



DEPARTMENT OF THE NAVY

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

IN REPLY REFER TO

BUMEDINST 6440.6
BUMED-27
11 May 1993

BUMED INSTRUCTION 6440.6

From: Chief, Bureau of Medicine and Surgery

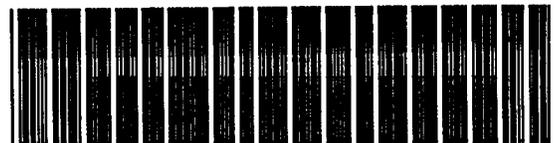
Subj: MOBILE MEDICAL AUGMENTATION READINESS TEAM (MMART) MANUAL

Ref: (a) OPNAVINST 6440.1B
(b) NAVREGS articles 0405, 0820, and 0923
(c) BUMEDINST 4812.1
(d) Naval War Publication (NWP) 6
(e) BUMEDINST 6440.5
(f) NWP-22, Doctrine for Amphibious Operations
(g) FMFM 4-50, Fleet Marine Force Manual, Health Service Support
(h) BUMEDINST 6320.66A
(i) Title 10, U.S.C.
(j) OPNAVINST 1300.12
(k) NAVMILPERSCOMINST 4650.2A
(l) Navy Uniform Regulations
(m) NAVCOMPTMAN 075183
(n) NAVPERSMAN 15909C, change 9
(o) Title 37, U.S.C., section 305A
(p) DOD Foreign Clearance Guide
(q) OPNAVINST 4650.11F
(r) NAVMEDCOMINST S3820.1
(s) NWP-2A, Organization of the U.S. Navy
(t) NAVSUP P-485
(u) OPNAVINST 4631.2C
(v) NAVMEDCOMINST 6230.3
(w) NAVMEDCOMINST 6810.1
(x) NWP-10-1-11(A), Status of Resources and Training System (SORTS)

Encl: (1) MMART Manual

1. Purpose. To provide the basic policies and procedures for rapidly augmenting the Operating Forces with organized teams of Medical Department personnel for limited (non-mobilization), short-term (less than 180 days) military operations, humanitarian relief missions, and fleet and Fleet Marine Force (FMF) scheduled deployments (reference (a)). References (b) through (x) are provided for additional information.

2. Cancellation. NAVMEDCOMINST 6440.2.



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3. Applicability. Applies to all Medical Department activities sponsoring MMARTs or maintaining MMART supply blocks. It also provides information for those commands which may be supported by the MMART system.

4. Policy

a. MMARTS must be maintained in a high state of medical readiness and be capable of rapid deployment on short notice anywhere in the world.

b. Commanding officers of activities sponsoring MMARTs or maintaining MMART supply blocks are responsible for the readiness and deployability of their teams or blocks.

c. As part of internal review programs, sponsoring commands will continually assess and monitor the management and readiness of designated teams and blocks, and comprehensively review their entire MMART program on an annual basis.

d. MMART management and readiness is a special interest item for the Inspector General, Medical.

e. Task-organized and trained teams of personnel must be used to the maximum extent possible to augment medical support for fleet and FMF operating units.

f. All commands sponsoring MMARTs or supply blocks must establish accounting systems to monitor the categorical costs associated with providing their support.

5. Discussion

a. Reference (a) provides direction to fleet and FMF units in requesting the use of MMARTs. Additional guidance for the Bureau of Medicine and Surgery's (BUMED's) responsibilities in organizing, maintaining, and equipping MMARTs is provided.

b. Reference (b) defines responsibilities for providing medical personnel to staff and augment units of the fleet and FMF.

c. This instruction provides direction for accomplishing the responsibilities to rapidly augment the Operating Forces with organized, trained teams for limited, short-term operations.

d. Reference (c) provides information and direction to ensure medical support for a long-term commitment, general war, or Medical Personnel Augmentation System (MPAS) to support specific fleet and FMF units in the event of a national emergency or low intensity conflict (LIC) requiring wartime manning levels.

6. Responsibilities

a. Bureau of Medicine and Surgery:

(1) Provides technical guidance and the central management of the MMART program, per reference (a).

(2) Monitors the readiness status of MMART assets.

(3) Provides funding guidance and serves as the major claimant for MMART.

(4) Collects input and provides reports on the MMART Issue Tracking System (MITS) when requested for the Chief of Naval Operations (CNO) and Fleet Commanders. Ensures that issues are appropriately addressed by Medical Department commands.

(5) Maintains liaison with the echelon 2 and responsible line commanders having the military command of medical facilities supporting MMARTs. Informs the military chain of command of MMART alerts and anticipated deployments.

b. Naval Health Sciences Education and Training Command (HSETC):

(1) Programs, coordinates, and executes an annual training plan in support of the MMART program for each fiscal year. The training plan must be formally submitted to BUMED not later than 1 August each year.

(2) Provides technical and administrative support for other MMART training.

c. Naval Medical Logistics Command (NAVMEDLOGCOM):

(1) Manages, maintains, and publishes MMART authorized medical allowance lists (AMALs). At a minimum, annually conducts AMAL reviews, publishes revisions, and implements AMAL changes as approved by BUMED.

(2) Manages and serves as program coordinator for MMART supply block maintenance and replenishment.

(3) Serves as BUMED agent for oversight of the maintenance, storage, and shipment of MMART blocks by the Supply Block Maintenance and Distribution Center (SBM/DC), Marine Corps Logistics Base, Barstow, CA 92311.

(4) Provides monthly readiness status reports of MMART supply blocks, except for preventive medicine blocks, to BUMED (MED-27).

d. Navy Environmental Health Center (NAVENVIRHLTHCEN):

(1) Designates a qualified individual to coordinate the MMART program and serve as command point of contact.

(2) Manages the task-organized preventive medicine teams to ensure rapid response to environmental health situations which may affect military operations.

(3) Manages and maintains preventive medicine and disease and vector control blocks in support of preventive medicine MMARTs.

(4) Provides BUMED (MED-27) with a consolidated MMART quarterly report from subordinate commands.

e. Naval Hospitals (NAVHOSPs), Navy Environmental and Preventive Medicine Units (NAVENPVNTMEDUs), and Navy Disease Vector Ecology and Control Centers (DVECCs) as designated in appendix A must:

(1) Designate a qualified individual (normally the plans, operations, and medical intelligence (POMI) officer) to coordinate the MMART program and serve as command contact point.

(2) Assign qualified personnel to MMARTs and designate appropriately qualified team leaders. Also, assign qualified personnel as task force (TF) surgeons (see chapter 7).

(3) Maintain teams in a high state of readiness and deploy them as directed by higher authority.

(4) Develop and execute a local MMART training program.

7. Definitions. The following definitions apply in this instruction:

a. Requesting Command. Organization or activity which originates the requirement for MMART support for a specific mission. The requesting command may not necessarily be the actual receiving command.

b. Receiving Command. Organization or activity which receives and supports the functions of MMART personnel or supply blocks. This command normally has direct operational control over MMART assets throughout the duration of the particular exercise, deployment, or other mission.

c. Sponsoring Command. A Medical Department command activity which maintains and assures the readiness of MMART

component specialty teams or supply blocks. The sponsoring command provides MMART assets to a receiving command when directed by BUMED.

d. Operational Control. Authority delegated to a commander to direct forces assigned so the commander may accomplish specific missions or tasks usually limited by function, time, or location; to deploy units concerned; and to retain or assign tactical control of those units. It does not include authority to assign separate employment of components of the units, administrative, or logistic control.

e. Administrative Control. Direction or exercise of authority over subordinate or other organizations in respect to administrative matters, such as personnel management, supply services, and other matters not included in the operational missions of the subordinate or other organizations.

8. Action. Activities sponsoring MMARTs must comply with the policy and guidance contained in this instruction and enclosure (1).

9. Reports and Forms

a. Reports. The following reports identified in chapter 5, are approved by the Chief, BUMED:

(1) The Quarterly MMART Readiness Report is assigned report control symbol MED 6440-1.

(2) The Acknowledgement of Alert Status Report is assigned report control symbol MED 6440-2.

(3) The Post Deployment Critique (PDC) Report is assigned report control symbol MED 6440-3.

