

Navy Medicine

SPECIAL EDITION

OFFICIAL MAGAZINE OF U.S. NAVY MEDICINE



Owners' and Operators' Manual 2011

World Class Care... Anytime, Anywhere

A Global Force for Good

Guidelines for submission to NAVY MEDICINE.

ABOUT NAVY MEDICINE:

NAVY MEDICINE is published quarterly Winter/Spring/Summer/Fall. Please contact Shoshona Pilip-Florea (shoshona.pilip-florea@med.navy.mil) for deadline of present issue in progress.

SUBMISSION REQUIREMENTS:

Articles must be between 600-1,000 words.

All articles must be present tense/active voice.

Photos must be minimum 300 dpi.

Photos showing action are preferred.

All photos must be accompanied by a caption and photo credit.

Subjects considered:

Scuttlebutt: Stories about activities at MTFs and the field.

Photo Album: Action shots from across Navy Medicine.

Feature Articles: Stories featuring interesting contributions of Navy Medicine to military operations including everything from combat support to Humanitarian Relief/Disaster Response will be considered. Please contact Shoshona Pilip-Florea (shoshona.pilip-florea@med.navy.mil) for current theme of issue in progress.

R & D and Innovations: Any new processes and/or research and development news.

Quality Care: Anything that improves the quality of care for our patients.

IT, QA: Any articles showing how Navy Medicine is utilizing the electronic age.

Shipmates: Anything interesting about our shipmates working in the healthcare field in the Department of the Navy.

All submissions must be accompanied by complete contact information for author. In the event there is more than one author please assign one author to be primary correspondent.

Feedback Welcome

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NAVY MEDICINE

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CHARTER

NAVY MEDICINE is the professional magazine of the Navy Medical Department community. Its purpose is to educate its readers on Navy Medicine missions and programs. This magazine will also draw upon the medical department's rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

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CORRECTIONS:

In the Fall 2010 issue of NAVY MEDICINE, the article "Navy Corpsmen Serve with the Fighting Seabees" on page 24 showed an incorrect byline. The article was written and submitted by HMCM(SW/FMF) R. Searles, II, Force Corpsman, First Naval Construction Division. Also, the article "Rapid Medical Response Keeps Carrier Aviator Flying" on page 22 misidentified the authors as Marine Corps Officers, both are Medical Corps Officers. We apologize for any confusion.

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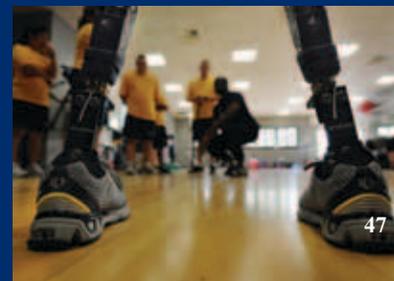
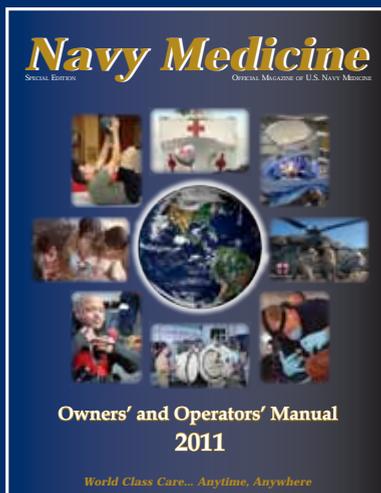
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Admiral's Call



It is my distinct honor and privilege to introduce the inaugural “Owners’ and Operators” issue of NAVY MEDICINE magazine. This publication will serve as a resource for all who have an interest in what Navy Medicine does at home and abroad.

Navy Medicine is a thriving, global health care system fully engaged and integrated in carrying out the core capabilities of the Maritime Strategy. We are responding to an increased operational and humanitarian assistance/disaster response demand that is breaking down barriers and building up trust in order to save and impact lives. Navy Medicine provides high quality health care to beneficiaries in wartime and in peacetime. Our highly trained personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield. At the same time, Navy Medicine’s military and civilian health care professionals are providing care for uniformed services’ family members and retirees at military treatment facilities around the globe. Every day, no matter what the environment, Navy Medicine is ready to care for those in need, providing world class care, anytime, anywhere.

This comprehensive care model is Navy Medicine’s #1 priority, caring for those in and supporting the fight. Our forces must be trained and ready to fight to defend our nation’s security and vital interests. Navy Medicine is a key component to maintaining readiness for those who will deploy in defense of our nation. We must also be prepared to provide world class patient and family centered care here at home.

As we enter 2011, we find ourselves at an important crossroads for military medicine. The operational tempo is often unrelenting. Whether you’re a doctor, nurse or corpsman deployed to Afghanistan, at sea serving our surface warriors and submariners, attached to an Air Wing, or working at one of our Navy hospitals, clinics, or research labs, the Navy Medicine community of over 63,000 personnel worldwide is answering the call to service. Yet, how we collectively respond to the challenges facing us today will likely set the stage for decades to come.

During the long wars in Iraq and Afghanistan, we’ve made incredible advancements in how we care for and treat our heroes and our caregivers. We’ve had the lowest mortality rate amongst trauma victims coming out of the war. The survival rate of combat forces that reach a Forward Resuscitative Surgical unit with life threatening injuries is now about 95 percent. As operations in Iraq wind down, we must maintain keen focus on our contributions to Afghanistan and our commitment to our Wounded Warriors and their families. Our programs and support and hope must be built and sustained for the



long haul—and the long haul is the rest of this century when the young Sailors and Marines of today mature into our aging heroes of tomorrow.

One of the key differences between civilian and military medicine is how we execute case management. We make sure we bring the medicine to the patient. We don’t make the patient find the medicine or the doctor. We make sure our Sailors and Marines and their families get the right care, at the right time, with the right amounts, for the right reasons. Our Medical Home Port initiative is the perfect example of this philosophy.

Medical Home Port is Navy Medicine’s Patient-Centered Medical Home model. It will provide a more comprehensive, team-based model of health care delivery. This new model will drive out variability by implementing standards for all aspects of primary care services. The Medical Home Port team will ensure that care is all-inclusive and integrated with all other care provided within our health care system. Care delivered in Medical Home Port includes, but is not limited to, readiness, prevention, wellness, behavioral health, and disease management. Navy Medicine selected eight initial sites (Naval Medical Centers and Family Practice Teaching Hospitals) to garner lessons learned and best practices with the goal of implementing throughout Navy Medicine. The ulti-

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mate target is to achieve national recognition for Medical Home Port practices through the National Committee for Quality Assurance (NCQA). There will be more on this in our Spring issue.

Regardless of the challenges ahead, Navy Medicine is well-positioned for the future. We recognize that our world-wide operational demands and our commitment to provide family and patient-centered care to our growing number of beneficiaries will continue to challenge us. These challenges range from manning shortfalls for wartime critical specialties, to providing more seamless logistical coordination during a humanitarian disaster, and sustained support to Sailors and Marines around the globe. But this is what we do and why so many of us chose a career in military medicine. There is no challenge that Navy Medicine has not met head on. It's also why

we are guided by the Navy's Core Values—Honor, Courage, and Commitment—in all we do. We will continue to meet the challenges ahead and perform our missions with precision and commitment.

Thank you for everything you do every day to care for our Sailors and Marines around the world. Each of you is contributing to our mission in countless ways, from the battlefield and deck plates, and from the bench to the bedside. As I complete my last year as the Navy's Surgeon General, I am confident that we will overcome any obstacles in our ability to meet our world-wide operational demands and continue our commitment to provide high-quality patient- and family-centered care to our growing number of beneficiaries. It is my honor and privilege to represent you as your Surgeon General.

---*Vice Adm. Adam M. Robinson, Jr.*



DJIBOUTI (Nov. 14, 2010) U.S. Ambassador to Djibouti James Swan and U.S. Navy Surgeon General Vice Adm. Adam M. Robinson Jr. discuss opportunities to cooperate in areas of public health with Djibouti Prime Minister Dileita Mohamed Dileita. Robinson accepted the Djibouti Medal of the Commander of the National Order, the highest award that can be bestowed by the African country, on behalf of U.S. Navy Medical Research Unit-3 (NAMRU-3), whose work over the past decade has enhanced infectious disease surveillance within Djibouti. (U.S. Navy photo by Capt. Cappy Surette. (Released)





JOLO, Philippines - The U.S. Military Sealift Command (MSC) Hospital ship USNS Mercy (T-AH 19), anchored off of the coast of Jolo City. Mercy was in the area providing medical and dental for thousands of citizens in a five-month humanitarian deployment to South Asia, Southeast Asia, and the Pacific Islands as part of Pacific Partnership 2010. U.S. Navy photo by Chief Photographer's Mate Edward G. Martens (RELEASED)

Bureau of Medicine and Surgery

The Navy Bureau of Medicine and Surgery (BUMED) is the headquarters command for Navy Medicine. Under the leadership of the Navy Surgeon General, Vice Adm. Adam M. Robinson, Jr., Navy Medicine provides high quality health care to beneficiaries in wartime and in peacetime. Highly trained Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield. At the same time, Navy Medicine's military and civilian health care professionals are providing care for uniformed services' family members and retirees at military treatment facilities around the globe. Every day, no matter what the environment, Navy Medicine is ready to care for those in need, providing world class care, anytime, anywhere.

BUMED is the site where the policies and direction for Navy Medicine are developed to ensure our Patient and Family Center Care vision is carried out.

A Brief History

The Bureau of Medicine and Surgery (BUMED) was established as part of the Department of the Navy by an Act of Congress on August 31, 1842. It is the centralized administrative organization of the Medical Department, located in Washington, D.C. As such, it is the guardian of health care for the Navy and U.S. Marine Corps. BUMED exercises direct control over naval hospitals, medical centers, dental clinics, preventive medicine units, and technical schools for Medical Department personnel both inside the United States and around the world. BUMED is additionally responsible for the medical support of the U.S. Marine Corps.

BUMED, presently located on a tract of ground adjacent to the State Department, overlooks the Potomac River, Lincoln Memorial, and Arlington National Cemetery, and has been at this site since 1942. Building 2 was originally built in 1844 as the first U.S. Naval Observatory, and has been designated a National Historic Landmark.

The Observatory moved to its present quarters on Massachusetts Avenue, Northwest, D.C., in 1893 and the

property was turned over to BUMED. In 1895 the Naval Museum of Hygiene moved into the old Observatory, and the U.S. Naval Medical School moved to this location on May 27, 1902. By an Act of Congress on March 3, 1903, \$135,000 was appropriated for a Naval Hospital to be built on what had become known as "Observatory Hill" now shortened to "The Hill" or "Navy Hill."

The other buildings now occupied by BUMED were constructed at that time. The first Naval Medical Center occupied the site from 1931 to 1942, when it was moved to Bethesda, Md. It has liaison activities with other bureaus and offices with respect to the design, structure, and medical facilities aboard ships and in hospitals.

The Base Realignment and Closure Commission (BRAC) signed by Congress in 2005 will permanently change the face of BUMED's current location. It stipulates that BUMED will relocate to a centrally located headquarters facility along with the Surgeons General

from our sister services and the TRI-CARE Management Activity (TMA.) This realignment and move is expected to be completed by September, 2011.

Regardless of location, outstanding care for the sick and injured, international contributions to the sciences of medicine and dentistry, and personal sacrifices and valor of its personnel in peace and combat, have earned the Navy Medical Department a prominent place in the historical pages of the United States Navy.

What We Do: Force Health Protection

The foundation of Navy Medicine is Force Health Protection. It's what we do and why we exist. In executing our Force Health Protection mission, the 59,000 active duty and reservists, government civilians, and non-medical contractors of Navy Medicine are engaged in all aspects of expeditionary



MEDITERRANEAN SEA (Sept. 14, 2010) U.S. Navy Petty Officer 1st Class Carolina Bornstein, a hospital corpsman with Combat Logistics Battalion 26, 26th Marine Expeditionary Unit, provides medical care to a role player during a practice mass casualty exercise on the flight deck of the amphibious transport dock ship USS Ponce (LPD 15) in the Mediterranean Sea. The 26th Marine Expeditionary Unit deployed aboard the ships of the Kearsarge Amphibious Ready Group in late August responding to an order by the Secretary of Defense to support Pakistan flood relief efforts. U.S. Marine Corps photo by Staff Sgt. Danielle M. Bacon. (Released)

medical operations in support of our warfighters. The continuum of care we provide includes all dimensions of physical and mental well-being. This is our center of gravity and we have and will continue to ensure our Sailors and Marines are medically prepared to meet their worldwide missions.

Nowhere is our commitment to Force Health Protection more evident than in our active engagement in military operations in Iraq and Afghanistan. As these overseas contingency operations evolve, and in many respects become increasingly more dangerous, we are seeing burgeoning demand to provide expeditionary combat casualty care in support of joint operations. The Navy Medicine team of doctors, nurses, corpsmen, dentists, and mental health providers is working in tandem with the Army and Air Force medical personnel and coalition forces to ensure the physical and mental well-being of our troops and civilians alike. Our support includes the dozen U.S. Marine Corps' Shock Trauma Platoons that do immediate resuscitative surgery on the battlefield.



HAITI (Jan. 19, 2010) Lt. Kristina Rogish, a flight surgeon assigned to Carrier Air Wing (CVW) 17 treats an injured child while Hospital Corpsman 1st Class Adam Kishman diverts her attention to a stuffed animal at the Killick Haitian Coast Guard Clinic in Carrefour, Haiti. Personnel from the aircraft carrier USS Carl Vinson (CVN 70) and CVW-17 are conducting humanitarian and disaster relief assistance at the clinic as part of Operation Unified Response after a 7.0 magnitude earthquake caused severe damage in Haiti on Jan. 12, 2010. U.S. Navy photo by Mass Communication Specialist 2nd Class Candice Villarrea. (Released)

Support to Global Operations

At the same time, our humanitarian assistance/disaster response missions in direct support of the Navy's Maritime Strategy are expanding because they continually prove to be highly successful. Nowhere has this been more evident than in the USNS Comfort's mission in Haiti following the January 2010 earthquake. The life-saving and life-changing service we provided the Haitian people, while simultaneously maintaining the highest standards of patient and family-centered care for our people here at home cannot be over emphasized. Operation Unified Response illustrates without a doubt that we truly are a "global force for good."

Navy Medicine not only responds to disasters around the world and at home, we conduct proactive humanitarian missions in places as far reaching as Africa through Africa Partnership Station to the Pacific Rim through Pacific Partnership and South America through Continuing Promise. The USNS Mercy's recent deployment in support of Pacific Partnership 2010, now the fifth annual

Pacific Fleet proactive humanitarian assistance mission, is strengthening ongoing relationships with host and partner nations in Southeast Asia and Oceania. Our hospital ships are executing our Maritime Strategy by building the trust and cooperation we need to strengthen our regional alliances and empower partners around the world. With each successful deployment, we increase our interoperability with host and partner nations, non-governmental organizations and the interagency.

Caring for our Heroes and Caregivers

There is no greater honor than caring for our wounded, ill, and injured. They are heroes and we, who are fortunate enough to care for them, understand this responsibility. As our wounded warriors return from combat to begin the healing process, they deserve a seamless and comprehensive approach to their recovery. We help them to heal

in body, mind, and spirit. Our focus is multi-disciplinary-based care, bringing together medical treatment providers, social workers, case managers, behavioral health providers, and chaplains. We are working closely with our line counterparts with programs like the Marine Corps' Wounded Warrior Regiments that coordinate with Battalion Surgeons, Deployed Units, and Medical Treatment Facilities to set up anticipated medical appointments, ensuring a majority of medical needs are assessed prior to demobilization. Similarly, the Navy and Coast Guard's Safe Harbor program with its national network of Navy Operational Support Centers support the full-spectrum recovery process for Sailors, and Marines, and their families.

Based on the types of injuries that we are seeing, Navy Medicine continues to adapt our capabilities to best treat these conditions. When we saw a need on the West Coast for returning wounded warriors with amputations, we established the Comprehensive Combat and Complex Casualty Care (C5) facility at

Bureau of Medicine and Surgery

Regional Medical Commands, Hospitals

National Naval Medical (NMC) Center, Bethesda, Md.
Naval Medical Center (NMC) Portsmouth, Va.
NMC San Diego

Other Facilities Include

Nine CONUS Naval Hospitals
Seven OCONUS Naval Hospitals
Eight CONUS Naval Health Clinics
Two OCONUS Naval Health Clinics
119 Branch Medical Clinics
Six CONUS Dental Clinics
Two OCONUS Dental Clinics
Six CONUS Research Commands
Three OCONUS Research Commands
Five DoD Health Care Schools

Military Sealift Command

Hospital Ships:

USNS Mercy (T-AH 19),
homeport San Diego
USNS Comfort (T-AH 20),
homeport Baltimore

the Naval Medical Center in San Diego. C5 manages severely injured and ill patients from medical evacuation through inpatient care, outpatient rehabilitation,

and eventual return to active duty or transition from the military. We are also working to expand utilization of Project C.A.R.E.—Comprehensive Aesthetic Recovery Effort—across the Services. This initiative follows the C5 model by ensuring a multi-disciplinary approach to care, while focusing on providing state-of-the-art plastic and reconstructive surgery for our wounded warriors.

We are also aggressively working to reduce the stigma surrounding psychological health and operational stress concerns by partnering with our line counterparts in programs such as Navy Operational Stress Control, USMC Combat Operational Stress Control, FOCUS (Families Overcoming Under Stress), Caregiver Occupational Stress Control (CgOSC), and our suicide prevention programs.

Excellence in Research and Development

Lastly, Navy Medicine would not be able to accomplish its mission without a vibrant Research and Development (R&D) community. The work that our

researchers do is having a direct impact on the treatment we are able to provide, from the battlefield to the bedside.

Many wounded warriors are walking, talking, and leading productive lives today because of the research and medical advancements in wound management, wound repair and reconstruction, as well as extremity and internal hemorrhage control and phantom limb pain in amputees. Our R&D programs are truly force multipliers to Navy Medicine's success and enable us to remain agile in the world-class health care we provide to our service members and beneficiaries.

BUMED Looks to the Future

Navy Medicine—World Class Care...Anytime, Anywhere. This poignant phrase describes Navy Medicine's mission and drives their operational tempo. This past year Navy Medicine responded to an earthquake in Haiti, sent countless doctors, nurses, dentists and psychologists around the world in support of Africa Partnership Station, Pacific Partnership, and Operation Continuing Promise and the current conflicts in Iraq and Afghanistan, and screened thousands of Sailors and Marines for operational readiness pre- and post-deployment, all while taking care of service members and their families here at home. This pace and demand for Navy Medicine personnel is only expected to increase in the coming years as they balance the dual mission of expeditionary medicine in support of those deployed in conflict zones with patient and family-centered care for Sailors, Marines and their families.

Despite Navy's Medicine recent successes, challenges loom on the horizon with respect to the service members returning home from a war zone, some of whom are injured physically, and many of whom are suffering psychologically from mild to severe Traumatic Brain Injury (TBI) or Post Traumatic Stress Disorder (PTSD). The challenge of healing and caring for these men and women, in body, mind, and spirit is a long-term one that will last the best part of this century. The young wounded warriors of today will mature into tomorrow's aging heroes.



