

MHS 2020 FOCUSED STUDY: OOTW IN THE 21ST CENTURY – AN MHS VIRTUAL COMMUNITY OF PRACTICE, JULY 98

Proponent

The proponent for this project is the Department of Defense (Health Affairs).

Web Site Location

The documents addressing the MHS 2020 efforts are accessible from the MHS 2020 homepage at <http://keydet.sra.com/hs2020/homepage/hs2020.htm>.

Definition

MHS Health Futurists team- Eighty volunteer participants from a range of military organizations as well as selected private sector agencies with an emphasis on ensuring a mix of grades and Service representation were involved in this study. The study participants included clinicians, policy analysts, strategic planners, and a number of people with recent experiences in OOTW. The Champion for this project was BG P. Sculley, the US Army Center for Health Promotion and Preventive Medicine commander. A support team from SRA International, the Institute of Alternative Futures, and Metasystems Design Group facilitated the study. The futures process resulted in the professional development of these military health futurists who are well versed in systems thinking and understand the value of challenging conventional assumptions. This effort contributed to the development of future MHS leaders.

OOTW - Operations other than war - "Military activities during peacetime and conflict that do not necessarily involve armed clashes between two organized forces." (TRADOC Pamphlet 525-5, Force XXI Operations, 1 August 1994)

Synopsis

The study was divided into two phases. Phase I evaluated past and current OOTW missions, changing conditions out to 2020, and potential new OOTW missions between now and 2020. Phase II looked at these issues as they pertained to doctrine, training, leadership, organization, materiel, and service members (DTLOMS). These phases were accomplished through on-line discussions and workshops. The document provides a detailed analysis of OOTW in these areas.

Findings, overall

- ◆ Our major adversary between now and 2020 will probably be chaos, not another coherent military force;
- ◆ Pressures for US involvement in OOTW will increase substantially between now and 2020 across all scenarios;
- ◆ To whatever extent the future becomes more chaotic, demand will grow for US involvement in reactive OOTW activities to cope with disasters and enforce peace between conflicting parties;



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- ◆ OOTW will be as important for the 21st century national security mission of shaping world events as readiness was for the Cold War mission of deterrence;
- ◆ Between now and 2020, the US military will probably be called upon to support at least some OOTW missions that are much larger than any we have been involved in since the end of the Cold War;
- ◆ Future OOTW activities will be varied, complex, and changeable requiring high organizational flexibility; and
- ◆ Creating a less chaotic, more cooperative future requires a greater emphasis on preventive national security strategies, including more prevention-oriented OOTW.

Findings, specific to health capabilities

- ◆ Health-related capabilities will be an important component of most OOTW missions, and a central component of missions such as humanitarian assistance, disaster relief, peacekeeping and nation building. They may often be critical for mission success – the tooth, not the tail, of the tiger.
- ◆ The health-related components of OOTW require a much broader range of capabilities than those needed for warzone medicine. As a result, OOTW should be regarded in a new way, as an integral part of the full spectrum of military operations, not as simply a lesser included case of Major theatre Wars.
- ◆ The emergence of OOTW as a predominant mission requires a new kind of fluid military organization capable of responding flexibly to widely varied, complex and changeable situations. It must be an “evoking organization”, capable of rapid self-organization to generate temporary units structured with the capabilities needed for dealing with specific local situations. It must also be capable of mobilizing or working with many other kinds of organizations – from other US government agencies, international institutions, and coalition forces to the thousands of nongovernment organizations providing humanitarian assistance today.
- ◆ An ongoing Virtual Community of Practice needs to be organized within the Military Health System to support the execution of OOTW. The temporary units that come together for specific OOTW missions would be trained within this Virtual Community of Practice, evoked from it, and supported by it. The community would include a MHS Virtual University or Lyceum providing distance education and a wide range of opportunities for peer interaction and virtual socialization of units. The Virtual University and the Community of Practice as a whole would emphasize leadership training, relationship building, and knowledge and appreciation of other cultures.
- ◆ Significantly improving our capabilities for OOTW in a fiscal environment of declining resources requires facing hard questions concerning the fundamental roles and structures of the MHS itself. The deep changes that may ultimately be required can only succeed with careful attention to recruitment, retention and morale. Developing and sustaining the leadership competencies required for OOTW is the foundation upon which all the other changes depend.

Summary of recommendations for the MHS:

- ◆ elevate the status of OOTW;
- ◆ create a virtual community of practice;
- ◆ develop a comprehensive military health strategy addressing health care in OOTW;
- ◆ focus on recruitment, retention and morale of our MHS service members;
- ◆ focus on leader development;

- ◆ build relationships and cultural appreciation; and
- ◆ focus on the Year 2000, addressing the Y2K information management problems.