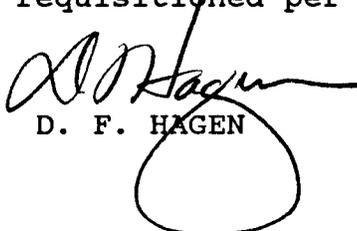
(4) The MMART Situational Report is assigned report control symbol MED 6440-4.

(5) The MMART Block Status Report is assigned report control symbol MED 6440-5.

b. Forms. NAVMED 6700/3 (Rev. 7-81), Medical/Dental Equipment Maintenance Record, S/N 0105-LF-206-7015; DD2N (Rev. 7-74), Military Active Duty Identification Card, S/N 0102-LF-000-0020; PHS 731 (9-71), International Certificate of Vaccination, S/N 0108-LF-400-0706; NAVPERS 1320/16 (Rev. 11-87), Temporary Additional Duty Travel Order, S/N 0106-LF-013-2082; DD 1934 (7-74), Geneva Convention Card,

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S/N 0102-LF-005-8700; and OPNAV 1740/1 (6-82), Navy Dependent Care Certificate, S/N 0107-LF-017-4005 are available from the Navy Supply System and may be requisitioned per NAVSUP P-2002D.


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- C - MMART Member Security Clearance
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INTRODUCTION

This manual provides guidance and direction for the day-to-day management and administration of the MMART program.

The Medical Department's mission is to conserve manpower by: (a) preventing disease and injury; (b) restoring functional health and well being; (c) returning personnel to full duty as soon as possible; and (d) minimizing disability. Its peacetime role is to provide effective health care services and to maintain a ready capability to rapidly support the Operating Forces with a highly trained and operationally oriented force capable of treating casualties in an integrated nuclear, biological, chemical, and conventional wartime environment. Accordingly, BUMED must be prepared to provide a rapid, mobile, and flexible response.

Reference (a) establishes program policy. The objective of the MMART program is to provide a well-trained, quickly responsive, highly mobile and flexible system of medical teams and supply blocks for short-term medical, surgical, and psychological support in crisis or contingency situations. MMARTs are supported by continental United States (CONUS) based medical facilities. The teams provide medical support in a peacetime crisis which may overwhelm the organic medical capability of a Navy or Marine Corps operational unit, a medical treatment facility (MTF), or in a situation lacking medical assets. Examples of MMART employment include augmentation for fleet and FMF deployments, medical regulating support, mental health support in homeport following shipboard disaster, epidemiologic support in response to a cholera outbreak, and task-organized teams to remote locations. Because of their high probability for deployment anywhere in the world, MMARTs must be maintained at the highest level of readiness.

To ensure MMART readiness, BUMED and sponsoring commands are expected to devote sufficient resources to accomplish the MMART mission. Such a commitment is essential to meet the Navy Medical Department's readiness responsibility described in reference (d) and must be clearly communicated to MMART members and all other personnel supporting the MMART system. Even when not deployed, the existence of MMARTs demonstrates the Medical Department's commitment to the support of global Navy and Marine Corps operations.

Commanding officers have the responsibility to select highly qualified individuals for assignment. They will ensure that team members are prepared for deployment, instructed on the mission, organization, and functions of the fleet and FMF organizations and trained to meet a broad spectrum of contingencies.

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MMART members must be prepared for short-term, rapid deployment where they will initiate immediate casualty care and treatment procedures or preventive medicine programs in situations ranging from low intensity conflict to disaster conditions. MMART members must also be prepared to respond to the uncertainties of contingency operations and unpredictable casualty levels.

The MPAS is the Medical Department's manpower management system for wartime assignment which complements the Fleet Augmentation Program. MPAS, governed by reference (e), is the mechanism which implements medical augmentation of forward deploying units involved in military operations from low intensity conflict to generalized warfare. MMART members may also have MPAS assignments.

Additional medical support systems include the fleet surgical teams (FSTs) and contingency response teams (CRTs). FSTs are organic to Commander in Chief, U.S. Atlantic Fleet (CINCLANTFLT) and Commander in Chief, U.S. Pacific Fleet (CINCPACFLT). FSTs deploy with routinely scheduled amphibious ready groups (ARGs). CRTs are located at naval hospitals outside the United States (OCONUS). As directed by the theater commander in chief, they provide a rapid interim medical response to peacetime disasters or other mass casualty situations.

In summary, MMART is a BUMED-sponsored program designed to provide rapid temporary medical augmentation. In combination, the MPAS, MMARTs, FSTs, and CRTs comprise a broad operational medical system in support of a wide range of situations from local mass casualty incidents to world war.

CHAPTER 1

PROGRAM DESCRIPTION

1-1 Mission. The mission of MMART is to provide rapid short-term (less than 180 days) medical augmentation for peacetime contingency operations and low intensity conflict (LIC), as directed:

1-2 Functions. MMARTs will:

a. Augment deploying medical units supporting military operations (CINCLANTFLT and CINCPACFLT should consider FSTs first).

b. Augment shore-based MTFs or family support centers.

c. Support humanitarian relief and preventive medicine efforts.

1-3 Program Description

a. Organization. The MMART Program is a composite of diversified medical units of active duty Medical Department personnel. MMARTs may be task-organized (modified) to meet mission-specific needs. Appendix A shows the locations, the team types, and team numbers of all MMARTs. Appendix B lists the types and compositions of MMARTs and the Navy Officer Billet Codes (NOBC)/Navy Enlisted Classification (NEC) of assigned personnel. Appendix C identifies the team members by billet requiring SECRET clearance.

b. Potential Assignments

(1) Fleet Unit Augmentation. Surgical teams may be assigned to amphibious assault ships (LPH/LHA/LHD) in support of an ARG with an embarked marine air ground task force (MAGTF). All amphibious ships are casualty receiving and treatment ships (CRTS). CRTS receive personnel casualties by surface or aircraft, provide stabilizing medical care and evacuate the casualties for further medical care. The operational commander designates assigned CRTSs as primary (PCRTS) or secondary CRTS (SCRTS). The difference between a PCRTS and a SCRTS is determined by the quantities of casualties capable of being received, the numbers of augmenting medical personnel, the quantities of medical supplies carried, and the size and capability of their medical spaces. Appendix D outlines the medical capabilities. At the direction of the Commander, Amphibious Task Force (CATF), teams initially assigned to a CRTS may be ordered ashore to augment Marine Corps medical units. Medical support planning for amphibious operations is described in references (c), (f), and (g).

Enclosure (1)

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(2) FMF Augmentation. MMARTs may be assigned to the medical battalion or the MAGTF commander. FMF and the medical battalion organization and placement of MMARTs are discussed in reference (g).

(3) MTFs or Disaster. In the event of military contingencies or natural disaster, MMARTs may provide additional medical support for the sudden influx of patients. The teams or units must be used as they are functionally organized.

(4) Naval Activity Support. MMART teams may be assigned to a naval activity (base-command-ship) upon request in the event of an emergency. Situations envisioned in this scenario may include a special psychiatric rapid intervention team (SPRINT) providing mental health support to a ship which experienced accidental death.

(5) Assistance to Foreign Governments. MMARTs may be employed to provide medical assistance to a foreign government. An example is the provision of preventive medicine support or training. The normal chain for such requests is as follows: American Embassy to Department of State to Department of Defense to Secretary of the Navy to Chief of Naval Operations. If approved, CNO (N093) will task BUMED to deploy the appropriate MMART assets.

(6) Fleet and FMF Exercises. Where a significant health threat exists and organic medical assets are not sufficient, CNO may approve a fleet request for MMARTs to augment organic medical assets for limited phases of the exercise.

(7) Mobilization. MMART members deployed when MPAS is activated must remain with their unit if the unit is a receiving unit under MPAS. Nondeployed MMART members will revert to their augmentation billets assigned by their parent command via the MPAS. During an LIC, the decision on the MMART system integrity is made by CNO (N093).

c. Support

(1) Receiving Command. MMARTs are not self-sufficient. The receiving command must provide the following minimum support: shelter, berthing, utilities, laundry facilities, messing, security, administrative and communication support, and special clothing and equipment. In addition, MMARTs require use of available medical facilities and equipment to perform their general medical-surgical clinical functions (i.e., access to operating rooms, laboratory, pharmacy, x-ray units, etc).

(2) Sponsoring Command. If required by the scheduled deployment or tactical environment, clothing listed in appendix E must be provided by the supporting command.