FORT HUNTER LIGGETT, Calif. (Dec. 11, 2007) Seabees from Naval Mobile Construction Battalion (NMCB) 17 load a patient into a UH-60 Blackhawk medical evacuation helicopter during a mass casualty drill. NMCB 17, 4 and 22 are taking part in a joint three-week field exercise known as operation Bearing Duel. U.S. Navy photo by Mass Communication Specialist 2nd Class Kenneth W. Robinson (Released)

How military medicine takes on this challenge will set the stage for decades to come, especially with respect to the quality, accessibility, and reliability of support veterans and their families will receive. One of the major initiatives to build and sustain this support is the ongoing transition to the Walter Reed National Military Medical Center onboard the campus of the National Naval Medical Center, Bethesda, Md.

These organizations are working with the lead Department of Defense organization, Joint Task Force—National Capital Region Medical, to ensure that this significant and ambitious project is executed properly and without disruption of services to wounded warriors, joint service members, their families, and other beneficiaries.

Navy Medicine's is committed to its Core Concept of Care which is patient and family-centered care. It is at the epicenter of everything Navy Medicine does.

This concept is elegant in its simplicity yet extraordinarily powerful: It identifies each patient as a participant in his or her own health care and recognizes the vital importance of the family, military culture, and the military chain of command in supporting patients. The goal moving forward is for this Core Concept of Care to resonate throughout the system and guide all their future actions. To this end, Navy Medicine is continually working to ensure patient satisfaction focusing on increased access, coordination of services, and safety. In addition, also wanting providers to have the capabilities and resources to deliver the best clinical practices in a healing environment. This is an important strategic goal as Navy Medicine looks to the future.

Towards this end, the current Surgeon General, Vice Admiral Adam M. Robinson, Jr., is stressing health prevention vice disease intervention in all his public and private appearances. Throughout his

tenure, he has also taken a more holistic and comprehensive approach with respect to how his organization prioritizes their programs, processes, and their people. Finally, despite shortages in some military medicine specialties, Navy Medicine remains committed to serving personnel throughout the treatment cycle, from the cradle to the grave, and continues to manage every aspect of medicine in the continuum of care providing a seamless transition as wounded warriors progress between levels of treatment.

Medical Home Port: The Future of Patient and Family-Centered Care

The Navy's Medical Homeport concept introduced a new model of patient and family-centered health care delivery for primary care. This model is team-based, comprehensive, and designed to fully meet the complete primary care, health and wellness needs of our



FORWARD OPERATING BASE MARJAH, Afghanistan, (Oct. 24, 2010) A U.S. Navy corpsman with 2nd Battalion, 6th Marine Regiment, Regimental Combat Team 1 treats an Afghan man with a head wound. The regiment was deployed to Helmand province to support the International Security Assistance Force. U.S. Marine Corps photo by Sgt. Albert J. Carls. (Released)

Bureau of Medicine and Surgery

patients. It is expected to increase access to care for patients both in person and via electronic media which will be a new way of providing care to and communicating with beneficiaries. Complete implementation of the Medical Homeport concept should also improve population health, patient satisfaction, readiness, and decrease health care costs.

Focus on Medical Home Port

- Medical Home Port is a new model of care that emphasizes a team-based, coordinated, and proactive approach. Each patient will be assigned to a Medical Home Port team, led by one's provider. The patient is a part of that team that also includes a nurse educator, a care coordinator, and other support staff. Providers have a greater ability to diagnose and treat patients by leveraging support staff to manage other aspects of clinic operations and patient care.
- The Medical Home Port team ensures that care is all-inclusive and integrated with all

other care provided within our healthcare system.

- Each patient is able to consistently see the same Medical Home Port team during visits to their primary care facility. Each team will also be responsible for referring the patient to specialists and providers, and will help the patient schedule appointments and help coordinate information from all parties to make sure all health care needs are met.
- The concept keeps patients healthier through increased emphasis on disease management, proactive intervention and health promotion.
- Provide a more effective use of time for Medical Homeport team members, through new booking and triage processes and increased technology.
- Care delivered in Medical Home Port includes, but is not limited to: Readiness; Prevention; Wellness; Behavioral health and Disease management.

- Healthcare costs and quality are ongoing issues in America—Navy Medicine has selected Medical Home Port as a way to mitigate these issues.
- Efforts to implement versions of Medical Home are underway already at the Air Force, Army, and the VA, as well as several Navy hospitals and clinics.
- Medical Home increases access to provider and team to allow that team to better manage the health of their population. By focusing on prevention, wellness, and disease management they can drive down costs and avoid future costly disease states which are expensive to Navy Medicine and the Defense Health Program:

Recapture purchased care: Collaborative healthcare team enables provider to care for more patients, increase enrollment and capture care from the network, which is costly. More efficient clinical operations amongst all staff within MHP team, as well as utilization of IT tools, such as Patient Secure Messaging to handle patient care virtually and open up appointments and access for acute care needs.

Decrease reliance on ER: With increased access to their provider and healthcare team, patients no longer feel obligated to go to emergency room for primary care needs including medication refill, common cold, etc. By funneling these needs, through open access appointments, into MHP clinics, ER use for non-emergent will decrease, thereby decreasing cost overall.

Inpatient admissions: Chronic disease management and patient education will support patients in changing behavior and better self-management of their own chronic disease. Through this management and access to the healthcare team, they will avoid costly adverse events which result in inpatient admissions and hospitalizations.



COLORADO SPRINGS, Colorado, (May 11, 2010) Force Master Chief Laura Martinez, Navy Bureau of Medicine and Surgery, and other fans cheer for the Navy sitting volleyball team during their game against Army at the inaugural Warrior Games at the U.S. Olympic Training Center. U.S. Navy photo by Mass Communication Specialist 1st Class R. Jason Brunson. (Released)



SIHANOUKVILLE, Cambodia (June 20, 2010) Hospital Corpsman 3rd Class Dana Doody loads a suture for surgeons during a surgery aboard the Military Sealift Command hospital ship USNS Mercy (T-AH 19). Mercy was in Cambodia supporting Pacific Partnership 2010, the fifth in a series of annual U.S. Pacific Fleet humanitarian and civic assistance endeavors to strengthen regional partnerships. U.S. Navy photo by Mass Communication Specialist 2nd Class Eddie Harrison. (Released)

Overall decrease in healthcare: By focusing on wellness and prevention for the patient population, healthcare team will identify, diagnose, and treat conditions before the advance to a tertiary care state, which results in increase in cost and use of resources for Navy Medicine and DoD. This will improve our quality of care, keep our patients healthier, and increase patient satisfaction with our healthcare system.

Navy Medicine has made tremendous strides in combat casualty care in the past few years and anticipates further advancements in battlefield medicine in the years to come. The Navy and Marine Corps team have unique operational needs including expeditionary medicine, undersea

medicine, and hypobaric and hyperbaric issues. Due to the nature of wounds being seen from Iraq and Afghanistan, Navy Medicine is focusing its research on five priority areas to include: 1) Traumatic Brain Injury (TBI) and psychological health treatment and support for both operational forces and home-based families; 2) Medical systems support for maritime and expeditionary operations; 3) Wound management throughout the continuum of care; 4) Hearing restoration and protection for maritime, surface and air support personnel; and 5) Undersea medicine, diving, and submarine.

The most recent and innovative example of research and treatment initiatives is the new National Intrepid Center of Excellence (NiCOE)

which exemplifies “the convergence of art and science” for traumatic brain injuries and post traumatic stress disorders. This state-of-the-art facility is intended to serve as the vanguard for how to effectively research, diagnose, and treat traumatic brain injuries for wounded warriors.

Regardless of the challenges ahead, Navy Medicine appears well-positioned for the future. Worldwide operational demands and a commitment to provide family and patient-centered care to a growing number of beneficiaries will continue to pose formidable challenges. Yet, this is what Navy Medicine has done for generations and why so many of young people choose a career in military medicine.

NAVY MEDICINE EAST

Navy Medicine East (NME) is comprised of 15 military treatment facilities (MTFs) and their many branch clinics. The region has more than 19,000 Sailors, government civilians, contractors and volunteers working at such geographically diverse locations as the Texas Riviera to the Great Lakes to New England to Guantanamo Bay, Cuba; extending across Europe and to the Arabian Gulf.

NME is anchored by Naval Medical Center Portsmouth, Va., a premier academic multi-specialty teaching hospital, and the three Family Medicine teaching hospitals at Camp Lejeune, N.C., Jacksonville, Fla., and Pensacola, Fla. Each is among the finest programs in the country.

NME staff provide care from conception to the end of life; from boot camp through retirement; from preventive care to high-tech interventions. NME provides quality, timely and effective patient- and family-centered care to an eligible population of more than a million and a half beneficiaries. Of those, more than 375,000 are enrolled beneficiaries.

In 2010, many commands adopted the Medical Home Port concept of care, in which patients receive more personalized care coordinated by an entire team, not just one primary care provider.

Also this year, NME commands embraced social media to keep staff, family and friends informed and “fans” have responded enthusiastically. The Navy’s Chief of Information cited the NMCP Facebook page as a best practice.

The region is headquartered in Portsmouth, Va., on the Naval Medical Center Portsmouth campus.

Naval Medical Center Portsmouth

Naval Medical Center Portsmouth (NMCP) has the distinction of being the U.S. Navy’s first hospital and flagship facility of Navy Medicine East. It has a total eligible beneficiary population of nearly 420,000 in its geographic area which that breaks down to 105,000 service members, 135,000 dependents, and 177,000 military retirees and their dependents.

The facility employs a staff of nearly 7,000 military, civilians, contract and volunteers at the main hospital and nine

branch clinics. With a budget of \$443 million, Naval Medical Center Portsmouth’s annual financial impact on southeastern Virginia is \$775 million.

NMCP has had a robust education and training mission for 86 years. More than 250 interns, residents and fellows are educated annually and perform well objectively. Portsmouth’s first-pass board-certification rate exceeds national averages in all specialties.

The Wounded Warrior Patriots’ Inn opened in February following 18 months of construction. The \$5.2 million project bridges the gap when service members transition from hospital stay to outpatient status. The Inn has 13 private hotel rooms within the medical center to ease them back into everyday life.

The medical center continues to be in the forefront of smoking cessation efforts. In November, Portsmouth celebrated the second anniversary of the campus being tobacco-free, and the medical center has helped the submarine forces prepare its crews for Jan. 1, 2011, the day smoking on submarines will cease. NMCP held seven daylong tobacco cessation instructors’ classes specifically to help submariners who smoke kick their nicotine habit.

In An Average Day At Navy Medicine East :

Babies delivered:	21
Outpatients seen:	18,500
Inpatients admitted:	92
Prescriptions filled:	32,000
NME Sailors deployed:	675

The Fleet does not sail and no Marine goes into harm’s way without the people of Navy Medicine East.

NMCP added a new special assistant to the commander to facilitate providing the best care possible for fleet Sailors. The operational fleet medical liaison coordinates with fleet medical personnel to ensure shipboard Sailors receive specialty and surgical appointments that fit their operational schedule. A new phone number ties the ship’s doc directly to the medical center’s liaison to maximize the



PORTSMOUTH, Va. (Aug. 14, 2007) - Hospital Corpsman 2nd Class Aaron Begaye, assigned to Naval Medical Center Portsmouth, poses for a photo while working in the operating room on the night shift. With his experience and expertise in saving lives, Begaye deals primarily with emergency surgical cases at the hospital. U.S. Navy photo by Lt. Richard Stone (Released)



GREAT LAKES, Ill. (Aug. 24, 2009) Retired Navy captain and former astronaut Jim Lovell and his wife, Marilyn Gerlach, sign the final roofing beam to be lifted into place during the topping off ceremony for the Captain James A. Lovell Federal Health Care Center. The building is the first completely integrated Department of Defense and Department of Veterans Affairs health care center. The center was completed Oct. 2010. U.S. Navy photo by Bill Couch. (Released)

number of fleet Sailors who can quickly receive needed care at Portsmouth.

James A. Lovell Federal Health Care Center

October 2010, marked the completion of the integration of the former Naval Health Clinic Great Lakes and the former North Chicago VA Medical Center into the Captain James A. Lovell Federal Health Care Center. This is the first health care center that sees active duty military, veterans, military family members and military retirees and their family members.

The facility serves patients at five locations in Northern Illinois and Southern Wisconsin. These include the 107-acre West Campus at 48 buildings in North Chicago, Ill.; and five branch medical clinics on the East Campus at Naval Station Great Lakes, Ill. There are also three community-based outpatient clinics: two facilities in Evanston and McHenry, Ill., and one in Kenosha, Wis.

Taxpayers are expected to save approximately \$20 million annually from the integrated operations. The combined staff cares for a larger population of patients, and patients benefit from robust, state-of-the-art health care.

Naval Health Clinic New England, Newport, R.I., also encompasses Naval Branch Health Clinics Groton, Conn.; Portsmouth, N.H.; and Saratoga Springs, N.Y.

New processes at Newport and Groton utilize a scanning pilot program for the military's electronic health record. This state-of-the-art program is running smoothly at both sites with Portsmouth and Saratoga Springs to follow soon.

Major diagnostic imaging equipment was purchased for Newport and Groton's Radiology Departments. Digital radiography systems and state-of-the-art ultrasonic scanning machines were acquired. Additionally, ScriptPro Telepharmacy is now utilized NHCNE-wide; NBHC Groton had an automated eye lane, new screening room, new slit lamp and retinal cameras valued at over \$130,000 installed in its Optometry Clinic. NHCNE's only Chiropractic Clinic was established at NBHC Groton in the summer.

NHCCP was selected to participate in the joint Department of Defense / Department of Veterans Affairs Disability Evaluation System pilot program, a collaboration between DoD and the Department of Veterans Affairs to provide uninterrupted care and support as the service member transitions from active duty to veteran.

Naval Hospital Camp Lejeune

The core hospital and six branch health clinics serve 150,000 eligible beneficiaries, see 1,526 outpatients, perform 16 same-day surgeries, fill 2,700 prescriptions, conduct 2,400 lab tests, deliver 6 babies and admit 13 patients every day.

The hospital provides enhanced services to deploying Marines and Sailors by adding a mobile screening unit to the Deployment Health Center, to conduct post-deployment health reassessment (PDHRA) surveys. The mobile unit is staffed with a provider who visits Ma-

rine Corps units in garrison to conduct interviews and address concerns they have developed during deployment.

In July, NHCL cut the ribbon to officially open the Mental Health Central Intake and Referral Center (CIRC). The CIRC provides a "one stop" coordination of care, improve appointing, referral process, and access to mental health services.

NH Camp Lejeune introduced the MEDEVAC Welcome Back program in November, which expedites care to wounded Sailors and Marines returning from the battlefield. The program enables a medical team to support and provide initial medical treatment to service members medically evacuated from combat 24/7. Follow-up specialty care appointments are available the next business day, and hospital berthing accommodations are provided during the appointment wait time, if needed. During its first month, more than seven patients were treated through the program.

NHCL broke ground on a \$78.3 million construction and renovation project in December, the first major upgrade to the hospital since its inception in 1983. It is expected to be completed in January 2015.

Navy Medicine East is comprised of:

- NMC Portsmouth, Va.
- NH Pensacola, Fla.
- NH Jacksonville, Fla.
- NHC Corpus Christi, Texas
- NH Beaufort, S.C.
- NHC Charleston, S.C.
- NHC Cherry Point, N.C.
- NH Camp Lejeune, N.C.
- Capt. James A. Lovell Federal Health Care Center, Ill.
- NHC New England-Newport, R.I.
- NH Guantanamo Bay, Cuba
- NH Sigonella, Italy
- NH Naples, Italy
- NH Rota, Spain
- NDC Camp Lejeune/2nd Dental Battalion
- There are also numerous branch health clinics .

NAVY MEDICINE EAST



GUANTANAMO BAY, Cuba (Jan. 13, 2010) U.S. Navy sailors transport an injured U.S. citizen from a Coast Guard helicopter to the Naval Hospital at Guantanamo Bay, Cuba. The American, an employee of the U.S. Embassy in Port-au-Prince, Haiti, was injured during a 7.0 magnitude earthquake that struck Haiti on Jan. 12, 2010. DoD photo by Chief Petty Officer Bill Mesta, U.S. Navy. (Released)

Naval Health Clinic Corpus Christi

Naval Health Clinic Corpus Christi, Texas was the #1 Naval Health Clinic in patient satisfaction for all of BUMED fourth quarter FY09 and first quarter FY10. It is comprised of NHCCC and its branch health clinics at Naval Air Station Kingsville, and Joint Reserve Base, Naval Air Station Fort Worth, Texas.

NHCCC's referral reconciliation process was streamlined to enhance patient care by quickly capturing and posting legible referral results in patients' electronic medical records. Clinic primary care managers refer patients to network providers for specialty care, but were limited to paper processing that made tracking and measurable metrics difficult. Now the paper process has been eliminated. The referral reconciliation process closed over 13,000 referrals in FY09, resulting in increased continuity and avoiding delays in patient care.

Naval Health Clinic Charleston

In September 2010, Naval Health Clinic Charleston, S.C., moved to the new John G. Feder Joint Ambulatory Care Clinic at Joint Base Charleston

Weapons Station. The modern 188,000 square-foot facility is geographically closer to the clinic's largest patient population. Patients have been treated in the new facility since September 2010.

The Charleston clinic continues to expand its relationship with the Ralph H. Johnson VA Medical Center by working together and sharing resources. Numerous performance improvement initiatives to enhance patient satisfaction and save resources and taxpayer dollars have been implemented.

Naval Hospital Beaufort

Naval Hospital Beaufort, S.C., and its two Branch Medical Clinics (Marine Corps Recruit Depot, Parris Island and the other at Marine Corps Air Station, Beaufort) provide general medical, surgical and emergency services to active duty Navy and Marine Corps personnel, as well as retirees and dependents, a total population of approximately 35,000 beneficiaries.

Beaufort was the first Navy facility to implement RESPECT.MIL, a system of primary care to better recognize and manage Post-Traumatic Stress Disorder and depression. It was established at Marine Corps Air Station to mutually support re-engineering systems of primary care treatment in the military services to the MCAS military medical community.

On Sept. 16, Beaufort became a tobacco-free campus and offers Tobacco



CORPUS CHRISTI, Texas (Sept. 29, 2010) Hospital Corpsman 3rd Class Winston Holland, assigned to Naval Health Clinic Corpus Christi, speaks with students during a heroes lunch honoring the local military and area first responders at Blaschke Sheldon Elementary School in Ingleside, Texas. Holland and fellow staff members were guests of the school's fifth and sixth-grade students. U.S. Navy photo by Bill W. Love. (Released)

Cessation classes to active duty, dependents, retirees and hospital employees.

Naval Hospital Jacksonville

The core hospital and six branch health clinics serve 215,000 beneficiaries, see 1,500 outpatients, perform 11 same-day surgeries, fill 3,600 prescriptions, conduct 3,000 lab tests, deliver three babies and admit 12 patients every day.

The hospital's new 62,000 square-foot, three-story addition and renovations opened in July. It includes a new 28,000 sq. ft., state-of-the-art operating room area; a PT/OT space with an aquatic treadmill and other specialized equipment to expand care to Wounded Warriors; new Labor & Delivery suites coupled with the Maternal Infant Unit; renovations to the laboratory; and a new Multi-Service Unit.