What Does This Mean for Military Public Health?

Military public health is a comprehensive program to protect the health and environment of military personnel. The USACHPPM has unique expertise in using matrixed teams of scientific and engineering disciplines that can provide responsive task organized specialty teams, to address and improve preventive medicine processes and products. The USACHPPM could serve as a center of excellence for the full spectrum of health promotion and preventive medicine services in managing the health of our military personnel and beneficiaries. These actions support CINCs Full Dimensional Protection responsibilities. To effectively perform our military public health mission in OOTW we must:

- ◆ include preventive medicine support in the doctrine developed for the deployment/redeployment; joint reception, staging, onward movement and integration; and theater distribution concepts. Force health protection requires we ensure the medical readiness of the force; address the potential and actual health threats, and provide appropriate countermeasures; and institute comprehensive medical surveillance;
- ◆ include health promotion and preventive medicine in seminars, wargames, simulations, exercises, and other experiments to explore the effects of different combinations of health promotion and preventive medicine variables on the exercise outcome. This exploration will generate ideas for making timely and relevant changes in doctrine, training, leader development, organization, materiel, and soldiers (DTLOMS);
- ◆ incorporate health promotion and preventive medicine principles and their role in international collaboration in military courses such as those taught at the AMEDD Center and School, other military service medical schools, Army, Air, Naval, and Marine Corps War Colleges, Armed Forces Staff College, NATO staff officer orientation course, and military senior NCO Academies;
- ◆ look at all our products and services to determine if their use results in promoting and maintaining a healthy and fit Force capable of operating effectively in the 21st century. Doing this will help shape the international HP & PM environment of tomorrow;
- ◆ understand the CINC's perspective of his theater of operations and aggressively pursue process and/or technological innovations to optimize the warfighter's joint health service support;
- ◆ be aware of the of the Future Operational Capabilities (FOCs) that are relevant to preventive medicine and how we can assist in achieving these capabilities; and
- ◆ encourage Armed Forces Staff College education for all eligible civilian personnel and a Naval War College Seminar education for all eligible military personnel.

The following themes are common to other planning documents on our list.

- ◆ increase and foster individual military to military contact with our allies' health promotion and preventive medicine personnel. By establishing health promotion and preventive medicine forums and providing information to our friends and allies, we will forge new individual relationships and enhance alliance relationships that will prove as useful in the future, as they have in the past. This also extends to working with National and International public health organizations, other governmental and non-governmental organizations, and private voluntary organizations;
- ◆ work closely with the research, development, and acquisition communities. We must assist the military services' combat developers in developing innovative state-of-the-art solutions to address lessons learned and doctrine, training, leader development, organiza-

tion, materiel, and soldiers (DTLOMS) deficiencies to meet the challenges of Joint Vision 2010;

- ◆ optimize the use of technology to develop the capability to collect, integrate, store, analyze, report and transmit assessment data to track total force health. This is critical for military leaders; it is the foundation for force protection. A comprehensive military health surveillance system establishes a template and process for achieving this objective. We need to insure that the doctrine, education and training are in place so we can take full advantage of the technologies developed. Additionally, we must integrate comprehensive, population-based functional and surveillance medical information systems such as: DMSS, DOHRS, DVIS, DEESS, HHA, MIDI, etc;
- ◆ accurately account for health promotion and preventive medicine assets;
- ◆ critically rethink, redesign, or eliminate those product and service processes that are inefficient, and establish priorities for all preventive medicine products and services;
- ◆ determine cost avoidance and cost-effectiveness of preventive medicine and health promotion programs;
- ◆ use comprehensive, population-based, medical information systems as a foundation for evidence-based disease prevention and health decision making;
- ◆ assist in development of AMEDD and other service medical specific curricula for health promotion and preventive medicine for required officer and enlisted specialties;
- ◆ assist in the development of health promotion and preventive medicine curricula for Army and all other service schools, basic officer and enlisted, advanced individual training, and senior service schools. The curricula must stress the connection between health promotion and preventive medicine and commander's Force protection policies.
- ◆ incorporate preventive medicine measures in military training and evaluation programs;
- ◆ assist with the development of a Joint service approach in addressing the health promotion and preventive medicine needs of commanders, especially the CINCs;
- ◆ organize to provide commanders health risk information they can use to make informed operational decisions; and
- ◆ demonstrate the effectiveness of environmental health, occupational health and health promotion in minimizing risk and optimizing readiness, fitness, and health.