(3) MMART Blocks. Medical supply and equipment blocks may be deployed to meet mission demands that exceed the materiel capability of the receiving command. Appendix F lists and describes the types of MMART blocks. Chapter 7 elaborates on MMART block management.

1-4 Team Descriptions. There are six types of MMARTs: surgical, medical regulating, specialist support, special psychiatric rapid intervention, humanitarian support, and preventive medicine. The teams may be deployed individually or in combinations; BUMED may task organize a team or unit for a mission-specific assignment. For example: a surgical support unit may be deployed without the medical officer but with additional nurses and corpsmen; a particular specialist and technician from the specialty team may deploy with a surgical unit. Team descriptions follow:

a. Surgical Team (ST). The ST is composed of three units: surgical unit; surgical support unit; ancillary support unit. The team provides surgical care. The ST may be deployed as a complete team, a multiple of teams and/or units, or task organized.

(1) Surgical Unit (SU). The SU provides basic general surgical care and can staff one operating room.

(2) Surgical Support Unit (SSU). The SSU renders pre- and post-operative care, operates a limited intensive care unit, and assists in triage.

(3) Ancillary Support Unit (ASU). The ASU provides personnel with skills and expertise for the management of radiology, laboratory, pharmacy, respiratory care, and blood bank needs. The medical technologist and advanced laboratory technicians perform blood bank functions. The medical technologist may serve as liaison with the area joint blood program officer (AJBPO) for procurement of additional blood support.

b. Medical Regulating Team (MRT). The MRT coordinates and controls the timely and efficient evacuation of patients to MTFs for further treatment. The MRT establishes the medical communication network. Normally assigned to a CRTS, MRT members may be distributed to other amphibious ships or locations.

c. SPRINT. The SPRINT provides short-term mental health and emotional support immediately after a disaster with the goal of preventing long-term medical psychiatric dysfunction or disability. The team may provide educational and consultive services to local supporting agencies for long term problem resolution.

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d. Humanitarian Support Team (HST). The HST cares for non-combatant casualties or patients in response to:

Migrant/refugee processing and support
Natural disaster relief
Non-combatant evacuation (NEO)
Exposure to chemical or biological hazards

They are also available for enhancement of ST or MTF capabilities.

e. Specialist Support Team (SST). The SST is a group of specialists which may be task-organized to enhance ST or MTF capabilities.

f. Preventive Medicine Team (PMT). The PMT assesses, prevents, and controls potential and actual health threats in support of deployed Operating Forces and disaster relief. The team is task-organized for each specific mission by the NAVENVIRHLTHCEN from personnel assigned to the NAVENPVNTMEDUs and DVECCs. The PMT may be tasked to meet the following broad objectives:

(1) Provide guidance, monitoring, and control services in support of casualties exposed to chemical, biological, or radiological (CBR) agents. Minimize additional casualties through application of approved detection and preventive measures.

(2) Identify, define the risk magnitude, recommend, and implement means of preventing or controlling communicable disease and sanitation problems.

(3) Identify, prevent, and control arthropod pests, rodents, and vector-borne diseases.

(4) Collect, analyze, and report morbidity data.

1-5 The MMART Coordinator

a. Normally, the MMART coordinator is one of the functions of the command POMI officer. Because of the multidisciplinary nature of MMART and the requirement for rapid response during emergencies, the POMI officer is normally assigned as a special assistant for readiness.

b. The MMART coordinator has a key role in maintaining a viable program at MMART supporting commands. Significant functions include:

(1) Acting as the command central contact point and action officer for MMART matters.

(2) Providing the commanding officer with program status reports and potential and actual program shortfalls or situations which may degrade program readiness.

(3) Preparing routine and ad hoc reports as required by this manual and other authorities.

(4) Maintaining a command MMART reference library containing manuals, publications, and instructions for program management and familiarization of team members with current policies, procedures, and doctrine of the operational units which they may augment. See appendix G.

(5) Maintaining readiness checklists on MMART members. See appendix I.

(6) Assisting the command training officer and MMART leaders in the development of a local MMART training program.

(7) Reviewing and endorsing post-deployment and training critiques to identify and correct local issues.

CHAPTER 2

ASSIGNMENT AND ADMINISTRATION

2-1 General Assignment Information. Because members may deploy to any part of the world on short notice, commands must maintain all assignment criteria and administrative requirements in a continuous state of readiness.

a. The commanding officer must appoint each member in writing, for a minimum of 18 months. The assignment letter must indicate that MMART responsibilities have precedence over other duties.

b. Commands must identify alternate team members who may be used in the event of illness, administrative or professional disqualification, temporary absence, or unplanned loss. Alternate team members must meet the specific requirements for assignment listed in paragraph 2-2. Alternate team members must be included in MMART training evolutions when participation is not considered detrimental to the operations of the MTF.

c. Replacement members must be identified and begin integration into the team 3 months before loss of primary team members (e.g., permanent change of station, release from active duty, resignation).

d. The commanding officer must designate a team leader for each MMART. The team leader assignment letter must specify the additional responsibilities of this position. Operational experience and leadership skills are prime considerations for appointment.

2-2 Specific Requirements. Personnel must meet the following requirements before team assignment:

a. Each member must hold the appropriate NOBC or NEC per appendix B. Substitutes are not authorized without BUMED approval.

b. Each member must have completed the Medical Personnel Readiness Checklist. See appendix I.

c. Members must be U.S. citizens to meet passport requirements. Each member must either possess a current official "no-fee" passport or have a certified copy of his or her birth certificate and completed passport application on file with the MMART coordinator.

d. Each member must have the current annual negative HIV test results documented in his or her health record.

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e. Each member must have a duplicate dental panoramic x-ray in his or her dental record.

f. Medical and dental practitioners must have current permanent clinical privileges for their MMART billet per reference (h).

g. Medical and dental corps officers (except those assigned to a SPRINT) must have current qualifications and training in advanced trauma life support (ATLS) and advanced cardiac life support (ACLS). Nurse corps officers must have current qualifications in ACLS. Hospital corpsmen and dental technicians with clinical responsibilities must have current qualifications in basic life support (BLS).

h. Security clearance requirements are indicated, by billet, in appendix C.

i. The following criteria are strongly recommended when selecting general service hospital corpsmen (NEC 0000) for MMART.

(1) Surgical support unit: Completed "A" school follow-on training, 2 years service, 3 months ward experience, and minimum E-3 paygrade.

(2) Medical regulating team: Administrative experience, minimum E-5 paygrade, and 3 years service. FMF (HM-8404) experience is recommended.

(3) Humanitarian support team: Same as surgical support unit to include EMT training.

2-3 Assignment of Women. Women are precluded by law (reference (i)) from assignment to Navy and FMF units which can reasonably be expected to participate in combat missions. Thus, all primary MMART members, except for HST, must be male. However, commands are encouraged to designate women alternate team members to support noncombat missions.

2-4 Functional Area Code "U". Medical corps officers in a designated functional area code "U" (FAC(U)) billet cannot be assigned to MMARTs. Their primary duty is to support the Marine Corps and they must be available for recall. See reference (j), for further information.

2-5 Other Taskings. Team members must not be assigned to extended deployment other than for MMART.

2-6 Team Administration. Both the command MMART coordinator and each MMART team leader are responsible for maintaining team

readiness and ensuring that information contained in documents and files is current.

a. MMART Coordinator

(1) Provides administrative and technical support to team leaders for the management of their teams.

(2) Maintains the file of certified birth certificates and completed passport applications of members who do not possess valid passports. (Passport processing procedures are contained in chapter III of reference (k)).

(3) Maintains the file of the medical personnel readiness checklists for each member, and reviews them quarterly.

(4) Maintains information on each member such as: SSN, address, work station, phone number (home and work), projected rotation date, passport serial number and expiration date, security clearance, and primary next of kin.

(5) Maintains records relative to organization issue materiel provided to and returned by MMART members.

(6) Manages the MMART training program with assistance of MMART leaders.

b. Team Leaders

(1) Identify and coordinate support requirements with other team leaders and the MMART coordinator to facilitate accomplishing the MMART mission.