At any given time this year, 10 to 15 percent of its military staff were meeting combat needs, humanitarian missions and disaster relief – making it one of the Navy's most deployed medical treatment facilities with 34,400 mission days.

New programs, innovations and its approach to care is reflected in NH Jacksonville's patient satisfaction which was ranked at 92 percent and 88 percent in Navy Medicine's Monitor and ICE patient surveys, respectively.

Naval Hospital Pensacola

Naval Hospital Pensacola, Fla. (NHP), is comprised of the core hospital and its 11 Branch Health Clinics.

In January 2010, NHP officially opened its new inpatient ward, part of a two-year, \$18.5 million improvement project that includes the renovation of the old inpatient ward scheduled to open in January 2011. The ward will offer private or semi-private rooms, larger, wheelchair-compatible bathrooms, four negative-pressure rooms, new medical equipment, and TVs that allow patients to order movies or play interactive games.

NHP deployed 35 staffers to the Navy hospital ship USNS Comfort to assist in humanitarian efforts in Haiti following January's earthquake.

In 2010, NH Pensacola added new full-field digital mammography with digital stereotactic. The system is one of the more advanced available in north-west Florida, and became the first MTF in Navy Medicine to implement the

Hologic digital system, which provides enhanced imagery to help radiologists with patient diagnoses. Digital mammograms also result in less radiation exposure to the patient.



FORWARD OPERATING BASE LAGMAN, Afghanistan, (April 4, 2010) U.S. Navy Hospital Corpsman 3rd Class Kevin Hines, assigned to Naval Hospital Jacksonville, Fla., prepares an intravenous drip for a severely injured Afghan man. Hines is part of the 20-person Navy Forward Surgical Team 4509, which consists of medics and doctors from 12 different commands. U.S. Navy photo by Chief Mass Communication Specialist Jeremy L. Wood. (Released)

NAVY MEDICINE WEST

NMC San Diego (Balboa)

More than 250,000 San Diego residents are eligible for care at NMCS D, with nearly 100,000 beneficiaries enrolled. NMCS D is a 268-bed multispecialty hospital and ambulatory complex with a staff comprised of more than 6,200 military, civilian, contractor and volunteer personnel. In addition to being recognized as an amputee center of excellence, the hospital has achieved national acclaim for many of its clinical and research programs, including refractive surgery, post-traumatic stress, and hearing and balance disorders. NMCS D personnel deploy to support US Military Hospital Kuwait, the I and III Marine Expeditionary Forces, numerous humanitarian missions afloat and ashore and as individual augmentees. Recently, the NMCS D staff has been recognized for excellence by such organizations as the American College of Surgeons, the American College of Obstetricians and Gynecologists, Athena International, and the San Diego Business Journal.

Highlights

- 11 primary care clinics offering active duty and family care extending from Miramar to El Centro



SAN DIEGO (Dec. 3, 2010) Naval Medical Center San Diego Sailors stand in formation during a command uniform inspection. U.S. Navy Photo by Mass Communication Specialist 2nd Class Chelsea A. Radford. (Released)

- Dental Clinics caring for active duty
- 1200+ Officers
- 2000+ Enlisted
- 2100+ Civilians
- 750+ Contract civilians

Naval Hospital Twentynine Palms

Twentynine Palms, also called the Robert E. Bush Naval Hospital contains 22 beds but has room to expand to 36. The hospital has an Emergency Medical Department, four operating rooms (OR), the new seven bed Desert Beginnings Labor Delivery Recovery and Postpartum (LDRP) Unit, and 15 bed Multi-Service Ward (MSW) for inpatient care. Modern full-service pharmacy, laboratory, radiology departments and a physical therapy clinic are also available to beneficiaries.

Highlights

- Population served: 30K + 24K Transients and 9,100 OP Forces
- Eligible Beneficiaries: 21,178
- Enrollees: 12,103
- Birth Stats: CY09 511; CY 10 to Jul. 10: 310
- Branch Clinics: China Lake and Bridgeport
- 8 to 12% of staff deployed

Naval Hospital Camp Pendleton

Naval Hospital Camp Pendleton is a 72 bed facility overlooking Lake O'Neill and is located approximately 12 miles from the main gate at Marine Corps Base, Camp Pendleton, Calif. Services



YOKOSUKA, Japan (Sept. 16, 2010) U.S. Naval Hospital Yokosuka's Decontamination (DECON) Team decontaminates a simulated patient during a training session Sept. 16. This training session included a timed exercise in which the DECON Team was required to set up all equipment, don personal protective equipment and decontaminate two patients in less than 20 minutes. U.S. Navy photo by Richard McManus. (Released)

available include internal medicine, family medicine, pediatrics, ENT (Ears, Nose and Throat), cardiology, pulmonary, audiology, urology, optometry, ophthalmology, gynecology, gastroenterology, allergy, obstetrics, dermatology, orthopedics, sports medicine, mental health, general surgery, nuclear medicine and emergency room.

Highlights

- Population served: 175K
- Enrollment: 76,551
- Branch Clinics: 8
- Vital Stats: 1538 births/year
- Highlights
- Opened Deployment & Behavioral Health Center
- Psychological Health Pathway
- BUMED Performance Based Budget Award
- BRAC Closure BHC Barstow

Naval Hospital Bremerton

Naval Hospital Bremerton (NHB) is a community-based acute care and obstetrical hospital, offering expert primary care, emergency care and a broad range of medical and surgical specialties, with 36 inpatient beds (with expansion capacity to 72+). NHB is the parent command for three Naval Branch Health Clinics and the Puget Sound Family Medicine Residency Program. The three clinics are located at Puget Sound Naval Shipyard, NBK Bangor and Naval Station Everett. Naval Hospital Bremerton and its clinic's staff consist of over 1,400 dedicated military, civilian, contract and American Red Cross volunteer personnel.

Highlights

- Population served: over 85,000 eligible beneficiaries
- Further improved patient satisfaction/access/safety/quality
- Improved Referral Management reporting

Naval Hospital Lemoore

Naval Hospital Lemoore is a 150,000 sq. ft. community hospital that houses 16 inpatient beds, has four operating rooms, six LDRP units, and is staffed by 376 personnel.

Highlights

- Population served: 31k
- Branch Clinics: 2
- Births per month: 29
- Admissions per month: 69
- Outpatient Visits per month: 11,652
- Prescriptions per month: 19,030
- \$5M Hornet Health Clinic renovation
- OHI/TPC leader, 2009 MHS largest increase by percentage and UBO Team Award
- Top 100 Most Wired Small and Rural Hospitals 2009
- Facility Improvements – Parking lots, interior floors, signs, and waiting areas

Naval Hospital Oak Harbor

NH Oak Harbor (NHOH) is a 12 bed hospital that contains three ORs and is located on Naval Air Station, Whidbey Island (NASWI). It is one of three rural community hospitals within a 40-mile radius. The hospital serves active duty, their family members, eligible retired military personnel, and their families. Ambulatory services include Dental Clinic; Urgent Care Clinic;

SAN DIEGO (Jan. 1, 2010) – Baby James Earl Jones Jr. is the first baby born in 2010 at Naval Medical Center San Diego. Proud parents Marine Sgt. James Jones and his wife Wendy, welcomed James born at 5:16 a.m. he weighed in at 6 pounds, 12 ounces. U.S. Navy photo by Mass Communication Specialist 1st Class Anastasia Puscian. (Released)



SAN DIEGO (Dec. 01, 2010) Adrian Taglier and daughter Gianna, a Pediatrics patient at Naval Medical Center San Diego (NMCS), get a close look at a hedgehog from the San Diego Zoo. The San Diego Zoo brings animals to NMCS throughout the year to help with patient recovery and raise morale. U.S. Navy Photo by Mass Communication Specialist Seaman Joseph A. Boomhower (Released)

NAVY MEDICINE WEST



YOKOSUKA, Japan (June 30, 2010) Blue Star flags honoring 46 U.S. Naval Hospital Yokosuka medical providers, nurses, corpsman and administrative support personnel who are currently deployed as Individual Augmentees around the world in support of Overseas Contingency Operations are cleaned and organized by members of the command Junior Enlisted Association. Blue Star flags have been displayed by families, loved ones and organizations since World War I to honor servicemembers who are serving their country in war. U.S. Navy photo by Ben Avey. (Released)

Family Medicine; General Surgery; Internal Medicine; Labor and Delivery; Laboratory; Pharmacy; Radiology; Mental Health; OB/GYN; Occupational Health; Flight Medicine; Deployment Health Center; Optometry Clinic; Orthopedic Clinic; Pediatrics; Same-Day Surgery; Physical Therapy; Preventive Medicine; and a Substance Abuse and Rehabilitation Program.

Highlights

- Population served: 28K
- Births per year: 395
- Outpatient Visits per year: 139,838
- Blue "H" Gold Star Award for Health Promotion and Wellness (third consecutive year)
- Blue "M" for 12 or 18 NASWI Squadrons

Naval Hospital Guam

Naval Hospital Guam is comprised of the main hospital in Agana Heights, and two branch clinics, medical and dental, on Naval Base Guam. The Naval Hospital's staff consists of 516 Active Duty and 201 civilians, contractors, reservists, and volunteers who serve more than 26,000 beneficiaries. It has a 38

bed community hospital with full scope primary care, ER and limited specialty services.



SAN DIEGO (May 16, 2010) Naval Medical Center San Diego (NMCS) Marine Sgt. Christopher Lawrence (right) finishes the 24th annual Coronado Bay Bridge Run/Walk along with NMCS physical therapist Kristin L. Valent. This is the third year that Lawrence has competed in the race. The first year he competed on a hand cycle, last year walked and this year he ran continuously for the entire four mile race. U.S. Navy Photo by Mass Communication Specialist 3rd Class Jake Berenguer. (Released)

Highlights 2009

- Annual patient visits: 110,000
- Annual dispositions: 2,200
- Annual births : 450
- Branch Clinics: 1 BMC, 1 BDC
- MHS Patient Safety Award
- US Defense Representative Guam Community Service/Sister Village Sister School Award
- Navy Medicine Silver "Blue H" Award for Health Promotion and Wellness
- Flagship Award for Personal Excellence Partnership
- Flagship Award for Health, Safety, and Fitness
- BUMED Retention Excellence Award

Naval Hospital Okinawa

U. S. Naval Hospital Okinawa is the largest overseas hospital in the United States Navy and provides professional health care for the more than 55,000 beneficiaries on Okinawa and referral services for nearly 175,000 beneficiaries distributed around the Pacific.

Highlights

- Scope: In & Outpatient Care, OB/GYN, ICU, ENT, IM
- Branch Medical and Family Practice Clinics: 9
- Vital Stats: Referral center for the Western Pacific
- Consolidated Breast Health Center
- “Voice of the Customer” Focus Groups
- Execution of H1N1 plan in coordination with Okinawa Prefecture Government & Government of Japan
- New Chiropractor and Healthcare Mediator onboard

Naval Hospital Yokosuka

U.S. Naval Hospital, Yokosuka is the largest U.S. military treatment facility on mainland Japan: a 47-bed core hospital in Yokosuka, near Tokyo. Branch health clinics are located in Sasebo, Iwakuni, Atsugi, Camp Fuji, and Yokohama in mainland Japan; Chinhae, Korea on the southern tip of South Korea; and, Diego Garcia in the Indian Ocean.

Highlights

- Population served: 55,000
- Scope: primary care, specialty care, ancillary and dental
- 7 branch clinics across Japan, Korea and Diego Garcia
- Patients seen daily: 1,063
- Prescriptions filled daily: 550
- Laboratory services performed daily: 820
- Births a day: 2
- Deployed 71 personnel in support of overseas contingency and Navy operations.
- Full laboratory renovation to improve efficiency through a new linear workflow design.

Naval Hospital Hawaii

Located at Pearl Harbor with four branch clinics with Outpatient care that includes PT/orthopedics, mental health, dental, OB/GYN and dermatology.

Highlights 2009

- Population served: 60K

- Patient encounters for FY09: 269 K
- 95% of care in Direct Care
- 54 personnel deployed (4-9% of uniformed staff)
- 12 consecutive ships/subs deployed at 100% overall deployment readiness
- Wounded Warrior Battalion West Hawaii Detachment support
- ANAM Implementation
- EZ Access & Clinic Mgmt



SAN DIEGO (Dec. 01, 2010) Medical Records Technician Shawn Pippins files paperwork into outpatient records in the patient administration department at Naval Medical Center San Diego (NMCS). NMCS currently maintains more than 500,000 records for past and present military members and their families. U.S. Navy photo by Mass Communication Specialist 3rd Class Amanda L. Kilpatrick. (Released)

NAVY MEDICINE NCA

Navy Medicine National Capital Area (NCA) is comprised of the main medical center, National Naval Medical Center, Bethesda, Md., its health clinics: Naval Health Clinic Annapolis, Md., Naval Health Clinic Patuxent River, Md., Naval Health Clinic Quantico, Va., and their branch clinics.

National Naval Medical Center, Bethesda

NNMC is the Navy's third-largest health care delivery system and provides more than 12,500 ambulatory surgeries and almost 8,000 inpatient admissions each year. As the headquarters for the regional Health Care System, NNMC encompasses facilities in five states and the District of Columbia (Northern Virginia, Maryland, Pennsylvania, West Virginia and New Jersey).

NNMC is comprised of nearly 4,500 professionals who make it their daily mission to accomplish the vision of our medical center. That vision is to be the Flagship of Force Health Protection and operational readiness; to deliver outstanding customer service; maintain outstanding opportunities in graduate medical and dental education and research; and always deliver world-class health care within an integrated system.

NNMC is functionally integrated with our Air Force and Army medical counterparts as a joint military team of care providers that offers synergy and revolutionary collaboration.

Statistics:

243 Acres

- 88 Buildings
- 257 Total Beds
- 7,960 admissions (2006)
- 455,503 Visits to Hospital Clinics (2006)
- 128 Average Daily Patient Load (2006)
- 2,015 Births (2006)
- 4,540 Total Staff Members (including 1,591 enlisted; 1,081 Officers; 1,868 Civilians - 2006)

NNMC is the Navy's third-largest health care delivery system and provides more than 12,500 ambulatory surgeries and almost 8,000 inpatient admissions each year. As the headquarters for the regional Health Care System, NNMC encompasses facilities in five states and the District of Columbia (Northern Virginia, Maryland, Pennsylvania, West Virginia and New Jersey).

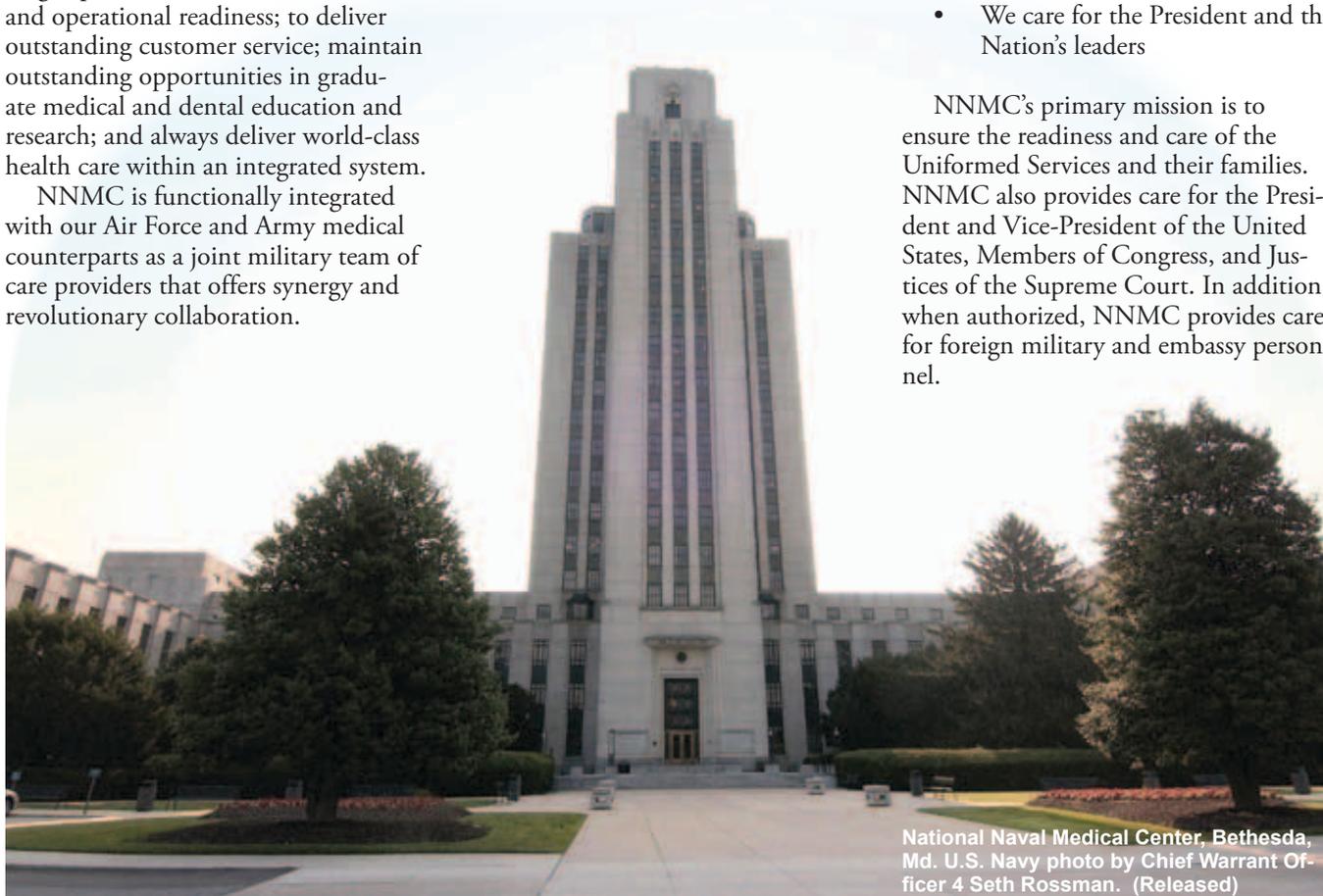
Our Vision

We are the epicenter of change in military medicine, leading the way to an integrated continuum of world-class patient and family centered care.

As the Flagship of Navy Medicine:

- We provide the nation's best casualty care
- We maximize readiness and promote wellness for our Uniformed Services
- We provide quality patient and family-centered care
- We develop and export innovation in healthcare
- We lead the way in integration for the National Capital Area healthcare system
- We provide robust education and professional development programs
- We serve as a resource for homeland defense and humanitarian assistance
- We care for the President and the Nation's leaders

NNMC's primary mission is to ensure the readiness and care of the Uniformed Services and their families. NNMC also provides care for the President and Vice-President of the United States, Members of Congress, and Justices of the Supreme Court. In addition, when authorized, NNMC provides care for foreign military and embassy personnel.

