



**DEPARTMENT OF THE NAVY**

BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO

**BUMEDINST 5420.23**  
**BUMED-M5**  
**10 Aug 2007**

**BUMED INSTRUCTION 5420.23**

- From:** Chief, Bureau of Medicine and Surgery  
**To:** Ships and Stations Having Medical Department Personnel
- Subj:** ROLES AND RESPONSIBILITIES FOR NAVY MEDICINE NORTH ATLANTIC TREATY ORGANIZATION (NATO) WORKING GROUP (WG) AND EXPERT PANEL (EP) REPRESENTATIVES
- Ref:** (a) Chairman, Joint Chiefs of Staff Instruction (CJCSI) 2700.01B of 12 Jan 2006  
(b) Department of the Navy International Standardization Organizational Manual (DONISOM) of 14 Nov 2003  
(c) NATO AAP-3(I), Directive for the Development and Production of NATO Standardization Agreements (STANAGs) and Allied Publications (APs) of 1 Feb 2004  
(d) OPNAVINST 5711.95D
- Encl:** (1) Mission and Functions for Medical Department NATO Representatives  
(2) NATO Representative Selection Criteria and Process  
(3) List of U.S. Navy Medicine NATO Working Groups and Expert Panel Representative Requirements  
(4) Sample Appointment Letter

1. Purpose. To provide the mission, functions, selection criteria, and responsibilities for Navy Medicine's NATO WG and EP Representatives.

2. Background

a. Reference (a) through (d) governs the international military agreement for rationalization, standardization, and interoperability between the United States (U.S.), its allies, and other friendly nations. It also assigns Lead Agent (LA) and Head of Delegation (HOD) responsibility to the Office of the Secretary of Defense, the Joint Staff, and the Services respectively. The U.S. Navy Medical Department is assigned LA and/or HOD responsibility for the following groups:

- (1) Emergency Medical (EM) Expert Panel.
- (2) Medical Training (MT) Expert Panel.
- (3) Naval Medicine (NAVMED) Working Panel.
- (4) Submarine Escape and Rescue Medical (SMERMED) Working Group Panel.

(5) Underwater Diving Medical (UD MED) Working Group Panel.

(6) Aeromedical (AMD) Working Group.

(7) In addition, the Navy Medical Department also provides Navy Medical representation to the Biological Medical Advisory Committee (BIOMEDAC) and the Chemical Biological Radiological Nuclear (CBRN) Medical Working Group.

b. Selection of experts and funding for their participation is coordinated by the individual services. Each WG and EP is chaired by a nation. These multinational groups develop the medical policy and doctrine that evolves into NATO STANAGS and APs.

c. The Joint Chief of Staff (J-4), Health Services Support Division (HSSD), is the office of primary responsibility (OPR) for multinational joint doctrine for casualty prevention and care, force health protection, and medical training. The Joint Staff Surgeon is the U.S. representative to the NATO Committee of Chiefs of Medical Services which oversees medical standardization within the NATO Alliance. As such, the J-4 HSSD exercises oversight of Service activities associated with participation in NATO working groups and panels.

3. Status and Command Relationships. NATO representatives who are in LA and HOD roles represent their Surgeons General and the U.S. military Services to NATO and as such are to exercise diligence in forming and representing U.S. positions to and at NATO meetings. The position of the NATO representative must be recognized as an additional or collateral duty and treated accordingly. Representatives who are secondary to a designated U.S. LA or HOD receive direction from the custodian of the assigned working group, but reports to the Chief, Bureau of Medicine and Surgery (BUMED) via the Navy Warfare Development Command (NWDC) NATO manager and BUMED-M1. NATO representatives must keep their commanding officers fully informed of their activities.

4. Scope of Authority. Through the Chief, BUMED, NATO representatives are delegated the authority to accomplish their missions within statutory, regulatory, or policy constraints. NATO representatives are authorized to establish direct liaison with WG and EP members, professional organizations, societies, and associations; other naval organizations; other services; and Federal agencies. Reference (a) provides additional guidance.

## 5. Responsibilities

### a. NATO Representatives

(1) Develop and maintain files relating to their specific EP or WG, and pass these files to their successors.

(2) Accomplish the mission and functions listed in enclosure (1), and meet the criteria in enclosure (2). Enclosure (3) provides a detailed list of WG and EP representative requirements.

(3) Coordinate activities with the appropriate specialty leaders, subject matter experts and enlisted technical leaders (ETL) on matters outside of the NATO representatives area of expertise.