(2) Maintain team and individual readiness to meet planned or unplanned deployments. Review team members' personnel checklists, training, and qualifications on a quarterly basis. Exercise the team's recall bill. Initiate corrective action on areas which may jeopardize the mission of the team.

(3) Notify the commanding officer and the MMART coordinator of any factors which jeopardize the operational readiness of the team.

(4) Support and participate in MMART training. Assist in the development and implementation of the command's MMART training program. Assist in preparing individualized training plans for team members.

(5) Prepare and provide written input for performance evaluations and other reports and correspondence as indicated or appropriate.

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(6) Prepare post-deployment critiques and submit to BUMED via chain of command when appropriate. See appendix J.

2-7 Clothing and Personal Equipment

a. MMART members are expected to possess a full clothing allowance as prescribed by reference (1). The requesting or receiving command must identify specific uniform requirements before deployment.

b. The supporting command must issue organizational issue materiel (listed in appendix E) for each MMART member. However, if the assignee has received a basic issue from the FMF within the last 3 years, no new issue will occur. In addition, assignees are responsible for demonstrating that the items and quantities cited in appendix E are in their possession and in serviceable condition. If not, the member is responsible for procuring replacement items at their own expense.

c. Provision of special clothing for inclement weather, field use, personal protection (e.g., CBR suits and masks), personal defense clothing (e.g., flack jackets and kevlar helmets), and weapons are the responsibility of the receiving command.

CHAPTER 3

TRAINING

3-1 Training Concepts. Training is essential to the successful performance of MMARTs. Because of the variety of conditions in which an MMART may be deployed, MMARTs must maintain a high level of readiness. Individual members must know and be able to perform their assigned roles. This will expedite the member's integration into the unit and maintain unit cohesiveness. The supporting command, through the MMART coordinator and head, training and education, must facilitate team integration by meeting the training needs of both individual members and teams. BUMED and HSETC also provide support by serving as information resources and by arranging specific courses. See appendix K for a list of training courses which may be coordinated by HSETC, provided by the sponsoring command, or obtained by the member via correspondence.

- a. MMART members must maintain minimum current training to meet the mission of the team and their roles on the team.
- b. Training cycles must be planned to prepare each team member, replacements, and alternates.
- c. MMARTs must receive training and orientation in fleet and Marine Corps settings to enhance performance for support to the Operating Forces.
- d. Team training must be conducted to familiarize and integrate individuals into the operating environment of the team.
- e. Training must be individualized to avoid repetitive or non-essential training.

3-2 HSETC Role

a. HSETC coordinates and executes an annual training plan for MMARTs. The plan indicates what BUMED-directed training must be accomplished, when training must be accomplished, class quotas, location, and funding instructions.

b. The training plan addresses required courses such as:

(1) Field Medical Service School (FMSS). A 3-5 day course which provides an indoctrination in the basics of field medicine and FMF organization.

(2) Landing Force Medical Staff Planning. A 5-day course which addresses the various aspects of planning medical support for an amphibious operation. It is conducted by the Staff

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Planning School, Landing Force Training Command, Pacific, Naval Amphibious Base, Coronado, San Diego, CA 92155. The course may also be provided at a local command upon request. This course is intended for team members E-6 and above.

(3) CBR Casualty Care. A course which provides the necessary expertise and skills required to care for casualties exposed to CBR agents, and to minimize additional casualties through application of appropriate preventive measures.

3-3 Sponsoring Command Responsibilities

a. The commanding officer, through the MMART coordinator and team leader, is responsible for training each team to perform its assigned mission.

b. Commands must maximize training opportunities available in their local areas.

c. Commands must develop, coordinate, budget for, and execute an annual command MMART training plan. Team leaders, the MMART coordinator, and the command training officer must jointly develop the MMART training plan. Command level MMART training must include the following areas:

(1) BLS, ACLS, and ATLS. BLS, ACLS, and ATLS certifications must be kept current. Plans for training replacement members must be executed.

(2) Supply Block Orientation. Team leaders must ensure their team members have a thorough working knowledge of the contents of the blocks supporting the team. Team leaders must request a copy of the appropriate AMAL review from NAVMEDLOGCOM.

(3) Small Arms Training. MMART supporting commands may not procure or maintain weapons and ammunition for small arms training. Commands may, however, arrange for small arms training for MMART personnel with activities that provide familiarization training for small arms.

(4) Shipboard Orientation. Visits to the LHD/LHA/LPH class ships are instructional as these ships are configured to function as a CRTS.

(5) Local Exercises. Team participation in exercises with operational Navy, Marine Corps, Army, and Air Force active or Reserve units, and in command or local civilian area disaster preparedness drills are encouraged.

(6) Personal CBR Protection. Each team member must understand how to fit and wear a gas mask and all other mission oriented protective posture (MOPP) gear.

(7) Surface Force Medical Indoctrination Course. This course is intended for non-independent duty corpsmen and is offered at the Naval Amphibious Base, Coronado, San Diego, CA 92155.

(8) Other Training Opportunities. The following must be addressed in the local plan:

- (a) The MMART concepts, policies, and procedures.
- (b) Local team deployment procedures.
- (c) Organization of the fleet and FMF including the operational chain of command and staff relationships.
- (d) Principles of triage.
- (e) Mission and functions of shipboard and FMF medical and dental units.
- (f) Care and treatment of field and shipboard unique injuries and illnesses.
- (g) Care of specific medical conditions identified through medical intelligence networks.
- (h) Guest speakers from operational staff or training commands.

CHAPTER 4

ALERTS AND DEPLOYMENTS

4-1 Alerts. MMART surgical teams and medical regulating teams are routinely placed on 48-hour alert by BUMED to provide an immediate source of medical support for crisis situations. Under certain conditions, other teams may be placed on alert or the response time shortened.

a. One surgical team and one medical regulating team for each coast are on 48-hour alert for each coast at all times. Commands are notified by unclassified message of the alert. The period of routine alert is about 1 month. The teams are placed on routine alert on a rotating basis. Commands must acknowledge the alert status. (See chapter 5 for acknowledgement report.)

b. In response to quickly evolving contingency situations or as directed by higher authority, additional teams may be placed on alert with very short response times. Notification of such alerts may be made by telephone, telefax, classified, or unclassified message.

c. Response times for alerts are to indicate lead time for possible deployment. The response time must be a key factor in approval of planned absence requests (leave, TAD) for members of teams on alert. Using qualified alternate members must also enter into such decisions.

4-2 MMART Requesting and Approval Procedures

a. As decision authority, CNO (N931) approves fleet requests for MMARTs and directs BUMED to provide the teams. Commanding officers may use MMARTs (not on alert) for internal or local support requirements without request or approval from higher authority.

b. Requests for MMART assistance must be sent via the requestor's chain of command to CNO (N931). Enclosure (3) of reference (a) provides requesting message guidance (see appendix P). In emergency situations, initial requests and taskings may be made verbally.

4-3 Command Notification. Upon CNO tasking, BUMED will notify the designated commands to support the mission requirements, usually by telephone. Upon receipt of the formal tasking from CNO, BUMED will transmit a tasking message to the providing command with information copies to the appropriate echelon 2 and responsible line commanders. The message may provide additional guidance to facilitate preparation for deployment. Normally, direct liaison between the providing activity and the requesting

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or receiving commands will be authorized (DIRLAUTH). DIRLAUTH facilitates communication between commands for deployment coordination and may serve to better define MMART support requirements.

4-4 Command Support Responsibilities

a. Standard Operating Procedure. A command standard operating procedure (SOP) must be developed for deployment execution. Support requirements must be communicated to appropriate department heads within the command and to local supporting activities such as the personnel support detachment (PSD) and naval passenger travel office (NAVPTO).

b. Orders and Funding

(1) The sponsoring command must issue funded TAD orders with security clearance verification (as required), reporting instructions, and special instructions as tasked.

(2) Funding requirements for MMART deployment are addressed in reference (m).

c. Family Support. A command designated ombudsman must assist the MMART coordinator in support of the families of deployed MMART members. Family separation often creates personal hardship and apprehension. With an unexpected deployment, this situation is amplified.

d. Sea Duty Credit and Pay. All enlisted MMART members must be informed of the contents of article 3.043 of the Enlisted Transfer Manual (reference (n)) and provided assistance in preparing requests. Members also must be counseled about the potential negative impact of requesting a projected rotation date extension. Credit for sea pay during embarked TAD is covered by reference (o).