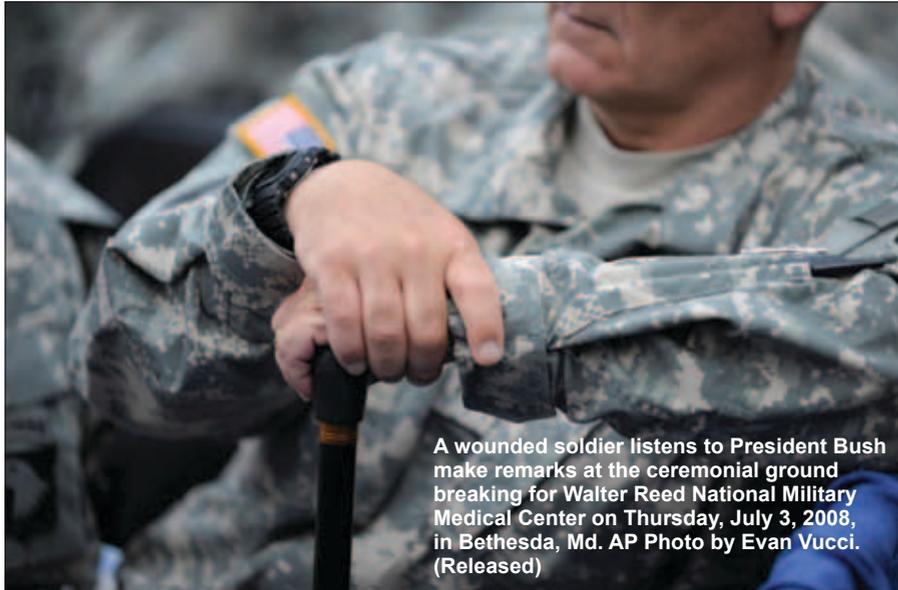


National Naval Medical Center, Bethesda, Md. U.S. Navy photo by Chief Warrant Officer 4 Seth Rossman. (Released)

Walter Reed National Military Medical Center (WRNMMC), Bethesda, Md.

The new WRNMMC will result in the integration of NNMC and WRAMC into one consolidated location. The enhanced facility will be staffed by personnel from the Navy, Army and Air Force. The existing Walter Reed main installation is mandated to close by 2011 according to the BRAC law.

Specific changes at the realigned Bethesda include construction and renovation of approximately 2,400,000 square feet of clinical and administrative space to support BRAC-mandated actions. The WRNMMC is slated to be an approximately 345-bed Medical Center with the full range of intensive and complex specialty and subspecialty medical services, including specialized facilities for the most seriously war injured. This facility will be the U. S. military's worldwide tertiary referral center for casualty and beneficiary care.



A wounded soldier listens to President Bush make remarks at the ceremonial ground breaking for Walter Reed National Military Medical Center on Thursday, July 3, 2008, in Bethesda, Md. AP Photo by Evan Vucci. (Released)

Deploying to Support Missions

NNMC staff members provide care around the world via Hospital Ship USNS COMFORT and several other Operational Platforms. In 2003, nearly 800 NNMC staff deployed aboard USNS Comfort to support Operation Iraqi Freedom. In 2005, more than 500 NNMC staff members deployed on a six-week mission aboard USNS Comfort to support Hurricane Katrina Relief efforts in the Gulf. At any given time, dozens of NNMC staff are deployed around the globe to places like Iraq and Kuwait to support the Global War on Terrorism.

Leadership

NNMC is an active status facility with an active duty command leadership.

NNMC is under the regional command of Navy Medicine National Capital Area and receives resources and technical support from the Navy Bureau of Medicine and Surgery, commanded by the Surgeon General of the Navy.

Caring for Our Wounded Heroes

Since 2003, NNMC has treated more than 1,600 war wounded service members, including Army, Navy, Marine Corps, and Air Force personnel. NNMC is the designated hospital for Navy and Marine casualties returning to the continental United States from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

Additionally, NNMC is the only Defense Department facility capable of comprehensive complex neurocritical care for wartime Traumatic Brain Injury patients.

Patient Services

- Allergy and Immunology
- Ambulatory Procedure Unit
- Ambulatory Surgery Center
- Anesthesia
- Armed Forces Center for Child Protection
- Armed Services Blood Bank Center
- Behavioral Health Care
- Breast Care Center
- Cardiology

- Cardiothoracic Surgery
- Child and Adolescent Behavioral Health Department
- Chiropractic Department
- Clinical Nutrition
- Cochlear Implants
- Cosmetic Surgery
- Dental Readiness Clinic
- Dermatology
- Diabetes Care Center
- Educational and Developmental
- Intervention Services (EDIS)
- Emergency Medicine Department
- Endocrinology
- Exceptional Family Member Program
- Gastroenterology
- General Surgery
- Geriatric Medicine
- Health Promotion and Physical Fitness Assessment (PFA)
- Health Readiness Department
- Hearing Conservation
- Hematology / Oncology
- Navy Central HIV Program
- Immunization Clinic
- Industrial Hygiene
- Infection Prevention & Control

NAVY MEDICINE NCA

- Services
- Inpatient Medicine
- International Travel Clinic
- Internal Medicine Clinic
- Laboratory Anatomic and Clinical Pathology
- Laser Vision Center
- Medical & Reproductive Genetics
- Mother & Infant Care Center and Couplet Care (MICC)
- Neonatal Intensive Care Unit (NICU)
- Nephrology
- Neurology
- Neurosurgery
- Nutrition Management
- Obstetrics & Gynecology
- Occupational Health Clinic
- Occupational Safety
- Occupational Therapy
- Oncology
- Operating Room
- Ophthalmology (Eye Clinic)
- Optometry Department
- Oral and Maxillofacial Surgery
- Otolaryngology Surgery (ENT)
- Pediatric Medicine
- Pediatrics Neurodevelopmental Division
- Pharmacy
- Physical Medicine & Rehabilitation
- Physical Therapy
- Podiatry
- Plastic & Reconstructive Services (Pediatric & Adult)
- Post Anesthesia Care Unit
- Preventive Medicine & Environmental Health Services
- Psychological Health and Traumatic Brain Injury (PH-TBI)
- Pulmonary Medicine
- Radiology
- Rheumatology
- Social Work Division, Clinical Care Management Department
- Speech Language Pathology
- Sterile Processing
- Substance Abuse Department
- Transfusion Services
- Urology
- Vascular Surgery

Branch health clinics:

Carderock, Dahlgren, Earle, Indian Head, Lakehurst, Mechanicsburg, NAD Washington, Naval Research Lab, Philadelphia Business Center, Sugar Grove, USUSHS, Washington Navy Yard and Willow Grove.

NHCL Annapolis

Population Served: 18,000+
 Average Annual Outpatient visits: 92,104
 Average Annual lab tests: 66,871
 Annual Average Dental visits: 13,424

National Naval Medical Center: Psychological Health/Traumatic Brain Injury (PH/TBI) Program

The PH/TBI team located in 7 east wing at National Naval Medical Center Bethesda, Md. practices a revolutionary policy to help wounded warriors with traumatic brain injuries. TBI symptoms may not be obvious for years and more than 50 percent of the patients the PH/TBI treats are outpatients years after their initial injury.

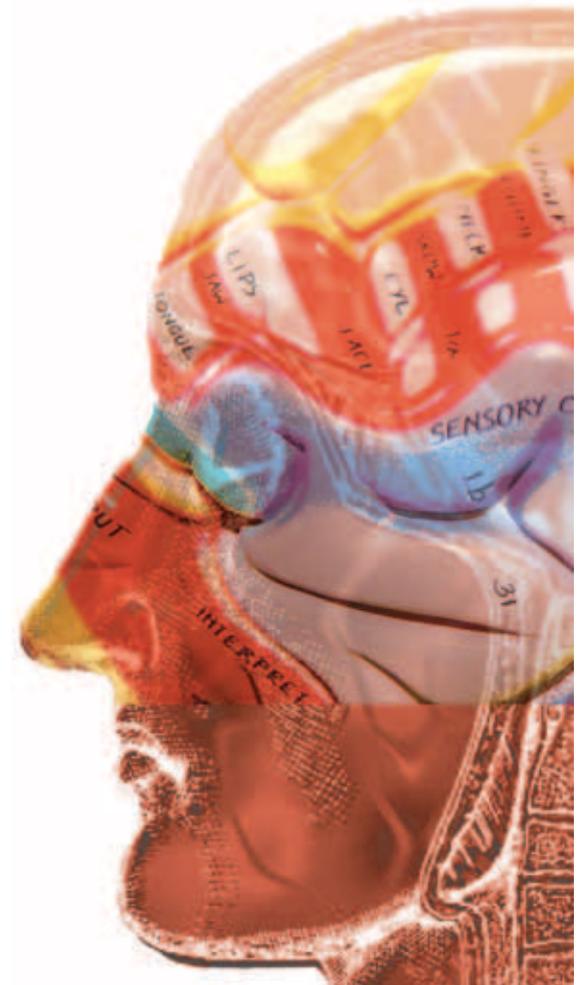
The repercussions resulting from a TBI may include difficulties with balance and coordination, hearing and understanding speech, limb movement difficulties and loss of vision. Other brain functions the team are interested in include the higher brain functions such as memory, the ability to organize and multi-task, what controls personality and emotional regulation.

The PH/TBI staff consists of more than 80 specialists and support staff. At least twice a week, they meet with a patient's medical doctors to assess the status of the patient. This is to ensure that one treatment plan or medication from one doctor will not interfere with that of another.

This multidisciplinary model of treatment with psychiatrists and psychologists in the same team as surgeons and rehab doctors is new and not practiced anywhere else in the world and constitutes a policy of not waiting until people have trouble. The PH/TBI team works alongside trauma surgeons in order to evaluate injuries and to predict the types of problems a patient will have from their brain injuries.

Their mission is to screen every incoming casualty for the presence of TBI and other psychological or psychiatric complications of combat.

When a patient arrives with a head injury, they first receive life-saving care to stabilize their condition and then every patient meets with a psychiatrist, regardless of injury. This method of establishing an open line of communication between behavioral health providers and medical doctors began in April 2009. The team also opens and maintains lines of communication with the patient's family.



Annual prescriptions filled: 137,708
Branch Health Clinics: BHC
Bancroft Hall, BHC Wallops Island

NHCL Patuxent River

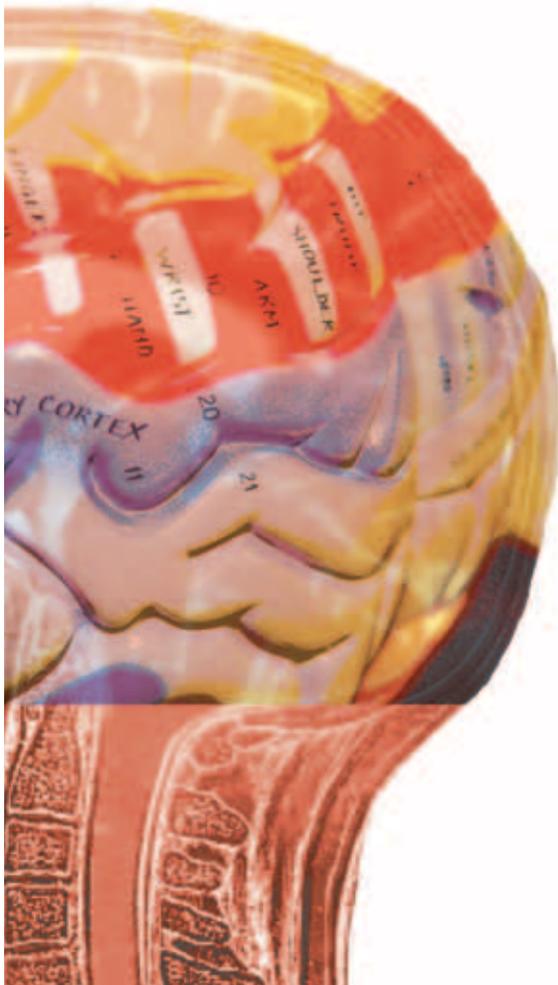
Population Served: 21,000+
Average Annual Outpatient visits:
66,935
Average Annual lab tests: 66,935
Average prescriptions filled: 102,841
Branch Health Clinics: None

NHCL Quantico

Population served: 45,000+
Average Annual Outpatient visits:
129,146
Average Annual lab tests: 145,410
Annual Average Dental visits: 22,056
Annual prescriptions filled: 115,132
Branch Health Clinics: BHC Bradley,
BHC Ray Hall



BETHESDA, Md. (Dec. 2, 2010) First lady Michelle Obama and Fisher House Foundation Chairman Ken Fisher cut a ribbon during a dedication ceremony for the first of three new Fisher Houses at the National Naval Medical Center. The new houses will be in addition to the two houses currently on campus. The residences will provide free lodging for the families of as many as 60 sick and injured service members. U.S. Navy Photo by Cat DeBinder. (Released)



School of Medicine and Graduate School of Nursing

The F. Edward Hébert School of Medicine (SOM) serves a critical and unique responsibility for the nation, educating students to assume two unique roles – as physicians skilled in delivering comprehensive medical care and as trained medical officers delivering this care in defense of our nation, often under adverse and austere conditions.

A comprehensive understanding of the operations of military communities is key to the success of a uniformed physician. For that reason, the SOM curriculum contains all content required to maintain status as an Liaison Committee on Medical Education (LCME) accredited medical school, while adding an additional 500 hours of military unique content. Additional emphasis is placed on areas critical to the uniformed physician, including trauma and emergency medicine, infectious disease and parasitology, humanities and behavioral sciences, and principles of leadership and teamwork. While the quality of the core medical education remains consistent with other notable medical academic institutions, Uniformed Services University (USU) of the Health Sciences follows a four-year curriculum designed

to graduate competent, compassionate, dedicated physicians able to combine a medical career with that of an officer in the Army, Navy, Air Force or Public Health Service.

The SOM is tuition-free. Students earn the pay and benefits of an ensign or second lieutenant throughout their four years at USU. In exchange, upon graduation, they incur an obligation of seven years service to the nation. It's worth noting that more than 76 percent of USU graduates choose to remain on active duty until retirement.

Designed for baccalaureate prepared registered nurses, USU's graduate nursing program trains students to be family nurse practitioners, anesthesia nurse practitioners, or perioperative clinical nurse practitioners.

The program emphasizes research and gives students an in-depth critical care learning environment from which to learn. While USU has a remarkable worldwide reputation as a center of excellence, many of its students, faculty and alumni attribute its culture – combining a passion for medical science with a commitment to national service – to its remarkable impact.



Navy Medicine Support Command

Meeting The Force Health Protection Mission By
Providing Superior Support To Navy Medicine

“The mission of Navy Medicine Support Command (NMSC) is to provide a single point of accountability for all support services within Navy Medicine; exercise command and control, and financial management oversight over subordinate commands assigned; and carry out the necessary course of action to ensure the economical and effective delivery of Navy Medicine enterprise-wide support services. How well we perform our mission is critical to the success of the Navy and Marine Corps and will be evident in the execution of the Navy Medicine mission of force health protection and healthcare delivery in all venues of the globe. Just as the Navy has adopted the banner: ‘America’s Navy, A Global Force for Good,’ so do we find Navy Medicine Support Command providing services throughout the globe in support of the National Security Strategy, the CNO’s Maritime Strategy, and the Surgeon General’s strategic goals and objectives, enabling delivery of the full continuum of healthcare in all venues.”

--- Rear Admiral Eleanor Valentin,
Commander, Navy Medicine Support Command

KEY HEADQUARTERS PROGRAM OFFICES AND DIRECTORATES

Navy Medicine Support Command is organized along the same lines as BUMED with four major codes – M-1 Human Resources, M-3 Operations, M-5 Future Plans and Strategies, and M-8 Resource Management – and the following program offices and directorates:

Visual Information Directorate (VI), Bethesda

Plans, controls, manages and executes all aspects of Visual Information, Audiovisual Production, Medical Graphic Arts, Medical Photography, and Video Teleconferencing services in support of Navy Medicine’s worldwide medical and dental imaging requirements.

Centralized Credentials and Privileging Directorate (CCPD)

Responsible for credentialing and privileging 2,500+ Navy Reserve physicians, dentists, nurses, allied health professionals and dental hygienists. Performs pre-accession credentialing services for Navy Recruiting Command and credentialing of locum-tenens contractors.

Lean Six Sigma (LSS)

Execution of the CNO- and BUMED-mandated approach to continuous process improvement, which is used to track and manage all Navy Medicine projects.

Data Quality Management Control Program (DQMCP)

Develops monitoring tools for collecting and reporting data used

in the DQMC Review List and Commander’s Statement as directed by BUMED.

Navy Medicine Capabilities, Integration and Execution Support (NMCIES)

Provides program management, integration and execution of medical capabilities across the spectrum of Navy Medicine. Current focus is expeditionary medicine training, logistics, facilities and preventive medicine.

Navy Operational Medical Lessons Learned Center (NOMLLC)

Facilitates the collection, identification, analysis, dissemination and integration process for medical lessons learned. Linked with the Joint Lessons Learned System, they address medical input from various portals.

Defense Medical Human Resource System internet (DMHRSi)

Navy Medicine’s manpower and human resource management support system for military, civilian and contractor personnel. Provides access to essential medical manpower, personnel, labor-cost assignment, education and training, and personnel readiness information across DOD medical enterprise.

Expeditionary Medicine Platform Augmentation, Readiness and Training System (EMPARTS)

Provides augmentation, readiness and training information for all active duty personnel at Navy Medicine commands.

Navy Medicine Manpower Analysis Team (NM MAT)

Develops models and uses measurements to determine Navy Medicine shore requirements for BUMED manpower.

Privacy Program Office (HIPAA)

Execution arm of BUMED for compliance with Navy’s privacy and security regulations, HIPAA and Privacy Act.

Navy Medicine Support Command is Navy Medicine’s only global regional command with more than 4,200 personnel at 56 commands, detachments and activities located in nine countries, 13 states and Washington, DC. The scope of Navy Medicine Support Command includes five echelon-four subordinate commands - Naval Medical Logistics Command; Navy Medicine Manpower, Personnel, Training and Education Command; Navy Medicine Information Systems Support Activity; Navy and Marine Corps Public Health Center; and Naval Medical Research Center.

Learn more at :

<http://nmsc.med.navy.mil/>



Naval Medical Logistics Command

Equipping Navy Medicine Forces

Naval Medical Logistics Command (NMLC) supports Navy Medicine as the center of logistics expertise by designing, executing, and administering individualized state-of-the-art solutions to meet customers' medical materiel and healthcare service needs. NMLC subordinate commands include the Naval Ophthalmic Support & Training Activity (NOSTRA) in Williamsburg, Va., the Navy Expeditionary Medical Support Command (NEMSCOM) in Yorktown, Va., and the NMLC Detachment in Pirmasens, Germany. NOSTRA provides optical fabrication services for all operational, contingency, and humanitarian missions worldwide. NEMSCOM designs, builds and ships Expeditionary Medical Facilities and Forward Deployed Preventive Medicine Units.

