

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 missions¹ 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 21st 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;

¹ 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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