4-5 Personnel Transportation Arrangements

a. Passports and Visas. Passports and visas are not usually required for deployment. If they are required before or during deployment, the previously completed application and certified birth certificates must be sent to BUPERS for processing. Reference (k), chapter III, provides passport and visa information. Note: BUMED Readiness Division (MED-27) is to be notified in the event of an emergent situation.

b. Entry Approval. Some countries or operational commanders require country clearance or entry approval before arrival. A message request must be sent by the sponsoring command to the

operational commander and the country's American Embassy 30 days before arrival. References (p) and (q) provide amplifying guidance.

c. Transportation

(1) The sponsoring command has the responsibility to arrange transportation of personnel to and from deployment to meet the requesting command's requirement and should maintain close liaison with the nearest NAVPTO (see reference (k)). The sponsoring command must notify the receiving command (and all concerned) of the team itinerary.

(2) Transportation planning involves more than the mode of transportation. Consideration must be given also to team accommodations in the event of layovers and key points of contact at potential supporting military bases and embassies.

(3) Situations may arise where equipment and teams are required to move on very short notice which is beyond the capability of routine military or commercial transportation. In such instances, a special airlift assignment mission (SAAM) will be coordinated by BUMED (MED-27).

4-6 Predeployment Evolutions

a. Predeployment Visit (PDV). As directed or invited, key members of the team may make a PDV to the receiving command. The purpose of the visit is to familiarize team members with the particular environment and personnel of the receiving command. It also provides team members the opportunity to review the medical support requirements contained in the medical appendix of the operation order. The PDV is normally arranged by the requesting command. Early liaison with the receiving command's staff can be the key to a successful support mission. PDVs provide an excellent opportunity to obtain clarification of those issues not fully resolved in the period between MMART deployment notification and actual reporting. (Note: While PDVs are valuable, they may not always be possible, especially in crisis situations requiring immediate MMART deployment.)

b. Predeployment Workups. Deployment requirements may include participation in predeployment workups, especially for deployments in support of an ARG. These are called "Greenwater Workups" (GWW) on the east coast and "Kernal Usher" (KU) exercises on the west coast. As with the PDV, attendance must be specified in the tasking message from BUMED.

c. Casualty Planning. MMART members require specific knowledge in casualty planning which can be obtained with the assistance of the receiving command's medical department during

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predeployment visits or workups. Appendix L provides a casualty planning checklist which must be taken on predeployment evolutions and deployments.

d. Medical Intelligence

(1) The team leader must be aware of medical problems peculiar to the area of deployment so that the sponsoring command may obtain the appropriate equipment and supplies to support the team. Team training focusing on identified unique medical conditions is also of critical importance before deployment.

(2) The Armed Forces Medical Intelligence Center (AFMIC), Fort Detrick, Frederick, MD 21702-5015, provides a weekly summary of global medical intelligence items. In addition, AFMIC can provide authorized requestors with indepth medical intelligence relative to particular areas of the world.

(3) The fleet intelligence centers (FIC) are also responsible for providing intelligence information to all deploying fleet units, as well as for maintaining and updating port directories. The receiving command must obtain required data from FICs.

(4) Navy environmental and preventive medicine units and Navy disease vector ecology and control centers are also excellent sources of current medical information.

(5) Team leaders must familiarize themselves with reference (r).

e. Predeployment Checklist. Appendix L provides a checklist of items the team leader must accomplish before deployment.

4-7 Reporting for Deployment. Upon reporting to a ship, the team leader must personally contact the senior medical officer (SMO). The SMO can assist in introducing key MMART personnel to the commanding officer, executive officer, task force and landing force surgeons (if applicable), and other staff. The SMO and senior enlisted staff must also assist in the integration of the MMART into the ship's medical department. A "reporting aboard checklist" is included in appendix L. Appropriate introductions must be made by the team leader when MMART is assigned to other types of medical units, e.g., FMF, MTF, civilian, or governmental.

4-8 Command Relationships. MMARTs function within the chain of command of the augmented unit, normally the receiving command, according to the following:

a. Navy Operational Chain. MMARTs must be assigned to the organization of the operational Navy units under the Fleet Commander in Chief (CINC) and the receiving commander. See reference (s) for operational overview.

b. Amphibious Operations. The relationship between the Navy and Marine Corps elements that combine into an Amphibious Task Force (ATF) includes medical planning and supporting staffs. MMARTs are normally assigned to the operational Navy unit but may be further assigned to a Marine Corps unit ashore. See references (d) and (f).

c. Fleet Marine Force (FMF). The MMART must operate under the FMF operational chain of command. See reference (g) for information on the Marine Corps structure.

4-9 MMART Integration

a. All MMART personnel must be aware of their position in the chain of command. Unless otherwise specifically directed, the team leader must report to the designated operational commander of the receiving command and operate under this direction, with team integrity being maintained whenever possible (e.g., if shipboard, all MMART members are under the line authority of the commanding officer, subject to the commanding officer's orders, requirements, and disciplinary authority which are effected through the executive officer and department heads.) The exception to team integrity is the MRT whose members are assigned to many different commands.

b. A clear understanding of the distinction between areas of administrative responsibility for the operation of the medical department and areas of specific clinical responsibility can alleviate friction.

c. Unless specifically directed to do so by competent authority, MMART members do not supplant or assume the authority of the head of the medical department (or SMO) or other permanently assigned personnel, regardless of grade (e.g., when assigned to a ship, teams, except for MRTs, will be assigned to the senior medical department officer of the medical department of that ship.) MRTs come under the authority of the task force (TF) surgeon since their scope of responsibility involves medical regulating throughout, and to and from the task force.

d. The team leader is responsible for professional coordination and conduct of team personnel in fulfilling its role. To maximize effective use of available medical resources, the role of MMART personnel is to work in unison with operational medical elements; a tactful, cooperative, and professional approach is mandatory.

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e. If two or more teams are assigned to the same receiving command, the senior team leader must assume the position of overall MMART leader. This does not apply in the case of PMTs or MRTs because they must function as separate units.

f. When a CATF or force surgeon is not assigned, the senior MMART team leader may be assigned additional responsibilities as the CATF surgeon. Due to the potential workload requirements, this is not a usual occurrence. The roles and responsibilities of the CATF surgeon are covered in appendix M.

g. MMART personnel are expected to preserve and maintain the receiving command's spaces and equipment. Interchanging MMART and receiving command equipment is forbidden. However, MMART equipment may be used to augment existing receiving command equipment during the period of MMART utilization.

4-10 Turnover Information

a. The team leader is responsible for compiling a turnover or lessons learned file before departure from the receiving command. It must include:

- (1) Problems encountered and how resolved or handled.
- (2) Status of medical materiel.
- (3) Capabilities of military and civilian medical facilities and status of host nation support.
- (4) Pertinent information to assist medical planners with respect to disease and nonbattle injury rates.
- (5) Medical intelligence information which may be classified.
- (6) Key points of contact.

b. This file must be provided to the relieving MMARTs and force or CATF surgeon (or senior medical staff officer) and the SMO of the augmented command. Every effort must be made to provide turnover information to the relieving teams in person.

CHAPTER 5

REPORTS

5-1 Reports. The following reports are periodically required for management of the MMART program. The reports have been approved by BUMED. They are further described below:

- a. The Quarterly MMART Readiness Report is assigned report control symbol MED 6440-1.
- b. The Acknowledgement of Alert Status Report is assigned report control symbol MED 6440-2.
- c. The Post Deployment Critique (PDC) is assigned report control symbol MED 6440-3.
- d. The MMART Situational Report is assigned report control symbol MED 6440-4.
- e. The MMART Block Status Report is assigned report control symbol MED 6440-5.

5-2 Quarterly MMART Readiness Report (MED 6440-1)

a. The quarterly MMART Readiness Report (MED 6440-1) provides BUMED with information concerning the current and projected readiness status of each MMART and TF surgeon. This is an unclassified report which must be forwarded to BUMED by the 20th working day of each quarter. Appendix N provides a sample report. Appendix O provides criteria for assigning readiness codes.

b. Commanders must submit a separate readiness report for each MMART and TF surgeon assigned and address the following categories, as applicable:

(1) Personnel. A roster of all team personnel, projected losses, and replacements must be reflected. (Interim notification of changes of team membership are not to be sent unless specifically directed.)

