysis and Critical Control Point (HACCP) training
- h. Field Sanitation courses
- i. Joint Field Nutrition Operations Course

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## **Chapter 6**

### **Physician Assistants**

6-1. Description of duties. Plans, organizes, performs, and supervises troop medical care at Levels I and II. Directs services, teaches and trains enlisted medics, and performs as medical platoon leader or officer in charge in designated units. Manages subordinate personnel, facilities, and equipment required to operate troop clinics or other medical activities and organizations. Functions as special staff officer to the commanders, advising on medically related matters pertinent to unit readiness and unit mission. Participates in the delivery of health care to all categories of patients and to all eligible beneficiaries. Prescribes courses of treatment and medication when required, and consistent with his capabilities and credentials. Interprets information in health records for application to current conditions and makes entries into the health record as a primary care provider. Orders diagnostic X-ray and laboratory procedures and writes consultations to specialty clinics and for ancillary services as appropriate. In the absence of a physician, the physician assistant will be the primary source of advice to determine the medical necessity, priority, and requirements for patient evaluation, and initial emergency care and stabilization. Supervises preparation of reports pertaining to medical activities. Functions as medical staff officer at battalion, brigade, division, corps, major command (MACOM), and at DA level activities, advising the surgeon of the respective command and the Commander on medical matters. Functions as primary instructor and staff officer at the Academy of Health Sciences. After formal military and/or civilian schooling performs duties under the supervision of a physician in selected specialties. Functions as the primary medical officer reviewing and supervising the medical examinations of individuals in the personnel reliability program.

#### 6-2. Roles in Humanitarian Missions.

a. Education. A certified medical professional uniquely qualified to provide health education and educational support to unit commanders, medical personnel of HN and allied forces, the HN population, and non-governmental organizations. The physician assistant provides education on health promotion and wellness, fitness and field sanitation principles.

b. Consulting. Serve as a primary medical authority to his/her supporting unit on pre- and post-deployment readiness, operational medicine, field preventive medicine, and stress management.

c. Administration. Serve as the supporting unit's primary medical leader and special staff officer.

#### 6-3. Operations Physician Assistants Can Support.

a. Noncombat Evacuation Operation (NEO). Initial medical authority/team leader provides triage and treatment, assesses the medical threat, provides initial and limited Class VIII supplies, provides limited preventive medicine services, assesses routes of evacuation, and coordinates with higher HN medical authorities and services.

b. Domestic Support Operations – Disaster Assistance. Initial medical authority/team leader serves to provide triage and treatment, assesses the medical threat, provides initial and limited Class VIII supplies, provides initial limited preventive medicine services, assesses routes of evacuation, coordinates with local community medical authorities, supports medical distribution (Hubs) centers, and augments the local community medical system.

c. Domestic Support Operations – Community Assistance. Coordinate with local community medical authorities, supports medical distribution (Hubs) centers, and augments the local community medical system. Provide rescue teams and extrication assistance, provides resuscitation and evacuation at the problem area and acts as a medical liaison for Task Force.

d. Domestic Support Operations – Environmental Assistance. Provide Echelon 1 and limited Echelon 2 medical support to HAZMAT personnel and site victims. Coordinate and assist with mental health support.

e. Domestic Support Operations – Law Enforcement Support. Provide Echelon 1 and limited Echelon 2 support near the disturbance site. Advise the commander on possible medical threat scenarios of mass destruction, provide health education on universal precautions and provide necessary chemoprophylaxis.

f. Foreign Humanitarian Assistance. Same as NEO and domestic support operations.

g. Security Assistance. Serve as an educator on universal precautions, assess the medical threat, and provide medical education. Provide Echelon 1 and limited Echelon 2 support near the disturbance site. Advise the commander on possible medical threat scenarios of mass destruction.

h. Nation Assistance. Coordinate with HN health care team and provide general health assessment.

i. Combating Terrorism. Serve as a medical support planner, advise the command on the medical threat, provide contingency planning, and provide input into the military intelligence process.

j. Peace Support Operations. Serve as a force multiplier to the peacekeeping task force. Supports peacetime and continuous health systems, provide pre- and post- deployment medical planning, follow up on injuries and illnesses from deployments, and provide stress management to the task force.

k. Show of Force. Support the health care system.

l. Support for Insurgencies and Counterinsurgencies. Provide medical and limited preventive medicine services to the domestic population.