(4) Notify appropriate corps chief, director, or specialty leader and recommend an officer who is qualified and available to temporarily assume NATO duties when leave, temporary additional duty (TAD), deployment, or other non-availability will cause inaccessibility of greater than 2 weeks.

b. BUMED-M1

(1) Overall responsibility for the NATO representative selection process. Input will be solicited from source such as deputy corps chiefs, specialty advisors, subject matter experts, and other sources. Following representative selection, use enclosure (4) for appointment letters.

(2) Maintain an active list of NATO representatives to include contact information, duty station, and planned rotation dates.

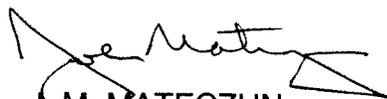
c. BUMED-M8

(1) Budget for and provide required travel funds for NATO travel and ensure distribution to the appropriate command.

d. Active Duty Commanding Officers

(1) Authorize time away from general command responsibilities when traveling for NATO conferences, WG, or EP meetings.

(2) Budget for and provide standard office supplies, electronic or telephonic capabilities, and administrative support to facilitate NATO representative communication.

  
J. M. MATECZUN  
Acting

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**MISSION AND FUNCTIONS FOR  
MEDICAL DEPARTMENT NATO REPRESENTATIVES**

1. Mission. As U.S. HOD and/or LA, members represent their Surgeons General, the U.S. military Services, and present U.S. positions to and at NATO meetings.
2. Functions. The Department of the Navy Medical representative is the officer that provides technical or expert guidance to NATO WG or EP. Under the direction of the Chief, BUMED, the NATO representatives must:
  - a. Review references (a) through (c) for specific HOD and LA roles, responsibilities, and doctrine development.
  - b. Maintain proficiency in their specialty area.
  - c. Maintain files of all issues relating to their NATO WG or EP and pass these files to the succeeding appointees.
  - d. Maintain a directory of e-mail point of contact addresses for members of their specialty and NATO WG or EP.
  - e. Review, comment, disseminate for comment, and maintain NATO STANAGs and Allied Joint Publications (AJPs) as assigned.
  - f. Make recommendations to Naval Warfare Development Command Health Service Support Division (NWDC HSSD) via BUMED-M5 on ratification of STANAGs.
  - g. Attend and actively participate in NATO WG or EP at scheduled NATO meetings throughout the year.
  - h. Provide a summary report of each WG and EP to the Chief, BUMED via BUMED-M5 with a copy provided to NWDC HSSD.
  - i. Relay time-sensitive information on national issues affecting their WG or EP.
  - j. Keep the Chief, BUMED and Joint Staff Surgeon, assigned NATO managers at NWDC HSSD, and U.S. delegates informed of significant interservice and international issues affecting NATO standardization work.
  - k. Actively coordinates with all Budget Submitting Office (BSO) 18 applicable facilities, other services, and other DOD agencies that have an interest in working group or panel activities.

## NATO REPRESENTATIVE SELECTION CRITERIA AND PROCESS

1. General. One representative should be appointed for each NATO Committee of the Chiefs of Military Medical Services (COMED) WP or EP where Navy Medicine representatives are warranted. NATO representative assistants may be appointed for subject areas that have more than one associated EP or when the primary representative may be unavailable for greater than 2 weeks. Selection of NATO representatives will be under the oversight of BUMED-M1, responsibility within the BUMED-M12, Director of Personnel. BUMED-12 will solicit input for representative selection from a variety of source to include deputy corps chiefs, specialty advisors, and other operational subject matter experts.
2. Criteria. Representatives must:
  - a. Be an 05 (CDR) or 06 (CAPT) willing to fulfill assigned functions.
  - b. Be in good standing in their specialty community with comprehensive specialized experience and recommended to BUMED-M12 for NATO representative assignment.
  - c. Hold a clinical specialty certification or master's degree in the WG or EP subject matter. As well as hold requisite credentials within the specialty (i.e., Board certification for Medical Corps).
  - d. Have the training, background, and assignment variety in the specialty necessary to represent the U.S. position.
  - e. Practice or perform in the specialty.
3. Length of Term. NATO representatives will be appointed to serve a minimum of 5 years, which may be extended by the Chief, BUMED upon the recommendation of BUMED-M12. The exceptions to a 5-year term are the Navy representatives to the Aeromedical Panel (AMDP) of the Air Standardization Board, the Underwater Diving Medical Working Group Panel, the Submarine Escape and Rescue Medical Working Group Panel, the Navy Medicine Expert Panel, and the Emergency Medicine Medical Expert Panel. These Navy representatives should be: the BUMED Director, Aerospace Medicine; the BUMED Head, Undersea Medicine and Radiation Health; the Submarine Forces Medical Officer; the BUMED Head, Surface Medicine; and the Emergency Medicine Specialty Leader respectively and would serve for the duration of his or her tenure in that billet.
4. Successors. At least 4 months before expiration of term, the representative must submit successor nominations to BUMED-M12 via appropriate corps chief, director, or specialty leader. Nominations should include up to three individuals qualified to

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succeed as WG or EP representative. When formulating this list, the NATO representative must seek and consider the advice of the specialty area constituency. The list must be accompanied by a current curriculum vitae and letter of intent for each nominee. Specialty leaders must provide their prioritization for nominees for relief, with justification.