(2) Training. Training (by subject) accomplished in the reporting quarter, and projected for the next quarter. Also include the hours dedicated to each training subject.

(3) Organizational Issue Materiel. A statement on availability of issued uniforms and other gear. Include date of most recent organizational issue materiel inventory and seabag inspection.

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(4) Overall Readiness. The sponsoring commanding officer must determine the overall readiness for each team assigned to successfully meet the mission requirements. The commanding officer may also include an estimate of the impact team deployment would have on the overall mission accomplishment of the command.

c. If any team is reported C-3 or C-4, the commanding officer must include a statement of actions undertaken and the approximate date the team must be C-2 and then C-1. (See appendix O for a description of "C" readiness status symbols.)

d. Commanders must immediately inform BUMED (MED-27) by telephone followed by message if a team becomes C-3 or C-4.

e. BUMED reviews and consolidates the reports and provides a summary report to CNO, Commandant of the Marine Corps (CMC), fleet CINCs, and other operational commanders as indicated.

5-3 Acknowledgement of Alert Status Report (MED 6440-2)

a. An Acknowledgement of Alert Status Report (MED 6440-2) is a message report submitted in response to the BUMED alert order. It must be transmitted in the same precedence and at the same level of classification as the alert order.

b. This report must be transmitted to BUMED within 48 hours of receipt. Include CNO (N093), the responsible line commander, and appropriate echelon 2 line commander as information addressees. No other information addressees need be included unless otherwise specified.

c. The format for the Acknowledgement of Alert Status is:

(1) Paragraph 1. Acknowledgement of the alert order.

(2) Paragraph 2. A C-status report listing readiness status of personnel, training, and organizational issue materiel.

(3) Paragraph 3. A remarks paragraph for statements of factors causing less than C-1 team readiness, actions undertaken to correct the situation, and an estimate of time needed to achieve C-1.

d. If a team's C-status changes during the alert period, the sponsoring command must immediately notify BUMED by telephone and confirming priority message.

5-4 Post Deployment Critique (MED 6440-3)

a. The PDC (MED 6440-3), is an appropriately classified letter report which must be submitted within 10 days of completing a deployment. Appendix J provides the manner by which a PDC is prepared for a routine ARG deployment. PDCs for other types of deployments or exercises must be done in the same manner.

b. This report is not required when individual team members deploy or receive training outside their parent command.

c. If a team deploys as a result of an emergency or unusual contingency action, an interim message report may be directed by BUMED immediately upon the team's return to its sponsoring command.

d. Endorsements must be completed and forwarded within 10 work days of receipt.

5-5 Situational Reports (MED 6440-4)

a. Team Deployment Notification. BUMED must be notified of deployment and return dates of an MMART. Travel itineraries must be included if not otherwise provided. Notification must be by message with information copies to all concerned.

b. Team Training Absence. When a team is absent from the command longer than 72 hours for training, BUMED must be notified of the names, grade or rate, and team assignment at least 1 week before the scheduled absence. Use of NAVGRAM is preferred.

c. Other Issues. Verbal notification to BUMED must be made for issues not covered above.

5-6 MMART Block Status Report (MED 6440-5). NAVMEDLOGCOM must provide a monthly report of the readiness status of each block. Activities holding or maintaining blocks must provide input to NAVMEDLOGCOM by the 5th working day of each month.

CHAPTER 6

MMART BLOCKS

6-1 MMART Block Concept. MMART supply blocks consist of functionally packaged medical supplies and equipment which support a team's performance during a prescribed medical mission. The contents are based upon the "adequate but austere" deployable medical system concept. The blocks are intended to support the MMART mission and are not to be considered an extension of the augmented unit's AMAL.

6-2 Authorized Medical Allowance List

a. An AMAL is a list of the required items maintained in a particular supply block. It is the basic source document to support supply block management. NAVMEDLOGCOM is responsible for developing, publishing, maintaining, and coordinating comprehensive reviews of all AMALs on a regular basis.

b. Use the allowance change request (ACR) per reference (t) for any changes less than 10 percent of the total AMAL. This ACR must be submitted to NAVMEDLOGCOM via the chain of command. BUMED has final approval authority for any ACR.

c. Every effort must be made to use standard stock items from the Federal Supply System before recommending an open purchase item. Dependence on the Federal Supply System for MMART AMALs enhances readiness of the block.

6-3 MMART Block Shipment

a. NAVMEDLOGCOM will direct the movement of blocks to operational commanders or MTFs when directed by approving authority.

b. Receiving commands must notify NAVMEDLOGCOM by priority message of any problems encountered with block shipment.

6-4 Supply Block Maintenance and Distribution Center (SBM/DC). By formal agreement between NAVMEDLOGCOM and the Commanding General, Marine Corps Logistics Base, Barstow, CA, the SBM/DC maintains, refurbishes, and ships MMART blocks.

6-5 MMART Block Status Report. NAVMEDLOGCOM provides a monthly report of the readiness status of each block per chapter 5 of this manual. This report must be used as a management tool to ensure that the number and distribution of the blocks are sufficient to support current and planned MMART deployments.

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6-6 Prepositioned MMART Blocks

a. Prepositioned MMART blocks are for use during a contingency supported by an MMART. They must not be opened for inventory or routine use. Blocks are located in the following places:

<u>Location</u>		<u>Block Type/Quantity</u>		
		AMAL 003 (Surg Supply)	AMAL 004 (Surg Resupply)	AMAL 009 (Surg Support)
Ships	LHDs	2	1	1
	LHAs	2	1	1
	LPHs	1	1	0
Hospitals	Naples	1	1	0
	Sigonella	1	1	0
	Rota	0	0	1

b. Commands with these blocks are responsible for maintaining them at a maximum level of readiness and shipping them when directed. Holders of blocks must notify CNO, BUMED, NAVMEDLOGCOM, and all other concerned parties of the intent to relocate blocks (e.g., transfers between ships).

CHAPTER 7

TASK FORCE (TF) SURGEON

7-1 Concepts

a. The TF is a temporary grouping, under one commander, of elements formed for the purpose of conducting a specific operation or mission. The organization and assignment of elements to a TF are predicated on the assigned operational mission. Once the TF mission and elements are known, the TF surgeon and dental officer will determine the availability of health service support resources and their state of readiness. Coordination must then be effected through command channels to eliminate duplication, correct deficiencies, and provide health service support required by the TF mission. Effective use of health service support resources is coordinated by the commander through the staff surgeon and dental officer.

b. The TF surgeon is the SMO on the TF staff and represents the commander in all matters pertaining to the medical support required for a projected operation. In the case of an amphibious operation, the TF surgeon consults with the landing force medical officer, prepares the medical appendix to the logistics annex to the operations plan, and advises the commander on the status of medical support and the ability to support the mission. See appendix M for detailed explanation of TF surgeon role and responsibilities.

c. Each hospital specified in appendix A must appoint and maintain a TF surgeon per this manual. The TF surgeon is not a member of an MMART because the TF surgeon must function independently of the teams. If an MMART is assigned to a TF which also has a TF surgeon assigned, the MMART will be subject to the plans and policy the CATF issues subject to review by the TF commander's senior medical representative (the TF surgeon). However, the team leader will be in charge of the MMART and function within the chain of command of the unit to which it is assigned.

7-2 Assignment. To ensure short notice and worldwide deployability, TF surgeon assignment criteria and administrative requirements must be maintained and continuously reviewed. The commanding officer must appoint the TF surgeon in writing for a complete tour length (3 years) to maximize assignment period and minimize turnover and loss to the command for training. A replacement TF surgeon must be identified 6 months in advance to complete preparatory training.

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7-3 Specific Requirements. The TF surgeon must meet the following requirements before assignment:

- a. The requirements for MMART members in paragraph 3-2.
- b. Be a medical corps officer.
- c. Be male gender because of deployment in combat operations.
- d. Be grade of O-6 or senior O-5.
- e. Operational medicine experience including shipboard, FMF/CV/CVN, prior FST, or MMART deployments.

7-4 Clothing and Personal Equipment. The TF surgeon is expected to possess a full clothing allowance per reference (1). The requesting or receiving command must identify specific uniform requirements. Special clothing or personal defense weapons are the responsibility of the requesting or receiving command.