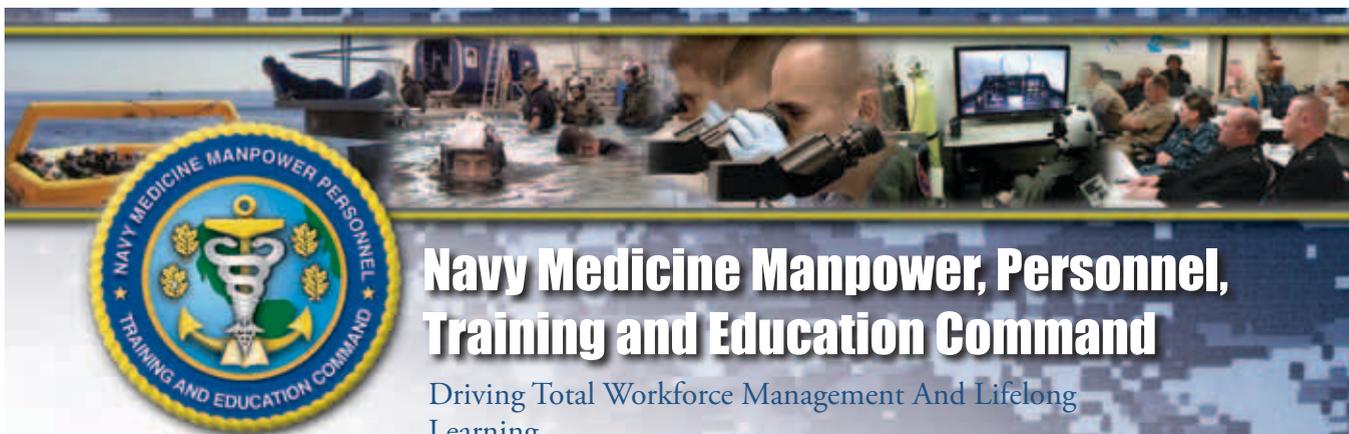
- Pandemic Influenza and Vaccination Program
- Eyewear fabrication for military personnel
- Military Tri-Service Optician School
- Combat eyewear - inserts for gas masks and protective eyewear for combat forces
- Navy's Frames of Choice and G-Eyes eyewear program
- Medical preventive law

Learn more at :
<http://www.nmlc.med.navy.mil>

PROGRAMS

- Navy Medicine contracting, logistical support and consulting for medical and dental services, medical supplies and equipment
- Operational Forces AMALs/ADALs (consumables for ships, healthcare facilities and med-kits)
- Shipboard equipment replacement, new ship construction and overhaul programs
- Navy healthcare contracting analysis
- Biomedical and clinical engineering technical support and program management for Navy medical and dental procurement
- Navy Medicine clinical image management systems (Digital Imaging Network/Picture Archiving and Communications System)
- Design, construction, acquisition and maintenance of Navy expeditionary, deployable medical platforms
- Prime Vendor Program (pre-negotiated prices for common medical quick-fill consumables)
- Defense Medical Logistics Standard Support (DMLSS), Wide Area Work Flow (WAWF) and Standard Procurement System (SPS) program management and execution for Navy Medicine





Navy Medicine Manpower, Personnel, Training and Education Command

Driving Total Workforce Management And Lifelong Learning

Navy Medicine Manpower, Personnel, Training and Education Command (NAVMED MPT&E) located in Bethesda, Md., is the hub for Navy Medicine's medical and operational health services support training and education. NAVMED MPT&E trains over 30,000 federal, civilian and foreign military personnel annually in a wide variety of clinical and operational medicine courses via subordinate activities in more than 50 facilities across the United States.

More than 125 courses of instruction are provided ranging from Special Forces/Surface/Submarine/Dive Independent Duty Corpsman training, survival training for all Naval Aviators, specialized clinical training, graduate education and leadership courses for Hospital Corpsmen, Nurse Corps officers, Medical Corps officers, Dental Corps officers and Medical Service Corps officers. NAVMED MPT&E also operates the largest Navy "A" school, training more than 4,500 Hospital Corpsmen annually.

NAVMED MPT&E is Navy Medicine's arm in the enlisted medical training consolidation at the new Medical Education Training Campus (METC) at Fort Sam Houston in San Antonio, Texas. As a key component of the 2005 BRAC law, METC will be the Department of Defense's largest single training activity ever established and will graduate more than 35,000 students annually from Army, Air Force and Navy in over 100 courses of study. NAVMED MPT&E's Navy Medicine Training Center (NMTC) supports this Tri-service education and training consolidation as the Navy service element command for METC, including the Physician's Assistant School. When fully operational in September 2011, the METC will incorporate 23 "C" schools.

Additionally, NAVMED MPT&E's Navy Operational Medicine Institute (NOMI) in Pensacola, Fla., is responsible for six detachments and nine training centers across the U.S. NOMI's programs include:

- Naval Survival Training Institute (NSTI), Pensacola, Fla. (Includes eight Aviation Survival Training Centers (ASTC) at Naval Air Stations on both coasts.)
- Naval Expeditionary Medical Training Institute (NEMTI), Camp Pendleton, Calif.
- Naval Aerospace Medical Institute (NAMI), Pensacola, Fla. (Trains flight surgeons, other aerospace medical personnel)
- Naval Undersea Medical Institute (NUMI), Groton, Conn. –

(Submarine Independent Duty Corpsmen and other undersea medical personnel.)

- Navy Trauma Training Center (NTTC), Los Angeles Medical Center – (Provides clinical trauma exposure)
- Surface Warfare Medicine Institute (SWMI), San Diego – (Surface Independent Duty Corpsmen and other surface medical personnel)
- Advanced Dental Assistant Program (ADAP), Naval Base San Diego
- Navy Drug and Alcohol Counselor School (NDACS), Point Loma, Calif.
- Naval Special Operations Medical Institute, Ft. Bragg, N.C.
- R. E. Mitchell Center for Repatriated Prisoners of War – DOD's only multi-service ongoing follow-up medical observation of American repatriates

Learn more at:

<http://www.med.navy.mil/sites/navmedmpte>





Navy Medicine Information Systems Support Activity

Ensuring Medical Information Is Accessible And Secure

Navy Medicine Information Systems Support Activity (NAVMISSA) is located in the San Antonio, Texas, Bank of America (BOA) Plaza. NAVMISSA supports Navy Medicine by providing Information Management and Information Technology (IM/IT) programs and services across the Navy Medicine enterprise. This includes medical and dental facilities, and research and specialty Commands. NAVMISSA directly supports the warfighter with IM/IT programs and services worldwide at Navy afloat commands and Marine Corps field operations.

PROGRAM MANAGEMENT

NAVMISSA employs industry best practices including the Project Management Institute principles that ensure it delivers mission-enhancing medical IM/IT products within cost, schedule and quality requirements. The end result is that medical care delivered by Navy Medicine and TRICARE Management Activity (TMA) is optimized by world class IM/IT programs. NAVMISSA supports high-visibility Navy and Joint Systems such as:

- AHLTA
- Essentris
- Individual Medical Readiness
- Theater Medical Information Program

ENTERPRISE SERVICES

Through innovation and leveraging industry's best practices, Enterprise Services ensure that Navy Medicine's IM/IT infrastructure of systems and programs is robust, reliable and secure. Examples of Enterprise Services include:

- Consolidated Call Center
- Data Management
- Engineering Services
- FAM/DADMS
- Information Assurance
- Process 1 million+ emails weekly
- Manage 74,000+ user accounts

NAV MED IT GOVERNANCE PROCESS

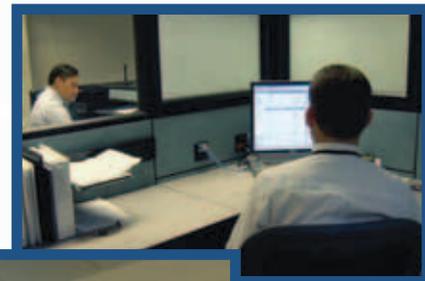
NAV MED organizational governance processes and structures for the oversight of enterprise IT resources.

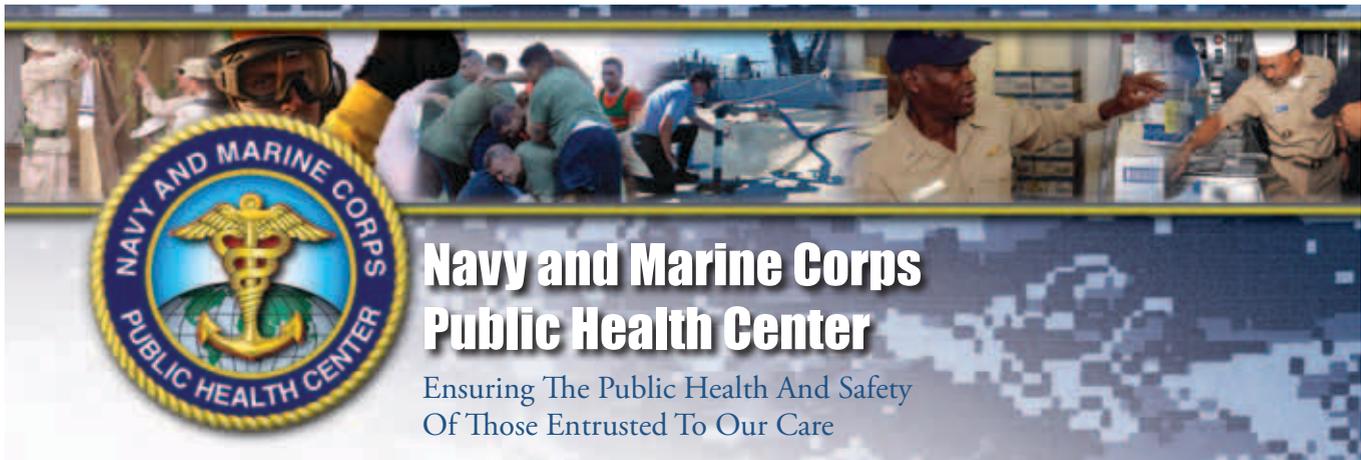
One of NAVMISSA's IT governance objectives is synchronization with the NAV MED governance and strategic objectives. Navy Medicine IT is in the process of implementing an IT governance process, which will be used to facilitate funding and prioritization for new capabilities, existing programs/applications, and services. NAVMISSA plays a key role within this process, including the following functions:

- Total Cost of Ownership (TCO) evaluation of new capabilities
- Supporting board activities (Capabilities Management Working Group and Management Control Board)
- New Capabilities Development
- Life Cycle (Sustainment) Management

Learn more at:

<http://www.med.navy.mil/sites/navmissa/Pages/NAVMISSAHome.aspx>





The Navy and Marine Corps Public Health Center (NMCPHC) and its nine field activities are Navy Medicine's preeminent subject matter experts for public health. Collectively, the mission is to ensure readiness through leadership in the prevention of disease and promotion of health. NMCPHC's field activities play an integral role in public health support to Navy Medicine and Line Leadership, DOD and other Federal agencies.

NMCPHC is the core of Naval Public Health expertise, developing policy, implementing guidance, and providing technical reach-back support in the areas of disease surveillance, disease prevention, health promotion, public health emergencies, and risk communication.

Functions as the BUMED program manager and/or technical representative at interagency meetings and working groups with a public health focus. NMCPHC provides specialized support to policy makers, public health practitioners, medical personnel and war fighters ashore and afloat.

Navy Entomology Center of Excellence (NECE) – technical services and expert training to reduce diseases transmitted by insects and pests. Medical entomologists and preventive medicine techs for operational commitments. Disaster relief and humanitarian assistance. Part of presidential malaria initiative to reduce deaths from malaria.

Navy Drug Screening Labs (NDSL) - Navy and Marine Corps' authority on drug testing and legally defensible testimony.

Navy Environmental Preventive Medicine Units (NEPMUs) – Global, real-time, hands-on public health support.

Forward Deployable Preventive Medicine Unit (FDPMUs) – Operational arm of NEPMUs. Supporting Iraq, Afghanistan and global humanitarian efforts.

Naval Dosimetry Center (NDC), Bethesda – Navy's ionizing radiation dosimetry center of excellence for radiation protection programs.

Navy Central HIV Program (NCHP) – Promotes HIV prevention and provides expert consultation.

Learn more at:

<http://www.nmcpHC.med.navy.mil>





Naval Medical Research Center

Ensuring Navy Medicine Remains At
The Cutting Edge Of Medical Practices

The Naval Medical Research Center (NMRC) executes Navy Medicine's medical research and development program. The NMRC enterprise includes eight medical research commands across the U.S. and overseas in Egypt and Peru. NMRC scientists conduct research in infectious diseases, biological defense, combat casualty care, military operational and expeditionary medicine, bone marrow transplantation, aviation medicine and medical standards, and diving and environmental medicine. Examples of NMRC projects and accomplishments include:

- DNA vaccine trial for malaria
- Respiratory disease surveillance/rapid diagnostics development
- Discovered H1N1 virus
- The graphic novel "The Docs" (mitigate combat stress in expeditionary corpsmen)
- Bio-safety standards for Active Denial System & laser technologies
- Individual submarine escape pods and rescue technology
- Combat Gauze deployed by the Marines
- Millennium Cohort Study (large, long-term study using epidemiology databases)
- Biological Agent Detection devices on board every Navy ship
- Reduced Oxygen Breathing Device (ROBD) (trains flight crews to recognize and manage hypoxia)
- Marine Corps combat body armor design

Learn more at:

<http://www.med.navy.mil/sites/nmrc/Pages/index.htm>



NAVY MEDICINE SUPPORT COMMAND provides a vast array of essential services for Navy and Marine Corps personnel, from developing products and solutions for battlefield medical problems to providing information management and technology to medical and dental personnel worldwide.

*In war and peace, Navy Medicine Support Command
continues to ensure the effective delivery of
enterprise-wide support services to Navy Medicine.*

AFLOAT MEDICAL CAPABILITIES

T-AH (Hospital Ship) Capability	STAFFING
Operating Rooms	12
Intensive Care Unit Beds	100 (includes 20 post-surgical recovery beds)
Intermediate Care Beds	400
Minimal Care Beds	500
Ancillary Capabilities	Laboratory, x-ray, pharmacy, CT scanner, blood storage
Complement (staffing for 1000 beds)	
Medical Corps	66
Nurse Corps	168
Medical Service Corps	20
Dental Corps	4
Hospital Corpsmen	698
Non-Medical Officer	14
Non-Medical Enlisted	244

HOSPITAL SHIPS (T-AH)

Hospital ships are operated by a Military Sealift Command (MSC) and are designed to provide emergency, onsite care, Echelon III, for U.S. combatant forces deployed in war and other operations. The mission of the T-AH is to provide a mobile, flexible, rapidly responsive afloat medical capability to provide acute medical and surgical care in support of CSG/ESG/ATF and Navy/joint forces elements. Functioning under the provisions set forth in the Geneva Convention, they have capabilities equivalent to a CONUS general hospital. The T-AHs secondary mission is to provide full mobile hospital services by designated Government agencies HA/DR or limited humanitarian care to these missions worldwide or peacetime military operations.



AMBON, Indonesia - Hospital Corpsman 1st Class Eiyean Haschke prepares a patient for a CAT Scan aboard the Military Sealift Command hospital ship USNS Mercy (T-AH 19) supporting Pacific Partnership 2010. Mercy was in Ambon participating in Sail Banda 2010, featuring medical and dental care clinics and construction projects in and around Ambon, as well as on Seram Island. U.S. Navy photo by Mass Communication Specialist 2nd Class Eddie Harrison. (Released)

LHD/LHA (Amphibious Assault Ship)			
CAPABILITY	Ship's Company/FST	Ship's Company / FST / MAP	
Operating Rooms	1	4	
Intensive Care Unit Beds	3	15	
Ward Beds	12	45	
Ancillary Capabilities	Laboratory, x-ray, pharmacy, preventive medicine, biomedical repair, aviation physical examination.		
Complement	Ship's Company	FST	MAP
Medical Corps	2	3	11
Dental Corps	1		1
Nurse Corps		3	22
Medical Service Corps	1	1	1
Hospital Corpsmen	19	9	49

AMPHIBIOUS ASSAULT SHIP (LHD, MULTI-PURPOSE)

LHDs are the newest, largest, and most versatile amphibious assault ship. Externally, it resembles an aircraft carrier. The LHD is capable of transporting approximately 1,800 troops along with the helicopters, boats, and amphibious vehicles required for landing them. LHDs have the largest medical capability of any amphibious ship currently in use. LHDs are capable of receiving casualties from helicopter and waterborne craft and are designed to function as primary CRTSs in amphibious operations.

AMPHIBIOUS ASSAULT SHIP (LHA, GENERAL PURPOSE)

LHAs can transport approximately 1,900 troops along with the helicopters, boats, and amphibious vehicles required for landing them. LHAs are capable of receiving casualties from helicopter and waterborne craft and are designed to function as primary CRTSs in amphibious operations. The LHA(R) is expected to replace the LHA in the future.

ATLANTIC OCEAN - Lt. Cmdr. Jason Longwell, flight surgeon for the Sea Knights of Helicopter Sea Combat Squadron (HSC) 22, directs Hospital Corpsman 1st Class Sara Ramos and Hospital Corpsman 3rd Class Julio Guardadorubio as they perform a skin lesion excision aboard the amphibious assault ship USS Wasp (LHD 1). U.S. Navy photo by Mass Communication Specialist 1st Class Andrew McCord. (Released)



LPD (Amphibious Transport) Capability		STAFFING
Operating Rooms (minor surgeries)		2
Ward Beds		2
Dental		2
LCC (Amphibious Command Ship) Capability		STAFFING
Operating Rooms (minor surgeries)		1
Intensive Care Unit Beds		0
Ward Beds		20
Overflow Beds		0
Quiet/Isolation Beds		4
Ancillary Capabilities		Laboratory and x-ray
Complement		
Medical Corps		1
Dental Corps		0
Nurse Corps		0
Medical Service Corps		0
Anesthesia Provider		0
Hospital Corpsmen		12
Dental Technicians		0

LSD Capability		STAFFING
Operating Rooms		
Intensive Care Unit Beds		
Ward Beds		8 (2 isolation beds)
Ancillary Capabilities		Laboratory and x-ray
Complement		
Medical Corps		1
Dental Corps		1
Hospital Corpsman		9

AS (Submarine Tender) Capability		STAFFING
Operating Rooms		1
Intensive Care Unit Beds		0
Ward Beds		12
Ancillary Capabilities		Laboratory, x-ray, and pharmacy
Complement		
Medical Corps		2
Medical Service Corps		1 (Radiation Health)
Independent Duty Corpsmen		2
Hospital Corpsmen		10

SURFACE COMBATANTS

The surface combatant ships, cruiser (CG), destroyer (DD/G), and frigate (FF) have limited HSS capabilities and staffing.

Their ancillary capability consists of basic laboratory. They are manned by at least one Independent Hospital Corpsman (NEC 8425) and one general duty junior HM.

Cruiser (CG)
Destroyer (DD/G)
Frigate (FF)
Littoral Combat Ship (LCS)

AMPHIBIOUS TRANSPORT DOCK (LPD)

The mission of the LPD is to transport and land Marines, their equipment and supplies by embarked landing craft or amphibious vehicles augmented by helicopters. The LPD San Antonio class contains enhanced command and control features and a robust communications suite that improves its ability to support embarked landing forces, joint and friendly forces. They could be used as emergency or overflow CRTSs if augmented with medical personnel and supplies.

AMPHIBIOUS COMMAND SHIP (LCC)

LCCs serve as command centers for amphibious operations. These ships are equipped with sophisticated electronic and communications equipment and normally serve as the flagship of both the CATF/ESG and CLF. LCCs have adequate medical facilities to care for embarked personnel but their limitations preclude use as CRTSs.

DOCK LANDING SHIP (LSD)

The mission of the dock landing ship (LSD) is to transport and land Marines, their equipment and supplies either by embarked landing craft or amphibious vehicles augmented by helicopters and to support amphibious operations including landings via landing craft air cushion (LCAC). Although called a landing ship, the LSD does not beach. These ships are similar to LPDs with larger well decks but limited troop and cargo carrying capacities. LSDs offer limited use as CRTSs if augmented with medical personnel and supplies.