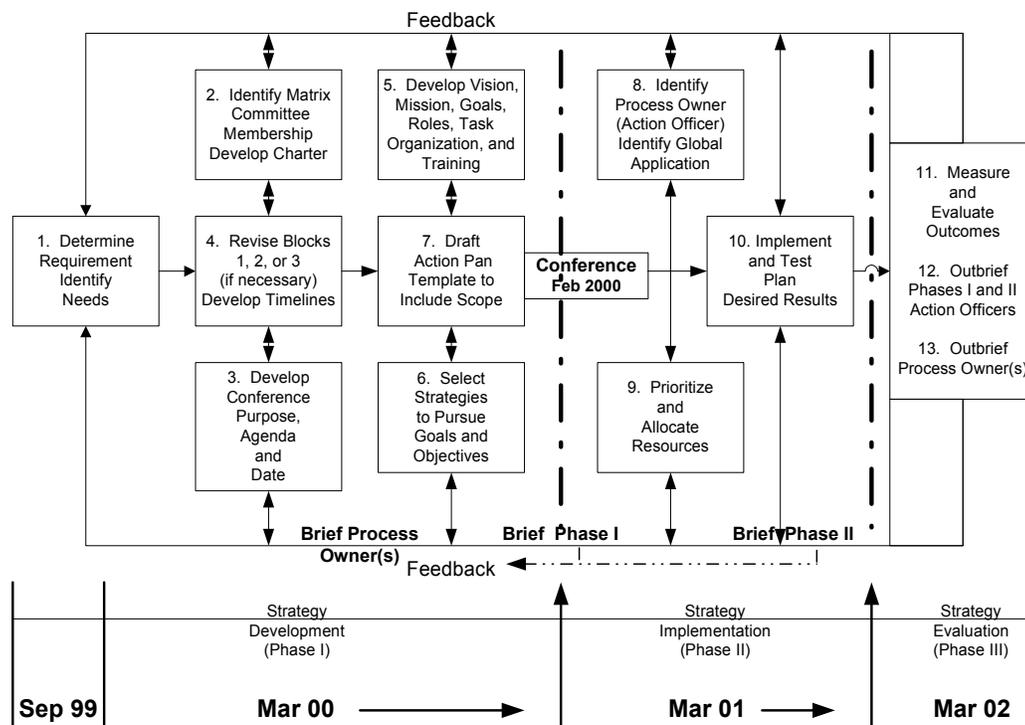
m. Attacks and Raids. Provide Echelon 1 and limited Echelon 2 medical care to allied forces and EPW under such conditions. Subject matter expert in the mission planning on all aspect of medical care before, during, and after the mission. Instrumental in providing acute trauma management training to assigned medical personnel and conducting cross training to all others.

6-4. Physician Assistant Training Opportunities.

- a. Advanced Trauma Life Support (ATLS)
- b. Operational and Emergency Medicine Skills Course
- c. Tropical Medicine course
- d. Global Medicine course
- e. Wilderness Medicine course
- f. Medical Management of Chemical Casualties Course
- g. Principles of Military Preventive Medicine Course (6AF5)
- h. Emergency Medicine Basic Skills Course
- i. Advanced Cardiac Life Support (ACLS)
- j. Pediatric Advanced Life Support (PALS)
- k. Emergency Medicine residency program
- l. Armed Forces Medical Intelligence Center training
- m. Joint Medical Planners course

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## 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.

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## 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	<a href="#">3-3a</a>	<a href="#">4-3a</a>	<a href="#">5-3a</a>	<a href="#">6-3a</a>
Domestic Support Operations- Disaster Assistance	<a href="#">3-3b</a>	<a href="#">4-3b</a>	<a href="#">5-3b</a>	<a href="#">6-3b</a>
Domestic Support Operations- Community Assistance	<a href="#">3-3c</a>	<a href="#">4-3b</a>	<a href="#">5-3c</a>	<a href="#">6-3c</a>
Domestic Support Operations- Environmental Assistance	<a href="#">3-3d</a>	<a href="#">4-3b</a>	<a href="#">5-3d</a>	<a href="#">6-3d</a>
Domestic Support Operations- Law Enforcement	<a href="#">3-3e</a>	<a href="#">4-3b</a>	<a href="#">5-3e</a>	<a href="#">6-3e</a>
Foreign Humanitarian Assistance	<a href="#">3-3f</a>	<a href="#">4-3c</a>	<a href="#">5-3f</a>	<a href="#">6-3f</a>
Security Assistance	<a href="#">3-3g</a>	<a href="#">4-3d</a>	<a href="#">5-3g</a>	<a href="#">6-3g</a>
Nation Assistance	<a href="#">3-3h</a>	<a href="#">4-3e</a>	<a href="#">5-3h</a>	<a href="#">6-3h</a>
Combating Terrorism	<a href="#">3-3i</a>			<a href="#">6-3i</a>
Peace Support Operations	<a href="#">3-3j</a>	<a href="#">4-3f</a>	<a href="#">5-3i</a>	<a href="#">6-3j</a>
Show of Force	<a href="#">3-3k</a>	<a href="#">4-3g</a>	<a href="#">5-3j</a>	<a href="#">6-3k</a>
Support for Insurgencies and Counterinsurgencies	<a href="#">3-3l</a>	<a href="#">4-3h</a>	<a href="#">5-3k</a>	<a href="#">6-3l</a>
Attacks and Raids	<a href="#">3-3m</a>	<a href="#">4-3i</a>	<a href="#">5-3l</a>	<a href="#">6-3m</a>

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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

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*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

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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

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## **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.

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## **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

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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

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