7-5 Training. Training is essential to the performance of a TF surgeon. A core curriculum has been identified as essential to the accomplishment of their responsibilities. However, due to the variety of conditions in which a TF could operate, a broad spectrum of operationally oriented courses is appropriate.

a. Minimal Requirements. To be assigned as TF surgeon, the medical officer must meet the following training requirements:

- (1) Amphibious Warfare Indoctrination (AWI).
- (2) Medical Regulating (MR).
- (3) Landing Force Medical Staff Planning Course (LFMSP).
- (4) ATLS and ACLS Training. Although prior training is preferred, these courses may be expeditiously accomplished by the TF surgeon after assignment.

b. Additional Training. Also, other training, such as cold weather medicine, tropical medicine, and medical effects of nuclear weapons, are appropriate to this position, and may be accomplished during the member's TF surgeon assignment. See appendix K for guidance. Additionally, the TF surgeon can benefit from the MMART training program as well as serve as a training resource.

c. Responsibilities

(1) BUMED will review the educational and operational requirements which qualify a medical officer for the additional qualifying designator (AQD) "60R." BUMED will also serve as the approval authority for the AQD applicants.

(2) HSETC must publish an annual training calendar to all concerned activities regarding AWI, MR, and LFMSP. The calendar will identify course, sponsor, location, date, and additional information not later than 1 September. HSETC must also identify medical officers who have previously completed the courses leading to qualification for AQD "60R."

(3) Sponsoring commands must identify the training needs of the medical officer assigned as TF surgeon and, based on the HSETC training calendar, must schedule needed training expeditiously. Additional operational training indicated in paragraph 7-5b and appendix K must be scheduled as it becomes available.

7-6 Deployments. Because deployment of a TF surgeon is generally well planned in advance, an alert system will not be instituted. However, this does not preclude the possibility that a crisis situation may require a rapid deployment of a TF surgeon.

a. Requests for Approval. Requests for TF surgeon assistance must be sent via the chain of command to CNO (N931) with an information copy to BUMED (MED-272). In emergency situations, requests may be made verbally with documentation following. CNO (N931) is the decision authority for TF surgeon requests and directs BUMED to respond. BUMED in turn will task a sponsoring command and initiate coordination with requesting or receiving commands.

b. Additional Requirements. The following elements discussed in chapter 4 apply to the deployment of a TF surgeon: command notification, command support, transportation, and predeployment activity. Because of their senior position within a TF, the TF surgeon must report for deployment directly to the TF commander. When a turnover of TF surgeon is indicated, the incumbent is responsible for compiling a turnover and lessons learned file as described in chapter 5 and appendix J. Also, predeployment briefings by unified commands, component commands, and other support activities may be called for and coordinated by the requesting command.

7-7 Reporting. The Quarterly MMART Readiness Report (MED 6440-1) reports the current and projected readiness status of the TF surgeon. The six section format of MED 6440-1 serves this

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purpose. See chapter 5 and appendices N and O for guidance. The following guidance applies to reporting via MED 6440-1:

- a. Section I--No change.
- b. Section II--Identify training completed before assignments. Hours may not be applicable or available.
- c. Section III--No change.
- d. Section IV--Use to further clarify training identified in section II.
- e. Section V--No change.
- f. Section VI--No change.

APPENDIX A

MMART TEAM NUMBERS, TYPES, AND LOCATIONS

Sponsoring Command	Surgical Teams (Team ID#)	Medical Regulating Teams (Team ID#)	Specialist Support Teams (Team ID#)	Humanitarian Support Teams (Team ID#)	SPRINT (Team ID#)
NMC San Diego	1	1	1	1	1
NMC Portsmouth	2	2	2	2	2
NH Camp Pendleton	3	3			
NNMC Bethesda	4	4			4
NMC Oakland	5	5			5
NH Charleston	6	6			
NH Pensacola	7	7			
NH Jacksonville	8	8			

Task organized preventive medicine teams are managed by the NAVENVIRHLTHCEN and available from:

NAVENPVNTMEDU 2 Norfolk

NAVENPVNTMEDU 5 San Diego

DVECC Jacksonville

DVECC Alameda

Summary: Eight (8) Surgical teams

Eight (8) Medical regulating teams

Two (2) Specialist support teams

Two (2) Humanitarian support teams

Four (4) SPRINT teams

Preventive medicine teams (as task organized)

APPENDIX B

MMART TEAM COMPOSITIONS

SURGICAL TEAM (ST)	NOBC/NEC	SPECIALIST SUPPORT TEAM (SST)	NOBC/NEC
<u>Surgical Unit (SU)</u>		Neurosurgeon	0224
General surgeon	0214	Neurologist	0121
Anesthesia provider	0118/0952	Orthopedic surgeon	0244
Perioperative nurse	0932	Orthopedic technician	8489
(Subspecialty Code 1950)		Otolaryngologist	0249
Oper. room technician (2)	8483	Otolaryngeal technician	8446
Advanced hospital corpsman	8425	Thoracic surgeon	0264
		Ophthalmologist	0234
		Ocular technician	8445
		Oral surgeon	0550
		Basic dental technician	0000
<u>Surgical Support Unit (SSU)</u>		SPECIAL PSYCHIATRIC RAPID INTERVENTION (SPRINT) TEAM	
Medical officer	*	Psychiatrist	0115
Medical/surgical nurse	0028	Psychologist	0851
(Subspecialty Code 1910)		Psychiatric nurse (SSP 1930)	0028
General svc. corpsman (4)	0000	Psychiatric tech	8485
		Chaplain	3701
		Social worker	0868
<u>Ancillary Support Unit (ASU)</u>		HUMANITARIAN SUPPORT TEAM (HST)	
Medical technologist	0866	Obstetrician	0229
Adv. lab technician (2)	8506	Pediatrician	0105
Adv. X-ray technician	8452	Family practitioner	0108
Respiratory therapy tech	8541	Family nurse practitioner	0963
Pharmacy technician	8482	(Subspecialty Code 1976)	
		Med./surgical nurse	0028
		(Subspecialty Code 1910)	
		Maternal & child health nurse	0028
		(Subspecialty Code 1920)	
		Staff nurse (med-surg) (2)	0944
		(Subspecialty Code 1910)	
		Staff Nurse (ambulatory care) (2)	0935
		(Subspecialty Code 1940)	
		Adv. hosp. corpsman	8425
		Gen. serv. corpsman (8)	0000
MEDICAL REGULATING TEAM (MRT)			
Med. regulating officer	0800		
CH hosp. corpsman	8425/0000		
Gen. svc. corpsman (HM-1)	0000		
Gen. svc. corpsman (2)	0000		
PREVENTIVE MEDICINE TEAM (PMT)			
Epidemiologist	0160		
Environ. health officer	0861		
Entomologist	0860		
Microbiologist	0841		
Indus. hygiene officer	0862		
Basic laboratory tech	8501		
Preventive medicine tech	8432		

* Not NOBC specific - a qualified physician with background or interest in pre/post-operative intensive care.