The LCS will transform naval operations in the littorals and perform Special Operations Forces (SOF) support, high speed MIO, Intelligence, Surveillance and Reconnaissance (ISR), and Anti-Terrorism/Force Protection. As the LCSs are being built the core crew are expected to be approximately 40 personnel and the medical support for the various missions.

CVN CAPABILITY	STAFFING
Operating Rooms	1
Intensive Care Unit Beds	3
Ward Beds	52
Ancillary Capabilities	Laboratory, x-ray, pharmacy, preventive medicine, biomedical repair, aviation physical examinations, radiation health, spectacle fabrication
Complement (Ship's Company and Air Wing)	
Medical Corps	6* - * Includes embarked physicians
Dental Corps	5
Nurse Corps	2** - ** Includes certified registered nurse anesthetist if anesthesiologist is not on board
Medical Service Corps	5
Hospital Corpsmen	47

AIRCRAFT CARRIERS (CVN)

The mission of the CV/CVN is to operate offensively in a high density, multi-threat environment as an integral member of a Carrier Strike Group (CSG) or expeditionary strike group (ESG); and to provide credible, sustained forward presence, conventional deterrence, and support aircraft attacks in sustained operations in war. Supportive missions, including medical support of the crew members aboard, are facilitated by a self-sufficient carrier hospital, which is a 52-bed, level "2-plus" facility. The carrier's medical department also serves as a consultative and primary MEDEVAC facility for the other vessels within CSG/ESG, which may consist of another six ships and some 2,000 crewmembers.

The CSG/ESG is a tactical organization of surface and subsurface combatants, maritime aviation, assault and transport troops and their equipment for expeditionary operations. The notional ESG elements are:

- Amphibious assault ship
- Amphibious transport docks
- Surface combatants (guided missile cruisers, destroyers or frigates)
- Attack submarine

PORT-AU-PRINCE, Haiti (Jan. 20, 2010)
A Haitian woman carries her infant son aboard an SH-60S Sea Hawk helicopter from Helicopter Sea Combat Squadron (HSC) 26 during a medical evacuation to the Military Sealift Command hospital ship USNS Comfort (T-AH 20). U.S. Navy photo by Mass Communication Specialist 1st Class Troy D. Miller. (Released)



PACIFIC OCEAN (Jan. 1, 2011) The Nimitz-class aircraft carrier USS Carl Vinson (CVN 70) is on a deployment to the U.S. 7th Fleet area of responsibility. U.S. Navy photo by Mass Communication Specialist 3rd Class Christopher K. Hwang. (Released)



MEDICAL CORPS

A Brief History

On March 3, 1871, the Forty-First Congress enacted the Appropriations Act which established the Medical Corps as a separate entity and as a Staff Corps of the U.S. Navy. However, the term “Medical Corps” and the existence of Navy physicians, long pre-date this Congressional Act. Early in 1798, the first physicians were awarded commissions in the U.S. Navy as “Surgeons” and “Surgeons Mates.” Their mission was simple: provide medical care aboard ships and shore stations.

This early Navy Medical Department was a crude institution that did not yet include permanent Navy hospitals. Navy physicians served at Marine (later Public Health) hospitals and other makeshift facilities spread throughout the eastern seaboard. A bill establishing permanent Navy hospitals was signed into law on February 26, 1811. Some twenty years later, the first of these hospitals went into commission at Portsmouth, Va. On August 31, 1842, the Bureau of Medicine and Surgery (BUMED) was created to oversee administration of hospitals and medical supplies. And 1871, the title of “Surgeon General of the U.S. Navy” was created for the chief of BUMED.

The Medical Corps’ scope has grown in complexity since 1871. Navy physicians now serve with the Marine Corps, in the Attending Physician’s Office to Congress and the White House. They also serve in the aviation and undersea medical communities, and as astronauts exploring the frontiers of space. The Navy Medical Corps continues to pave new frontiers in biomedical research, medical education and training, and patient care delivery at our clinics, hospitals, aboard our afloat platforms, and in combat theaters.

Primary Responsibility of Medical Corps Officer:

The Navy Medical Corps is broad and diverse. It is comprised of physicians who are practicing or training in dozens of medical and surgical specialties with over 200 subspecialties.



HAITI (Feb. 19, 2010) Lt. Cmdr. Robin Lindsay, a facial plastic and reconstructive surgeon from Virginia Beach, Va., reviews CT scan images of a Haitian earthquake victim who recently underwent facial reconstruction aboard the Military Sealift Command hospital ship USNS Comfort (T-AH 20). More than 1,200 medical professionals and support personnel aboard Comfort are assisted in Operation Unified Response after a 7.0 magnitude earthquake. U.S. Navy photo by Senior Chief Mass Communication Specialist J.L. Chirrick. (Released)

Manpower

Active Duty: 3,800 (of which 1,026 are in formalized specialty/subspecialty training)

Reservists: 580

Areas of Specialties:

Family Medicine
Internal Medicine
Pediatrics
General Surgery
Orthopedics
Otolaryngology
Ophthalmology
Emergency Medicine
Radiology
Psychiatry
Obstetrics/Gynecology
Preventive Medicine
Occupational Medicine
Aerospace Medicine
Undersea Medicine
Plastic & Reconstructive Surgery
Neurosurgery
Neurology
Anesthesiology
Urology
Pathology
Physical & Rehabilitative Medicine
Dermatology
Over 200 subspecialties

Possible Locations of Service:

Navy physicians are stationed at our major tertiary care teaching facilities, clinics, and hospitals located within the United States and various overseas locations. They are at research units, in various joint commands, and in other federal institutions. Navy physicians are assigned as operational medical officers providing direct support to Navy and Marine Corps commands, squadrons, battalions and units. On very short notice, Navy physicians deploy in support of combat operations, disaster relief, and humanitarian assistance missions, providing patient care ashore and afloat.

Special Pays Associated with the Medical Corps:

Navy physicians are offered a number of special pays commensurate with their specialty, years of service, and intention to remain on active duty. These medical special pays include:

- Variable Special Pay
- Board Certified Pay
- Additional Special Pay
- Incentive Special Pay
- Multiyear Special Pay

NURSE CORPS

A Brief History

Nurses have contributed to the care of the ill and wounded in the Navy long before the establishment of the corps. During the Civil War, Catholic nuns served as volunteers aboard the Red Rover, the Navy's first commissioned hospital ship. In 1898, nurses were employed by the Naval Hospital Norfolk, Va., to care for the sick and wounded from the Spanish-American War. Finally, after years of effort, the bill to establish the Navy Nurse Corps was approved by Congress and became law on May 13, 1908. By October of that year, the first nurses, later called "The Sacred Twenty," reported for duty at the Naval Medical School Hospital, Washington, D.C., now the home of the Bureau of Medicine and Surgery.

Since then, active duty and reserve Navy nurses have advanced steadily in military and professional standing. From the original 20, the Nurse Corps expanded to over 11,000 during its peak in World War II. Nurse Corps officers have served worldwide; flying with the wounded from battle-torn areas, working in the fleet on large vessels and hospital ships, establishing native nursing schools, clinics, and small hospitals in remote areas of the world, and practicing, teaching, supervising, administering or commanding Navy medical treatment facilities of all sizes.

Today approximately 3,900 active and reserve Nurse Corps officers serve in the grades of ensign through rear admiral. They care for many patients whose illnesses and injuries are no different from those found in civilian facilities. They can also care for those in deployment settings with battle injuries. A primary mission of the Navy Nurse Corps is to teach and develop the hospital corpsmen. Nurse Corps officers can function in positions ranging from staff nurse to commanding officer, from quality improvement coordinator to nurse researcher, and as primary health care providers such as nurse practitioners, nurse anesthetists, and nurse midwives. They serve aboard sea-going vessels, pier side, on deployments or humanitarian missions, and at clinics or inpatient facilities.

The Navy Nurse Corps provides unique challenges and assignments in settings ranging from expeditionary medical facilities to teaching hospitals; from Marine Corps medical battalions to surgical support teams; from recruiting assignments to headquarters staff and executive management of a health-care region. Wherever they are assigned, Navy nurses find unique opportunities to exercise their special knowledge, abilities, and skills as they optimize the well-being of their patients and family members.

Primary Responsibility of Nurse Corps Officer:

Provide care or support either through direct patient care at the bedside or as a provider, in an administrative role, as an instructor, recruiter, quality management manager, or researcher.

Manpower

Nurses:	3,965
Active Duty:	2,860
Reservists	1,105

Areas of Specialties:

Medical-Surgical
Manpower

Education and Training
Nursing Researcher
Maternal/Infant
Pediatrics
Public Health
Mental Health
Mental Health Nurse Practitioner
Emergency Room/Trauma
Perioperative
Critical Care
Certified Nurse Anesthetist
Pediatric Nurse Practitioner
Family Practice Nurse Practitioner
Women's Health Nurse Practitioner
Nurse Midwife

Possible Locations of Service:

Medical treatment facilities, clinics, recruiting centers, hospital corps school, the White House, Expeditionary Medical Facilities, forward operating bases fleet surgical teams, aircraft carriers, Navy Medicine headquarters, and the Bureau of Naval Personnel.

Special Pays Associated with the Nurse Corps:

- Accession Bonus for Direct Accession
- RN-Incentive Specialty Pay (RN-ISP3)
- Certified Registered Nurse Anesthetists Incentive Specialty Pay (CRNA-ISP)



USS BATAAN (LHD 5), Haiti (Jan. 30, 2010) U.S. Navy Lt. j.g. Natalie Shaffer, a nurse assigned to Fleet Surgical Team (FST) 8, hands a newborn Haitian baby boy to his father. The child was the first baby ever born aboard the ship. Bataan is supporting Operation Unified Response. U.S. Navy photo by Mass Communication Specialist 2nd Class Christopher Wilson. (Released)

DENTAL CORPS

A Brief History

In August 1912, the second session of the 62nd Congress passed an act later signed by President Taft that established the Dental Corps. The Secretary of the Navy was authorized to appoint no more than 30 acting assistant dental surgeons to be a part of the Medical Department.

Just over one year later, the Surgeon General reported to the Secretary of the Navy that the Medical Department now had the ability to provide dental care that would allow the Navy to accept recruits who would otherwise be rejected for defective teeth.

In 1927, Navy regulations authorized dental treatment to officers and men on the retired list; before that only enlisted were treated. During this era, Navy dentistry began to focus heavily on prevention of disease, unique at the time and a quality that distinguishes their Corps today.

In February of 1945, the first self-contained mobile dental treatment unit began operation. Mobile units were developed to provide dental treatment to small groups of naval personnel in isolated areas or pier side, a practice common today at many Fleet support areas.

Revolutionizing the field of dentistry worldwide, researchers at the Naval Dental School developed pioneer models of the dental air turbine hand piece and ultrasonic vibrating instruments. These concepts were a tremendous leap forward for the dental profession. Today, these prototypes are currently displayed at the Smithsonian Institute.

In July of 1984, The Navy began conversion of two supertankers to hospital ships. The USNS MERCY and the USNS COMFORT were placed in service in December of 1986. With 1000 beds and 12 operating rooms, each ship can provide comprehensive dental services in two operating rooms, -four dental treatment rooms and a dental laboratory

In March of 1986, the Naval Dental School moved into its new spaces in Building 2 on the Bethesda Complex. What had begun as the Dental Department of the United States Naval

Medical School in 1923 has evolved into a state of the art, fully accredited, post-graduate dental school, recognized as one of the best in the world.

Today, the Dental Corps continues to maintain high operational readiness for operations in Operation Enduring Freedom and Iraqi Freedom. Dental is aggressively integrating with both Medical and Line communities to prepare for our latest challenge - homeland defense. They deploy routinely with Marine Expeditionary Units and aboard ships, where beyond their dental duties they assume roles in triage and surgical support at Marine battalion aid stations and battle dressing stations. Dental personnel continue to play a significant role in peace keeping and nation building through humanitarian assistance and disaster relief missions in third world countries.

Primary Responsibilities

Mission: Ensure Dental Readiness While Optimizing Dental Health

Vision: Dental Health for Those Entrusted to Our Care

Manpower

Dentists:	1,275
Active Duty:	1,015
Reservists	260

Locations of Services

28 Medical Treatment Facilities
3 Marine Battalions
11 Aircraft Carriers
34 Amphibious
2 Hospital Ships
2 Support Ships
9 Seabee Detachments

Possible Special Pays:

- Additional Special Pay (ASP)
- Variable Special Pay (VSP)
- Incentive Special Pay (ISP)
- Board Certified Pay (BCP)
- Multi-Year Special Pay



HELMAND PROVINCE, Afghanistan (March 9, 2010) Lt. Paul Gundy, from Diamondhead, Miss., left, and Hospital Corpsman 3rd Class Steven Wade, from Sanford, N.C., both assigned to the medical department of Naval Mobile Construction Battalion (NMCB) 74, perform dental work on Logistics Specialist Seaman Juan Saldivar, from Austin, Texas. U.S. Navy photo by Mass Communication Specialist 2nd Class Michael Lindsey.

MEDICAL SERVICE CORPS

A Brief History

During World War II, 1,429 officers were given temporary appointments in the Hospital Corps and a total of 845 pharmacists, optometrists, and other specialists allied to medicine and dentistry were given temporary appointments as Naval Reserve officers. These two groups emphasized the need for a permanent officer category to complement officer corps then comprising the Medical Department.

The Army-Navy Medical Service Corps Act of 1947 provided a permanent commissioned corps of specialists to complement the existing Medical Department officer categories. The original legislation provided for the Corps to be comprised of four sections: Supply and Administration, Medical Allied Sciences, Optometry and Pharmacy and authorized the Secretary of the Navy to create other sections, as necessary. The Women's Specialist Section was established in 1952, and in 1965, was re-titled the Medical Specialist Section to permit the appointment of male officers. The Podiatry Section was established in 1953.

During Operations Desert Shield/Storm 317 Reserve Medical Service Corps officers were recalled to replace those deployed and to provide the additional manpower in theater necessary. Since 1991, the Reserve component of the Medical Service Corps has continued to work alongside active duty personnel to administer and provide quality health care throughout the world.

Primary Responsibilities

Mission: The Medical Service Corps community supports Navy Medicine's readiness and health benefits mission.

Vision: One Corps of many specialties meeting today's needs and tomorrow's challengers.

Manpower

Active Duty:	2678
Reservists	344

Specialties

The Medical Service Corps, the most diverse corps within Navy Medicine, is



PUERTO BARRIOS, Guatemala (Sept. 10, 2010) U.S. Navy Lt. Michael Kavanaugh, left, a preventive medicine entomologist, and Hospital Corpsman 1st Class Robyn Murillo, right, look for mosquito pupas in a boat while checking for contaminated water as part of the Continuing Promise exercise. U.S. Navy photo by Mass Communications 2nd Class Jonathen E. Davis. (Released)

comprised of thirty one subspecialties, organized under three major categories:

Healthcare Administrators :

- Financial Management
- Education/Training Management
- Patient Administration
- Health Care Info Systems
- Manpower, Personnel
- Healthcare Facility Planning
- Operations Analysis
- Plans, Ops, & Med Intel
- Healthcare Administration
- Material Logistics

Clinicians:

- Audiology
- Clinical Psychology
- Occupational Therapy
- Optometry
- Pharmacy
- Dietetics
- Physical Therapy
- Physician Assistant
- Podiatry
- Social Work

Scientists:

- Entomology
- Environmental Health
- Industrial Hygiene
- Medical Technology
- Aerospace Physiology
- Aerospace Exp Psych
- Research Psych
- Radiation Health

- Physiology
- Microbiology
- Biochem/Toxicology

Locations of Services

- Navy Medical Treatment facilities
- Naval branch clinics
- Ships
- USMC battalions
- Fleet Marine Force
- Seabee detachments
- Research centers and laboratories
- EMF Kuwait and EMF Djibouti
- Iraq and Afghanistan
- Staff positions throughout the Navy and Marine Corps

Possible Special Pays:

Members of the Navy Medical Service Corps are offered a number of special pays commensurate with their specialty, years of service, and intention to remain on active duty. These medical special pays include:

- Accession Bonus
- Incentive Pay
- Retention Bonus
- Board Certified Pay
- Optometry Special Pay
- Optometry Retention Special Pay
- Pharmacy Accession Bonus
- Pharmacy Officer Special Pay

HOSPITAL CORPS

US military personnel in Iraq and Afghanistan are experiencing the lowest battle mortality and non-battle injury rates in the history of armed conflict, due in large part to exceptional military medical personnel and their training. The training delivered to these men and women result in more saved lives in our Armed Forces as well as on the battlefield.

No matter where the Navy and Marines are located, there is always a Navy corpsman nearby. Historically, they are the most highly decorated rate in the Navy.

Hospital Corpsman (HM) perform duties as assistants in the prevention and treatment of disease and injury and assist health care professionals in providing medical care to Navy personnel and their families. They function as clinical and specialty technicians, medical administrative personnel and health care providers at sea, on shore and on the ground. They also serve as field medical technicians with the Marine Corps, rendering emergency medical treatment to include initial treatment in a combat environment. Qualified hospital corpsmen may be assigned the responsibility of independent duty aboard ships and submarines; Fleet Marine Force, Special Forces and Seabee units, and at isolated duty stations where no medical officer is available.



(Above) MARJAH, Afghanistan (Mar. 19, 2010) Navy corpsman Michael Lang, of Camden County, Ga., right, with an M-4 carbine, and Lance Cpl. Ard Bizahaloni of Pinon, Ariz., with an M-16 rifle, with the First Battalion, Sixth Marine Regiment, Alpha company, take up positions as their patrol was fired upon. AP Photo/Dusan Vranic, File.
(Below) SOUTH KHALI, Bangladesh (Nov. 28, 2007) Hospital Corpsman 2nd Class Shaun P. Maney, a hospital corpsman with the 22nd Marine Expeditionary Unit (MEU) (Special Operations Capable), renders medical aid to a victim of Tropical Cyclone Sidr. U.S. Marine Corps photo by Cpl. Peter R. Miller. (Released)

Where they are today: Hospital Corpsmen Distribution

Active Duty Corpsmen: 20,909
 FTS: 650 (Excludes "In Training")
 Health Service Augmentation Program (HSAP)/Individual Augmentees (IA) 669

Hospital and Shore Commands: 12006
 In Training: 1572
 On Ships: 1441
 Fleet Marine Force :5372
 Sea Bees, Squadron, Navy Expeditionary Combat Command (NECC): 2740

MEDICAL EDUCATION TRAINING CAMPUS

The Medical Education Training Campus (METC) is the largest consolidation of service training in DOD history and will become the largest medical education and training campus in the world.

Navy Medicine is committed to one integrated inter-service education and training platform that leverages the assets of all DOD health-care practitioners yet allows the Service culture and uniqueness to remain intact.

Navy enlisted medical education training programs are scheduled to move to San Antonio as part of the 2005 Base Closure and Realignment Commission (BRAC) initiative. Enlisted medical training is moving from the Naval School of Health Sciences (NSHS) San Diego; NSHS Portsmouth, Va.; Naval Hospital Corps School (NHCS) Great Lakes, Ill.; the

Army Medical Department Center and School, Fort Sam Houston and the Air Force's 882nd Training Group at Sheppard Air Force Base, Wichita Falls, Texas.