**LIST OF U.S. NAVY NATO WORKING GROUPS AND EXPERT PANEL  
REPRESENTATIVE REQUIREMENTS**

1. Medical Standardization Boards Groups and Panels

a. The Navy Medical Department exercises Lead Agency (LA) and Head of U.S. Delegation (HOD) responsibilities for the following:

- (1) Emergency Medicine (EM) Expert Panel.
- (2) Medical Training (MT) Expert Panel.
- (3) Naval Medicine (NAVMED) Expert Panel.

b. The Navy Medical Department provides a delegate to the Biomedical Advisory Committee (BIOMEDAC) and the Chemical, Biological, Radiological, and Nuclear (CBRN) Medical Working Group.

2. Maritime Standardization Board. The U.S. Navy Medical Department exercises LA and HOD responsibility for the following Maritime Standardization Board Working Groups:

- a. Submarine Escape and Rescue Medical (SMERMED) Panel.
- b. Underwater Diving Medical (UD MED) Panel.

3. Air Operations Standardization Board. The U.S. Navy Medical Department provides representation to the U.S. delegation for the Aeromedical (AMD) Working Group.

4. List of other NATO Medical activities to which the U.S. Navy Medical Department may provide a delegate:

- a. Chiefs of Military Medical Services (COMEDS) - (LA and HOD – J-4 HSSD).
- b. Military Medical Steering Group (MMSG) - (LA and HOD – J-4 HSSD).
- c. Medical Standardization Board (MCMedSB) - (LA and HOD – USA).
- d. Military Medical Structures and Operation Procedures (MMSOP) Working Group - (LA and HOD – J-4 HSSD).
- e. Military Medical Health Care (HC) Working Group - (LA and HOD – J-4 HSSD).

f. Chemical, Biological, Radiological, and Nuclear Medical (CBRN MED) Working Group - (LA and HOD – USA).

g. Expert Panels

(1) Dental Service (DS) - (LA and HOD – USAF).

(2) Food Hygiene Technology and Veterinary (FHTV) Services - (LA and HOD – USA).

(3) Medical Communication and Information Systems (MedCIS) - (LA and HOD – ASD (HA)).

(4) Medical Material and Military Pharmacy (MMMP) - (LA and HOD – USAF).

(5) Military Psychiatry (MP) - (LA and HOD – USA).

(6) Military Preventive Medicine (MPM) - (LA and HOD – USA).

**SAMPLE APPOINTMENT LETTER**

From: Chief, Bureau Medicine and Surgery  
To: Name of Appointee  
Via: Commanding Officer

Subj: APPOINTMENT AS A NAVY MEDICINE NATO REPRESENTATIVE FOR THE  
CHIEF, BUREAU OF MEDICINE AND SURGERY

Ref: (a) BUMEDINST 5420.23

1. Per reference (a), you are hereby appointed as the Navy NATO representative for \_\_\_\_\_ working group/expert panel to the Chief, Bureau of Medicine and Surgery (BUMED). This appointment becomes effective upon the signature of this letter and will last for a period of 5 years or your tenure as \_\_\_\_\_. This is in addition to your primary assigned duty. In carrying out your responsibilities as NATO representative, you ensure performance of the functions described in reference (a).
2. For record purposes, please submit an updated copy of your curriculum vitae to your respective Corps Chief, BUMED-M1, and the Navy Warfare Development Command's Health Service Support Division (NWDC HSSD).
3. You must notify your Corps Chief, NWDC HSSD, and BUMED-M1 upon receipt of orders for permanent change of station, release from active duty, discharge, resignation, retirement, or when it becomes known that you will not be available for more than 2 weeks. You must also provide your recommendation for an appropriate interim replacement or successor.
4. Reference (a) outlines resources for support in your role as NATO representative. By copy, the Deputy Chief BUMED, Resource Management/Comptroller is advised of this assignment and requested to assure appropriate funding is available in its support.
5. Congratulations, your appointment as a NATO representative reflects your significant professional accomplishment and the esteem of your community. Your support and dedication to the Navy Medical Department are sincerely appreciated.

D. C. ARTHUR

Copy to:  
NAVPERSCOM (PERS-211 and 4415)  
COMNAVCRUITCOM (Codes 32 and A02)  
BUMED (M1, M3, M5, M8)  
NWDC

Enclosure (4)