The average daily student load will be approximately 7792 Sailors, Soldiers and Airmen when - integration is complete. Of the 7792 enlisted students, approximately 34% - 2606 will be Navy. The first Navy students began training at the METC in July 2010. The target date for all Navy students to be fully integrated at the METC is Sept. 15, 2011, which is the mandated BRAC deadline.

Education and training at the METC will offer consolidated courses where Service members from each branch may be training side by side as well as service specific training where only one Service may be present in the classroom.



CORPSMAN UP!



HELMAND PROVINCE, Afghanistan (Nov. 6, 2009) Hospital Corpsman 3rd Class Eric Nobriga, assigned to Combined Anti-Armor Team (CAAT) 2, 1st Battalion, 5th Marine Regiment, takes a security halt during a foot patrol in Nawa District, Helmand Province, Afghanistan. U.S. Marine Corps photo by Lance Cpl. James Purschwitz. (Released)

Training

Overall, HM training is some of the longest and most intense training available to enlisted Sailors in the Navy. There is, however a considerable amount of variation in training depend-

ing on the specialties, or NECs of corpsmen.

All corpsmen attend boot camp for 66 Days and then HM 'A' School for 96 Days. From there they may go directly to Fleet, or medical treatment facilities

(MTF), or Dental Assistant school (30 days) or Fleet Marine school (60 days). It requires approximately 7 months to go from street to fleet for basic corpsmen. However, the HM rating has 38 occupational specialties which require further technical training via C-schools. Some of the most demanding specialties, such as independent duty corpsmen, go through a series of schools as their career progresses. One of the specialties, morticians, requires civilian licensing.

There are 38 Corpsman NECs with advanced C schools located throughout the country. The vast majority of C schools have moved or are moving to METC, San Antonio.

NECs and school locations

HM-0000- Hospital Corpsman Basic-Moving to San Antonio, first class April 2011

HM-8402- Submarine IDC- Naval Undersea Medical Institute (NUMI) Groton, Conn.

HM-8403- Recon IDC- Fort Bragg N.C.



HM 8404 FLEET MARINE FORCE

Billets authorized: 9,000
Inventory: 13,288 with 5,000 in training or assigned to 0000 and HSAP requirements, 5,372 organic to FMF units/ HQ/ TECOM/CBRIF/TF/ MARSYSCOM/FMTB, and 3,000 assigned NECC/IA/GSA.

FMF 'C' school has two locations; FMTB East, Camp LeJeune, N.C. and FMTB West, Camp Pendleton, Calif. The course is 8 weeks in length with five classes per year and 250 students per class per FMTB.

Graduates are assigned to the Marine operating forces, Reserve Forces and medical treatment facilities.

8404 is the most operationally active NEC. Retention has increased dramatically despite the recession, the absence of SRB, and routine and surge deployments.

8404s provide medical services for personnel in field units. They provide technical and administrative assistance to support the mission and functions of Navy and Marine Corps field units and assist in the procurement and distribution of supplies and equipment for field use and combat areas. They maintain field treatment facilities, render first aid and emergency medical treatment to unit personnel/combatants, and coordinate and perform medical evacuation procedures. They also ensure observance of both field sanitary and preventive measures in specialized warfare as well as conduct first aid and health education training programs.

HOSPITAL CORPS

HM-8404- Fleet Marine Force- FMTB Camp Lejeune, N.C.

HM-8406- Aerospace Medicine Technician- FMTB Camp Pendleton, Calif.

HM-8401- SAR Medical Techs- Naval Operational Medical Institute (NOMI) Pensacola, Fl.

HM-8409- Aviation Physiology- NOMI Pensacola, Fl.

HM-8407- Radiation Health Technician- Naval Undersea Medical Institute Groton, Conn.

HM-8408- Cardiovascular Technician- Moving to San Antonio, first class February 2011

HM-8410- Biomedical Equipment Technician- moved to San Antonio, first class August 2010

HM-8416- Nuclear Medicine Technician- Moving to San Antonio, first class January 2011

HM-8425- Surface Force IDC- NOMI San Diego, Calif.

HM-8427 - Recon Corpsman- Fort Bragg N.C.

HM-8432- Preventative Medicine Technician- Moving to San Antonio, first class May 2011

HM-8434- Hemodialysis Technician- Portsmouth, Va.

HM-8452- Radiographer- moved to San Antonio, first class July 2010

HM 8425 SURFACE FORCE IDC

Billets authorized: 1091

Inventory: 947

8425s serve as the Medical Department Representative (MDR) aboard surface ships, with the units of the Fleet Marine Force, and at various isolated duty stations ashore independent of a medical officer. They perform patient care and associated shipboard administrative and logistical duties, diagnostic procedures, advanced first aid, basic life support, nursing procedures, minor surgery, basic clinical laboratory procedures, and other routine and emergency health care. They conduct and direct preventive medicine and industrial health surveillance programs while providing for health education to junior medical and all nonmedical personnel. They perform all patient care and medical management functions set forth in Chapter 9, Manual of the Medical Department and administer the Radiation Health Program as necessary. Senior personnel assigned to shore and operational staffs provide medical assistance, training, and inspection services to operational forces and component units. Additionally, when assigned ashore, they serve primarily as nonphysician health care providers at fixed medical treatment facilities (MTFs).

8425s are one of four independent duty corpsman NECs. The others are 8402-subsurface IDC, 8403-recon IDC and 8494-dive IDC.



DOMINICA, Caribbean (June 7, 2010). U.S. Navy Hospital Corpsman 1st Class Michael Faasen, of Mobile Diving and Salvage Unit (MDSU) 2, and Regional Security Service divers swim the length of a pier piling during a pier inspection. HM1 Faasen is a dive IDC. DoD photo by Mass Communication Specialist 2nd Class Chris Lussier. (Released)

CORPSMAN UP!

HM-8454-Electroneurodiagnostic Technician- Moving to San Antonio, first class January 2011

HM-8463- Optician- Naval Ophthalmic Support & Training Activity (NOSTRA), Yorktown, Va.

HM-8466- Physical Therapy Technician- San Antonio, Texas

HM-8467- Occupational Therapy Technician- San Antonio, Texas

HM-8482- Pharmacy Technician- Moved to San Antonio, Texas

HM-8483- Surgical Technologist- Moved to San Antonio, Texas

HM-8485- Behavior Tech- Moved to San Antonio, Texas

HM-8486- Urology Technician- Moving to San Antonio, first class March 2011

HM-8489-Orthopedic Castroom Technician- San Antonio, Texas

HM-8493- Dive Medicine Technician- DSTC Panama City, Fl.

HM-8494- Dive IDC- NOMI San Diego, Calif.

HM-8496- Morticians- a dozen Navy wide- Must have civilian licenses

HM-8503- Histology Technician- Moved to San Antonio, Texas

HM-8505- Cytotechnologist- Moving to San Antonio, first class August 2011

HM-8506- Medical Laboratory Technician- Moved to San Antonio, Texas

HM-8541- Respiratory Therapy Technician- San Antonio, Texas

HM-8701- Dental Assistant- Moving to San Antonio, first class April 2011

HM-8702- Advanced Dental Assistant- San Diego, Calif.

HM-8708- Dental Hygienist- PJC Pensacola, Fl., CCC Camp Lejeune, N.C.

HM-8752- Basic Dental Laboratory Technician- Moving to San Antonio, first class August 2011

HM-8753- Advanced Dental Laboratory Technician- Moving to San Antonio, first class February 2011

HM-8765- Maxillofacial Technician- Bethesda, Md.



YUMA, Arizona (June 11, 2009) Petty Officer 1st Class Jason Conley, Search and Rescue corpsman, rappels 100 feet onto the Auxiliary Airfield 2 from a HH-1N Huey at the Barry M. Goldwater Range. U.S. Marine Corps photo by Lance Cpl. Josue Aguirre. (Released)



U.S. 5TH FLEET AREA OF RESPONSIBILITY (Aug. 1, 2010) Lt. Jeffrey Sorensen and Hospital Corpsman 2nd Class James Weedman tend to an injured Sailor during a mass casualty drill aboard the aircraft carrier USS Harry S. Truman (CVN 75). U.S. Navy photo by Mass Communication Specialist Seaman Apprentice Tyler Caswelly. (Released)

HM 8406 AEROSPACE MEDICINE TECHNICIAN

Billets authorized: 696

Inventory: 603

AVT "C" School is located in Pensacola, Fl. and lasts 10 weeks. There are 4 Classes per year with 30 Students per class on average.

Graduates are assigned worldwide at sea, shore and overseas to both Navy and USMC billets. AVTs Also provide qualified personnel for continuation in the 8401/8409 pipelines.

AVTs assist flight surgeons or medical officers in special examinations and treatments for naval aviators and flight personnel. They assist in conducting aviation medical tests. They assist flight surgeons in investigating and reporting results of aircraft mishaps, as well as maintaining aviation medical records and files. AVTs contain two 'splinter' NECs under their umbrella: **HM-8401**-SAR Medical Techs and **HM-8409**-Aviation Physiology.

WOUNDED WARRIOR CARE

Traumatic Brain Injury

Traumatic Brain Injury (TBI) has been called one of the “signature injuries” of the conflicts in Iraq and Afghanistan. A blow or jolt to the head or a penetrating head injury can disrupt the brain’s normal functioning. TBI is normally associated with blast exposures in theater, but can also occur aboard ships and in garrison, especially in training environments. The leading causes of TBI in the military are:

- Explosive blast, bullets, and fragments
- Falls
- Motor vehicle crashes, and
- Assaults.

TBIs are classified as mild, moderate, severe, and penetrating, with mild TBI (mTBI) being the most common. Mild TBIs are also known as concussions. The most common symptoms of mTBI are:

- Headaches
- Dizziness
- Being excessively tired
- Problems concentrating
- Memory problems
- Irritability
- Balance problems
- Changes in vision, and
- Trouble sleeping.

From January 2010 to August 15, 2010, there were 16,760 diagnosed cases of non-combat-related TBI across all the DoD services. Of those, 2,327 were Marines and 1,589 were Sailors.

DoD requires deploying “boots on the ground” Sailors and Marines to take the Automated Neurocognitive Assessment Metrics (ANAM) prior to deployment, and screening questions to identify service members who have sustained a TBI during deployment are part of the mandatory Post-Deployment Health Reassessment (PDHRA). In theater, service members with potential TBI are screened by corpsmen using the Military Acute Concussion Evaluation (MACE) and sent for further medical assessment as needed.

The Navy has several initiatives to assess and care for Sailors and Marines with TBI. Navy Medicine’s Wounded, Ill, and Injured Program oversees several clinical initiatives to help identify service members with clinical symptoms. To

better identify cognitive and physical deficiencies in service members that may not be found in traditional testing, the Naval Health Research Center is testing a Computer-Assisted Rehabilitation Environment (CAREN) system that allows medical personnel to assess the patient in a variety of settings (i.e. urban, mountain, maritime).

The National Intrepid Center of Excellence for Psychological Health and Traumatic Brain Injury on the campus of the National Naval Medical Center in Bethesda, MD recently opened its doors to treat TBI patients who may also have other physical wounds and possible mental health issues that are difficult to treat.

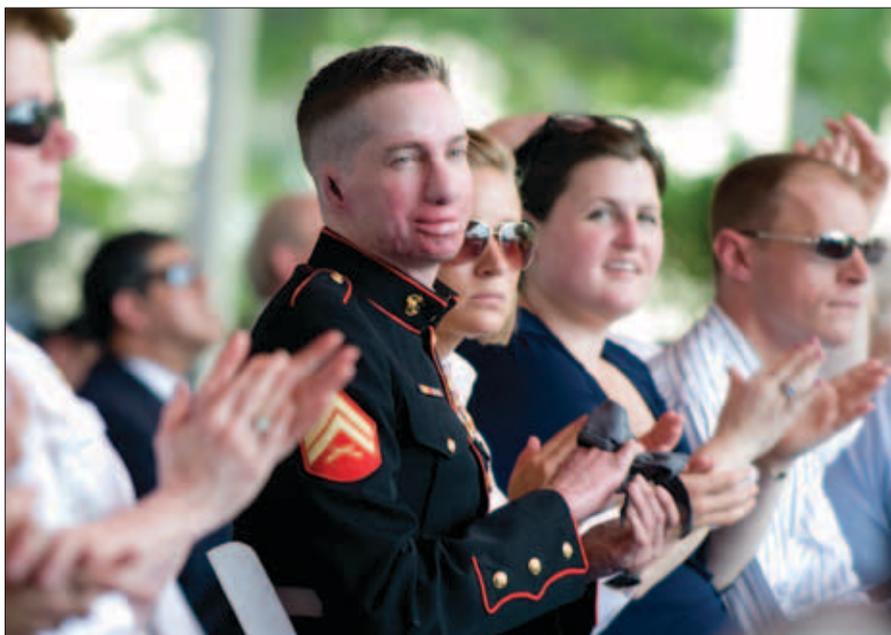
In addition to Navy-unique TBI programs, Navy Medicine works closely with operational medical leaders and our Army, Air Force, Veterans Affairs, Defense and Veterans Brain Injury Center, and Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury colleagues to provide the best care possible to our Sailors and Marines.

Concussion Restoration Care Center

Navy Medicine has worked closely with the Marine Corps to staff and equip a Concussion Restoration Care Center (CRCC) at Camp Leatherneck, Afghanistan. The CRCC is a new concept created to provide musculoskeletal and post-concussion care in theater to service members who can likely return to duty after a short period of rehabilitative care, but whose injuries are not severe enough to require medical evacuation.

The CRCC is staffed with a sports medicine family physician, physical therapist, and occupational therapist. This team augments the Combat Operational Stress Team (COST) and Marine medical staff attached to the Medical Battalion.

The CRCC has seen a significant number of patients since it opened on 30 August, 2010, and has been very effective in meeting its mission of restoring service members physically and cognitively to return to full duty. Through 31 October, 399 patients have been treated. During this 2 month span, 151 patients with concussions were evaluated



A wounded warrior attends the National Intrepid Center of Excellence dedication ceremony at the National Naval Medical Center in Bethesda, Md., June 24, 2010. The Intrepid Center is a state-of-the-art facility designed to provide leading-edge services for advanced diagnostics and treatment for Service members with psychological health issues and traumatic brain injury. DoD photo by Cherie Cullen. (Released)

and 271 musculoskeletal evaluations were performed. All of the patients with concussions were able to return to duty in an average of 16 days. The CRCC estimates it saved 28 service members from having to be evacuated from theater. Patients undergo neuropsychological testing to monitor progress and to validate that they are able to return to duty.

Patients of all branches of service receive care through the CRCC. Nearly 80% of patients evaluated and treated for concussions were Marines. The CRCC setting also provides an opportunity to educate injured service members on the nature and effects of concussion and allows them to recover in a protected environment.

National Intrepid Center of Excellence

The National Intrepid Center of Excellence (NICoE), dedicated on June 24, 2010, is an advanced facility dedicated to research, diagnosis and treatment of military personnel and veterans suffering from mild Traumatic Brain Injury (mTBI) and Psychological Health (PH) issues.

The NICoE is a 72,000 square foot, two-story facility located on the Navy campus at Bethesda, Maryland, adjacent to the new Walter Reed National Military Medical Center. It is designed to provide the most advanced services for advanced diagnostics, initial treatment plan and family education, introduction to therapeutic modalities, referral and reintegration support for military personnel and veterans with mTBI, Post Traumatic Stress Disorder, and/or complex psychological health issues.

Further, the NICoE conducts research, tests new protocols and provides comprehensive training and education to patients, providers and families while maintaining ongoing telehealth follow-up care across the country and throughout the world.

The Navy was appointed the executive agent of the NICoE Aug. 10, 2010 by the Department of Defense and has been treating patients since October 2010.

The Role of Case Management in the Care of the Wounded Warrior

Navy Case Managers provide services to the Wounded Warrior that span the entire care continuum from point of injury to either return to active duty service or medical separation from service.

The journey from theatre to stateside care is only the beginning of a long road of recovery for returning Wounded, Ill and Injured (WII) Warriors who are often facing extensive care and rehabilitation for life-changing physical, psychological and cognitive injuries. The complexity of medical health care and military systems is often overwhelming to the WII service members, thus driving a critical need for someone to coordinate care and support services. Case Managers are the “SOS or 1-800” contact for the patient and family throughout the continuum of care. The case managers of Clinical Case Management along with Navy Safe Harbor and the US Marine Corps Wounded Warrior Regiment working together has allowed for a more holistic transition of the WII into the VA or civilian care systems by addressing both the medical and the

non-medical needs concurrently to help reduce the stress and confusion of transition. Clinical Case Management has been recognized nationally by the Case in Point Magazine (Case Management of Society’s official publication) by being awarded the 2010 platinum award for the best military case management program.

Military case management, both medical and non-medical, is at the heart of ensuring the development of comprehensive plans of care for each patient and then linking all communications, hand offs, support services and smooth transitions for these WII service members and their families.

Comprehensive Combat and Complex Casualty Care

The Comprehensive Combat and Complex Casualty Care (C5) rehabilitation program is located at Naval Medical Center San Diego (NMCSD). Working in concert with other services at NMCSD and with community partners, C5’s continuum of care addresses the physical, emotional, spiritual, and mental health well-being of its patients.



SAN DIEGO (Oct. 1, 2009) Lyn A. Boulanger, a Naval Medical Center San Diego occupational therapist, assists Marine Corps Staff Sgt. Jesse A. Cottle, a bilateral amputee, while he practices swimming during endurance training at the Comprehensive Combat and Complex Casualty Care (C5) facility pool. The C5 program manages severely wounded, ill or injured patients from medical evacuation through inpatient care, outpatient rehabilitation, and eventual return to active duty or transition from the military. U.S. Navy photo by Mass Communication Specialist 3rd Class Jake Berenguer. (Released)

WOUNDED WARRIOR CARE



(May 11, 2010) Navy team members warm up for a preliminary wheelchair basketball game against Air Force at the inaugural Warrior Games at the U.S. Olympic Training Center in Colorado Springs, Colo. Nearly 200 wounded, ill or injured personnel from all service branches will compete in archery, cycling, track & field, swimming, shooting, sitting volleyball and wheelchair basketball. U.S. Navy photo by MC1 R. Jason Brunson. (Released)

C5 is a program of care that manages a severely injured or ill patient from medical evacuation through inpatient care, outpatient rehabilitation, and eventual return to active duty or transition from the military.

Program components:

- Trauma Service--coordinates overall inpatient clinical management of injured service member
- Orthopedic, reconstructive plastic surgery, and wound care
- Amputee care, prosthetics, and rehabilitation
- Physical, occupational, and recreational therapy
- Mental health assessments and care
- Traumatic Brain Injury (TBI) care
- Pastoral care and counseling
- Family support and career transition services

The C5 facility renovation began 22 November 2006 to provide an aesthetic and medically advanced setting for

prosthetic and rehabilitation services. The project maximized available space, including the conversion of an outdoor courtyard to a multi-terrain obstacle course. The outdoor area now contains ramps, stairs, and beams that allow patients to work on ambulation and balance. Sand, gravel, rock and brick terrains simulate surfaces encountered in everyday communities. A 30-foot climbing wall will enable work on agility, problem solving and muscle strengthening.

As part of the rehabilitation center, a training apartment gives patients the opportunity to practice tasks in an environment that they will encounter upon discharge. There is a full kitchen, complete with microwave, stove/oven, refrigerator and dishwasher, as well as a bedroom, living room and bathroom with a tub/ shower combination. The living room offers a computer work station with a wide variety of computer assistive devices such as one handed

keyboards, print enlargers and voice activated technology.

Our state of the art gait lab includes a high resolution, accurate motion capture system to digitally acquire, analyze and display three dimensional motion data. It will provide quantitative documentation of walking or running ability as well as identification of any underlying cause for gait deviations.

Art work throughout the hallways feature talent from San Diego disabled artists, including our own patients.

Prosthetic services include:

- Casting, fitting, and alignment for amputees by certified prosthetists and prosthetic technician staff.
- Lamination station to fabricate carbon interfaces for both definitive and temporary prosthetic sockets
- Advanced bionic technology room to fit power knees, micro-processor knees, powered ankles, and upper extremity myoelectric arms.
- In house lab to facilitate everyday prosthetic adjustments.
- Advanced patient casting room with Computer Assisted
- Design and Manufacturing (CAD-CAM) system.
- Laser technology for scanning the anatomical residual limb (eliminates the need for plaster casting)
- Hand held scanner for visual tracing and mobility
- Modification of limb shapes with most advanced computer software technology

Operational Stress Control

OSC is designed to build resilient Sailors, families and commands; and to increase the acceptance of seeking help for stress-related injuries and illnesses through education, training and communication.

OSC seeks to educate all Sailors, families, and command leaders to take care of themselves, to stay fit and healthy (psychologically, physically, and emotionally); to look out for one another; and take action when they see



Photo by Lance Cpl. Sarah M. Hickey. (Released)

themselves or others reacting negatively to stress.

Formal OSC curriculum has been integrated into Navy's Training Continuum at career milestones and at accession and leadership schools. Specific pre- and post-deployment OSC training is being delivered at all Navy Mobilization Processing Sites and Returning Warrior Weekends.

OSC Awareness Training, including signs, symptoms, and mitigation strategies for stress injuries and illnesses, has been presented to more than 176,000 Sailors and 500 spouses as of November 2010.

More information on OSC can be found in Mental Health Capability on p. 52

My Ongoing Recovery Experience

The new online program called Navy MORE (My Ongoing Recovery Experience) rolled out Aug. 20, 2010. While it is on line, it is only available to those enrolled in the program. The Navy MORE program will provide never-before-achieved continuity of care for military personnel, family members and retirees in early recovery from addiction anywhere in the world, at anytime.

The online Navy MORE program – created in collaboration with Hazelden, one of the world's largest and most respected private, non-profit alcohol and drug addiction treatment centers – is a

customized, interactive and confidential recovery tool.

It is available free-of-charge to military personnel, family members and retirees who are in the Navy Substance Abuse and Rehabilitation Services program in recovery anywhere in the world where Internet access is available.

During the next five years, the U.S. Navy will invest \$3.25 million in the program, which will be accessible through the Department of Navy Substance Abuse and Rehabilitation Services to military personnel, family members and retirees who complete primary treatment for addiction to alcohol or other drugs.

The Navy MORE program is expected to provide post-treatment support to 1,000 patients a year during the first year of operations. Minnesota-based Hazelden has worked closely with the U.S. Navy for more than three years, including addiction-related training for more than 300 Navy and Marine Corps substance abuse counselors, directors, social workers, psychologists and clergy from approximately 47 bases and seven shipboard sites in 20 states and seven foreign countries.

Through Navy MORE, military personnel, family members and retirees who are enrolled will have access to:

- A searchable online library of text and video on topics related to recovery, AA and other Twelve Step programs.
- Weekly online support groups facilitated by a licensed addiction counselor.
- Push messages directing patients in recovery to the next steps in their own program.
- Online fellowship tools to foster an atmosphere of support, enabling Navy MORE participants to interact with one another online.
- A Case Management Solutions home page where the Recovery Coach can manage information on how patients are doing.
- A 24/7 suicide prevention hot line with telephone numbers to call for service members and families when there is a suicide risk. In addition, a "Help Now" button links directly to clinically appropriate information that a program user can use in case they are considering suicide.



(Oct. 5, 2010) Navy volunteers are framed between the prosthetic legs of a Paralympic Military Sports Camp participant at Balboa Naval Medical Center. Paralympic Military Sports Camps are multi-day events to introduce veterans and military personnel with physical injuries to a variety of summer and winter sport opportunities. U.S. Navy photo by MC3 Travis K. Mendoza. (Released)

MENTAL HEALTH CAPABILITIES

Operational Stress Control Resources

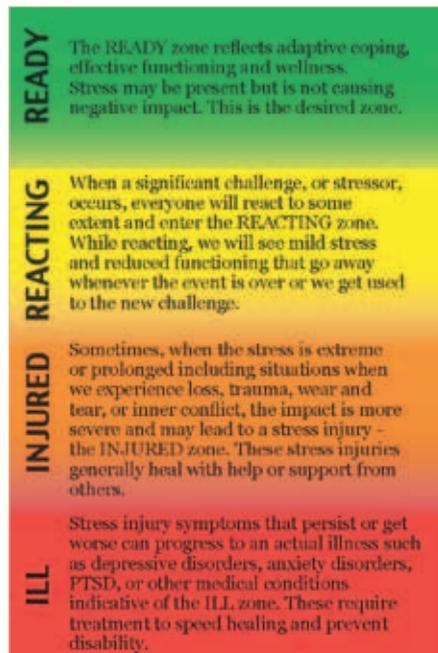
Changes in today's Naval Service have led to the need for a new way to view Operational Stress Control (OSC). The Navy is moving beyond the historical perspective of viewing stress-related problems as a failure to cope and is moving toward a culture that promotes psychological health. OSC is the Navy's comprehensive approach to address the psychological health of Sailors and their families. The end state is mission-ready Sailors, families and commands.

OSC is a line owned and led program that is supported by Navy Medicine. The foundation of OSC is the stress continuum model which provides Sailors, leaders, and family members a visual tool for assessing stress responses and practical steps to take to mitigate stress injuries. For more information on OSC programs visit:

https://www.nko.navy.mil/portal/operationstresscontrol/operationstresscontrol?paf_default_view=true

OSCAR Teams

The Marine Corps, in collaboration with Navy Medicine, has deployed the Operational Stress Control and Readiness (OSCAR) program which embeds psychological health professionals within



MENTAL HEALTH INVENTORY AS OF SEP 30, 2010					
SPECIALTY	ACTIVE	RESERVE	CIV	CONTR	TOTAL
Psychologist	103	4	127	77	311
Psychiatrist	95	18	36	38	187
Social Worker	27	0	122	64	213
MH Nursing (include NP)	70	108	19	57	254
Other MH Provider	26	1	25	4	56
Tech/Counselor	311	23	49	166	549
TOTAL	632	154	378	406	1570

operational units. The OSCAR program provides early intervention and prevention support throughout all of the phases of deployment. The OSCAR program is now available at all three active Marine divisions.

Each OSCAR team consists of two mental health providers and two specially trained psychiatric technicians. These teams provide education and consultation to commanders, entire units, and individual Marines.

NCCOSC

The Naval Center for Combat and Operational Stress Control (NCCOSC) was created to improve the psychological health of Sailors, Marines and their families through training, education, care system improvement and facilitating research and information distribution. Funded by the Navy Bureau of Medicine and Surgery (BUMED), NCCOSC is located at the Naval Medical Center San Diego.

DoD and VA healthcare systems overhauled how their healthcare systems were addressing the needs of wounded warriors with five strategic goals reflecting the breadth of the psychological-health spectrum:

- Provide timely access to comprehensive care
- Provide evidence-based and consistently excellent quality of care
- Improve transition and coordination of care across DoD, VA and civilian networks

- Promote the use of consistent and effective screening, tracking and monitoring practices
- Strengthen psychological health, promote resilience and reduce stigma associated with care through prevention, education, training and outreach.

NCCOSC was established to achieve these goals for the Navy and Marine Corps by addressing the unique needs of the two branches of service.

NCCOSC has four departments, and their major projects are as follows:

Programs: This department is developing a care-management system for providers to ensure uniform standards for psychological-health assessment tools and treatment tracks. In collaboration with Navy leadership, the department also creates educational resources for providers, graduate medical education programs, line leaders, service members and families, as well as evidence-based curricula for psychology education classes to which PTSD and traumatic brain injury (TBI) patients are referred.

Knowledge Management: This department is piloting the Combat Neurotrauma Registry, a care-management application that serves as an information clearinghouse for data collection, analysis and data mining.

Research Facilitation: This department assists clinicians, academicians and

military providers to address the most pertinent issues dealing with PTSD, TBI and other combat or operational stress injuries. Its staff members also serve as co-investigators and support personnel for a broad spectrum of studies underway at key military and civilian facilities.

Communications: This department informs and educates a wide range of audiences interested in military psychological-health issues through production of Mindlines, a quarterly newsletter, and the center's website at www.nccosc.navy.mil. Outreach coordinators also form collaborations with military and community groups to provide family resources and reduce overlaps in services or care.

Special Psychiatric Rapid Intervention Team (SPRINT).

SPRINTs are Navy Medicine's primary response resource in providing rapid short term support following operational mishaps and critical events involving loss of lives. The mission of SPRINT is to provide individuals with educational and supportive services in group and individual settings that are designed to facilitate the normal recovery process and reduce the potential for future problems

that can impact operational readiness. Critical events for which a SPRINT is activated tend to be low frequency but high magnitude and dynamic occurrences that affect a command or community. SPRINT activation incidents include aviation mishaps, motor vehicle accidents with death resulting, natural disasters such as earthquakes, tornados, etc., and attacks on Navy vessels. A full team is typically comprised of a psychiatrist and/or psychologist, social worker, psychiatric nurse practitioner, chaplain, and neuropsychiatric technicians. Team composition is flexible and scalable by design which allows team composition to be built according to the nature and size of the event.

SPRINTs are located at NNMC Bethesda; NMC Portsmouth; and NMC San Diego, but the flexible composition of the team means that mission specific teams can be created and deployed on very short notice. The addition of having trained and experienced medical personnel in forward deployed areas ensures that Navy Medicine not only has the correct medical capabilities, but also the flexibility that allows appropriate medical assets to be integrated from different areas to provide timely care in response to dynamic requirements.



Capt. Paul Hammer, founder and former director of the Naval Center for Combat & Operational Stress Control, was recently appointed as the director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury at National Naval Medical Center Bethesda, Md. On Dec. 22, 2010, Capt. Scott L. Johnston, was named interim director of NCCOSC in San Diego, Calif. U.S. Navy photo. (Released)

OASIS

Naval Medical Center San Diego's Overcoming Adversity and Stress Injury Support (OASIS) is a new treatment program that provides intensive mental health care for service members with combat related mental health symptoms from post traumatic stress disorder, as well as major depressive disorders, anxiety disorders and substance abuse problems. OASIS offers a comprehensive individualized treatment plan designed to meet the needs of patients.

Care is provided seven days a week for 10-12 weeks, and service members reside within the facility while they receive treatment. Services include weekly individual psychotherapy, daily group psychotherapy, family skills training, medication management, intensive sleep retraining, vocational rehabilitation and complementary medicine techniques such as yoga and meditation led by experts in these fields.

The OASIS staff is comprised of mental health professionals including psychiatrists, psychologists, licensed clinical social workers, recreation therapists, registered nurses, case managers and psychiatric technicians.



MANAMA, Bahrain (Apr. 29, 2004) - A Sailor touches the hat of a fallen shipmate during a memorial service alongside the coastal patrol ship USS Firebolt (PC 10). The memorial service is for Boatswain's Mate 1st Class Michael J. Pernaselli, 27, of Monroe, N.Y., Signalman 2nd Class Christopher E. Watts, of Knoxville, Tenn., and Coast Guardsman Damage Controlman 3rd Class Nathan B. Bruckenthal, 24, of Smithtown, N.Y., who were killed after an unidentified dhow exploded while participating in a Maritime Interception Operations (MIO), in the Northern Arabian Gulf. The SPRINT from Naples, Italy was in transit to the FIREBOLT almost immediately to provide services. U.S. Navy photo by Photographer's Mate 1st Class Alan D. Monyelle. (Released)

Deployments affect both the service member and the family. During wartime, routines and roles are disrupted. Deployments and reintegration may cause stress for children and spouses.

To overcome this challenge, Navy Medicine developed Project FOCUS (Families OverComing Under Stress) to serve the growing need of military families and children. In January 2009, the Bureau of Medicine and Surgery (BUMED) Family Programs Division was created under the Deployment Health Directorate in the Wounded, Ill, and Injured Warrior Support Command of BUMED and now oversees FOCUS training. In June 2009, the Office of the Secretary of Defense Child and Family Policy praised FOCUS as a best practice program and requested the support of BUMED to expand the program to select Army and Air Force sites for services.

FOCUS is an eight-week, skill-based, trainer-led, intervention that addresses difficulties that families may have when facing the challenges of multiple deployments and parental combat-related psychological and physical health problems.

The program provides structured activities to bridge gaps in shared family understanding that may follow stressful experiences and separations. FOCUS uses family training techniques to highlight areas of strength and resilience in the family and promote family growth to help address daily challenges. FOCUS is a prevention service designed to help families address the stress related to deployment. In FOCUS, families develop a shared understanding of how their own deployment experience creates a unique story to enhance resiliency and prepare for the next deployment. The program includes the entire family and is customized to suit its specific needs. FOCUS is offered in several formats: family consultations, family level training, small group training, and workshops. FOCUS builds strong connections with other military family providers to support a network of care for families.

FOCUS was developed at the UCLA Semel Institute for Neuroscience and Human Behavior, in collaboration with the National Child Traumatic Stress Network and Children's Hospital

Boston / Harvard Medical School. It is based on programs that show positive outcomes for families facing multiple challenges and has a positive impact on the emotional health of parents and children.

Families Overcoming Under Stress

FOCUS helps a family tell its story. It teaches family members how to talk together and assists with problem solving and goal setting. Family members learn how to support each other and prepare for future challenges.

Resiliency is the ability to cope with, adapt to, and overcome challenges. Resiliency training teaches families not just to meet challenges. They also learn to become stronger in the face of challenges.

Services For Providers and Families

Briefs – Briefs typically include an overview of FOCUS, and education about child development, the unique needs of military families, and the types of resiliency training strategies for families that can be helpful. Briefs range in length from 15-90 minutes depending on the request.

Educational Workshops – Workshops generally cover a specific topic, such as developmental reactions to deployment. They can be tailored to address topics for any stage of deployment and are approximately 60 minutes long.

Consultations – Consultations offer education to community providers, such as teachers or counselors, on family and child centered topics such as, child behavior changes during deployment, or reintegration. The lengths of consultations are generally 30-60 minutes but are flexible depending on audience and venue.

Services For Families

Individual Family Resiliency Training– Individual Family Resiliency Training (IFRT) is a multi-session resiliency training program for active duty military families. Sessions are organized around the development of a family deployment timeline which is used to teach families how to manage feelings, improve com-



JOINT BASE ANDREWS NAVAL AIR FACILITY WASHINGTON, Maryland (Sept. 7, 2010) U.S. Navy Cmdr. Michael Esper, assigned to Tactical Electronics Warfare Squadron (VAQ) 209, walks across the flight line with his wife and children during a homecoming celebration. VAQ-209 is returning to the states following a three-month, forward-deployed tour to Afghanistan supporting Operation Enduring Freedom. DoD photo by Mass Communication Specialist 2nd Class Clifford H. Davis. (Released)

Family-Centered Care

munication, and learn problem solving and goal setting skills. IFRT is generally six to eight sessions but can be delivered flexibly, depending on the family's needs.

Skill Building Groups – Skill Building Groups provide an introduction to the key skills taught in Individual Family Resiliency Training. They are generally 90 minutes in length. The target audience can be parents, families, or children in specific age groups (school-aged children, teenagers, parents, or entire families).

Consultations – Family consultations provide guidance and professional expertise on a specific topic or start a general discussion about the effects of military life on the family. For example, parents may wish to discuss their child's upcoming transition from preschool to kindergarten which is happening simultaneous to a parent's deployment. Or a family may be preparing for its first deployment and want to know what kind of behavior changes they can expect in their teenager. Consultations are also provided around specific trauma, grief, or loss issues. Following the consultation, families can choose to participate in IFRT or be linked to other appropriate services.

Locations

FOCUS services are offered in the following locations:

CALIFORNIA

MCAGCC Twentynine Palms
MCB Camp Pendleton
NAB Coronado Island
Naval Base Ventura County
Naval Base San Diego

HAWAII

Joint Base Pearl Harbor-Hickam
MCB Hawaii
Schofield Barracks
Wheeler Army Airfield

MISSISSIPPI

Naval CBC Gulfport
NORTH CAROLINA
MCB Camp Lejeune

VIRGINIA

JEB Little Creek-Fort Story
NAS Oceana Dam Neck Annex
MCB Quantico
NAVSTA Norfolk



MARINE CORPS AIR STATION KANEHOE BAY, Hawaii (Sept. 13, 2010) U.S. Marine Corps families and friends hug arriving Marine Heavy Helicopter (HMH) Squadron-363 Marines at. Marines and Sailors from HMH-363 returned from a seven month deployment to Afghanistan in support of Operation Enduring Freedom. U.S. Marine Corps photos by Lance Cpl. Jody Lee Smith. (Released)



WASHINGTON

Joint Base Lewis-McChord
NAS Whidbey Island

OKINAWA, JAPAN

Kadena AB
MCB Okinawa
Torii Station
USMC Wounded Warrior Regiment

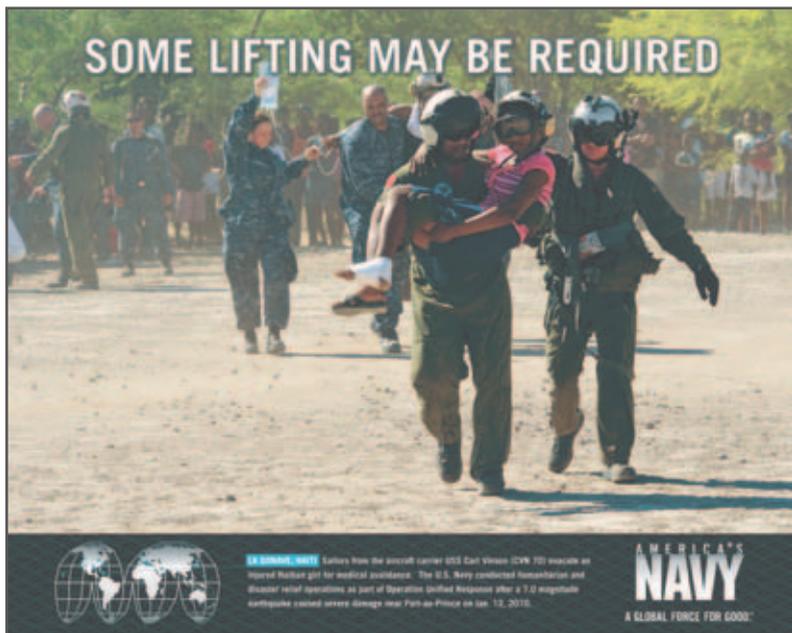
For more information on FOCUS visit www.focusproject.org



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