APPENDIX C

MMART MEMBER SECURITY CLEARANCE

The following MMART personnel require SECRET clearances to function within their areas of responsibility:

SURGICAL TEAM (ST)

Surgical Unit (SU)

General surgeon
Advanced hospital corpsman

Surgical Support Unit (SSU)

Medical officer

Ancillary Support Unit (ASU)

Medical technologist

MEDICAL REGULATING TEAM (MRT)

Medical regulating officer
Chief hospital corpsman
General Service corpsman (HM-1)
General Service corpsman (2)

PREVENTIVE MEDICINE TEAM (PMT)

Epidemiologist
Environmental health officer
Entomologist
Industrial hygiene officer

SPECIAL PSYCHIATRIC RAPID INTERVENTION TEAM (SPRINT)

Psychiatrist

HUMANITARIAN SUPPORT TEAM (HST)

Advanced hospital corpsman

APPENDIX D

MEDICAL CAPABILITIES OF AMPHIBIOUS ASSAULT SHIPS

<u>Characteristic</u>	<u>LHD</u>	<u>LHA</u>	<u>LPH</u>
Triage area	large	large	little/none
Operating rooms	6	4	2
Intensive care beds	17	17	2-4
Ward beds (including quiet room beds)	47	48	14
Overflow beds	540	360	180
Oral surgical room	1	0	0
Dental operatories	3	3	2
Peacetime personnel			
MC	2	1	1
DC	1	1	1
NC	0	0	0
MSC	1	1	0
HM	18	16	9
DT	4	3	2
Augmentation			
MC	25	16	9
DC	3	2	2
NC	38	22	26
MSC	7	4	4
HM	264	122	72
DT	6	4	2

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CRTS in the Fleet

(as of 1 June 1992)

LHD-1	USS WASP
LHD-2	USS ESSEX
LHA-1	USS TARAWA
LHA-4	USS NASSAU
LHA-3	USS BELLOW WOOD
LHA-2	USS SAIPAN
LHA-5	USS PELELIU
LPH-2	USS IWO JIMA
LPH-3	USS OKINAWA
LPH-7	USS GUADALCANAL
LPH-9	USS GUAM
LPH-10	USS TRIPOLI
LPH-11	USS NEW ORLEANS
LPH-12	USS INCHON

Expected

Est Delivery Date

LHD-3	USS KEARSARGE	Jun 1993
LHD-4	USS BOXER	Dec 1994
LHD-5	USS BATAAN	Dec 1996

APPENDIX E

ORGANIZATIONAL ISSUE MATERIEL LIST

Marine Corps Small Special Initial Clothing Allowance

1. Boots, combat	2 pr
2. "US NAVY" tape	5 ea
3. Members' name tape	9 ea
4. Cap, combat: woodland camouflage pattern w/o insignia ¹	3 ea
5. Coat, combat: woodland camouflage pattern w/o insignia	4 ea
6. Undershirt, brown (green may be used until out of stock)	4 ea
7. Sock, man's: w/cushion sole	4 pr
8. Trousers, combat: Woodland camouflage pattern	4 pr
9. Utility Jacket, camouflage	1 ea
10. Insignia, branch of service: metal (HM/DT) ²	1 ea

Equipment/Special Clothing (782 Gear)³

1. TAM NO C3040	Belt, individual equipment
2. TAM NO C3060	Canteen, water X2
3. TAM NO C3130	Cover, canteen X2
4. TAM NO C3140	Cup, water, canteen CRS
5. TAM NO C3150	First aid kit individual

¹ For items 4 - 9, to be laundered and turned-in for reissue when member released from assignment, if serviceable.

² To be turned in upon conclusion of assignment.

³ To be issued for a specific mission and returned immediately upon return from the mission.

APPENDIX F

MMART BLOCK DESCRIPTIONS

<u>AMAL Number</u>	<u>Description</u>
003	<u>Surgical Supply Block</u> --contains enough medical materiel to augment an existing facility for 100 major surgical cases. The block augments the AMAL of a CRTS. (Weight: 6,950; Cube: 700)
004	<u>Surgical Resupply Block</u> --contains enough medical materiel to resupply a surgical supply block for an additional 100 major cases. Augments materiel on a CRTS. (Weight: 3,900; Cube: 290)
005	<u>Disaster Augment Block</u> --contains sufficient medical materiel to extend the capabilities of a surgical supply block to care for 250 noncombat casualties, the majority of which will be women and children. Block is maintained at SBM/DC. (Weight: 16,400; Cube: 2,400)
006	<u>Neurosurgical Supply Block</u> --extends the capabilities of the surgical supply block by providing enough medical materiel and equipment for 10 major neurosurgical cases. (Weight: 968; Cube: 75)
007	<u>Orthopedic Augment Block</u> --provides additional medical materiel to support both internal and external fixation procedures for 100 orthopedic cases. Maintained at SBM/DC. (Weight: 230; Cube: 14)
009	<u>Surgical Support Supply Block</u> --contains sufficient medical materiel to augment 10 intensive care stations and to provide post-operative recovery room care for 100 surgical casualties, 30 of which require intensive care. Augments a CRTS. (Weight: 449; Cube: 31)

PREVENTIVE MEDICINE BLOCKS

(Managed and maintained by NAVENVIRHLTHCEN.)

- | | |
|-----|--|
| 021 | <u>Basic Field Support Block</u> --preventive medicine block which contains the basic support items required to support a four-member team in the field for 30 days. |
| 024 | <u>Environmental Health Block</u> --this block contains materiel to analyze water for potability and to perform environmental health surveys for 30 days. |

PREVENTIVE MEDICINE BLOCKS (continued)

- 025 Epidemiology Block--contains medical materiel to conduct disease assessments and surveillance and establish routine communicable disease control programs for 30 days. This block also contains some antibiotics and antimalarials to assist in developing therapeutic regimens for disease threats.
- 026 Vector Control Block Module 1 (Rapid Assessment)--the module contains the surveillance and collecting materiel to conduct rapid vector survey for dipteran disease vectors such as mosquitoes, sandflies, etc.
- 027 Vector Control Block Module 2 (Entomology Laboratory)--this module is used for field laboratory preparation, microscopic study, and identification of arthropod disease vectors collected during disease vector surveys.
- 028 Vector Control Block Module 3 (Rodent Survey and Trap)--provides materiel to trap rodents and collect rodent parasites.
- 029 Vector Control Block Module 4 (Malaria Survey)--this module contains materiel for field collection, preservation, staining, and microscopic study of malaria vectors.
- 030 Vector Control Block Module 5 (Light Trap)--contains the light traps and accessories to assess and monitor adult mosquito populations.
- 031 Vector Control Block Module 6 (Handheld Equipment)--this module contains small vector equipment and repair parts for localized pest control.
- 032 Vector Control Block Module 7 (Backpack Sprayer and Duster)--backpack equipment and repair parts for dispersal of residual insecticides for vector and pest arthropods.
- 033 Vector Control Block Module 8 (Vehicle Mounted Ultra-Low Volume Unit)--dispersal unit and repair parts for dispersing ultra-low volume insecticides for the control of flying insects such as mosquitoes.

PREVENTIVE MEDICINE BLOCKS (continued)

- 034 Vector Control Block Module 9 (Aerial Spray)--this module contains helicopter and fixed wing aircraft mounted aerial spray equipment and repairs parts for the application of insecticides. Also provides the materials for proper cleaning and preventive maintenance of the dispersal equipment.
- 035 Vector Control Block Module 10 (Tool, Safety, and Support Equipment)--tools to repair and maintain other preventive medicine blocks. Also contains safety equipment for the personal safety of the pest control operator while dispersing insecticides. Also contains materials for proper cleaning and preventive maintenance of the insecticide dispersal equipment.
- 036 Vector Control Block Module 11 (Pesticides)--the insecticides and rodenticides to control insect vectors, insect pests, and rodents.

APPENDIX G
BIBLIOGRAPHY

1. Directives

- a. OPNAVINST 1000.16G, Manual of Navy Total Force Manpower
- b. OPNAVINST 1300.12, Administration of Personnel Assigned to Billets Coded with Functional Area Code U (FAC U)
- c. NAVMEDCOMINST 1500.8, Command Training Program
- d. OPNAVINST 1740.4, U.S. Navy Single Sponsor/Military Couple with Dependents, Dependent Care Policy
- e. NAVMEDCOMINST C3500.1A, Uniform System of Alert Conditions (LERTCONS) (U)
- f. NAVMEDCOMINST S3820.1, Foreign Military Intelligence Collection Activities
- g. OPNAVINST 4631.2B, Management of DON Airlift Assets
- h. NAVMILPERSCOMINST 4650.2A, Issuance of the Navy Passenger Transportation Manual (PMT)
- i. OPNAVINST 4650.11F, Policy and Procedures for Official Temporary Duty Travel to Military and Civilian Installations, Activities, and Units
- j. BUMEDINST 4812.1, Bureau of Medicine and Surgery (BUMED) Logistics Support and Mobilization Plan (LSMP)
- k. NAVMEDCOMINST 6230.3, Immunizations and Chemoprophylaxis
- l. BUMEDINST 6260.26, Testing and Monitoring of Naval Service Personnel for Hemoglobin-S (Sickle Cell Hemoglobin) and Erythrocyte Glucose-6-phosphate Dehydrogenase Deficiency
- m. BUMEDINST 6320.66A, Credentialing Program
- n. OPNAVINST 6440.1B, Mobile Medical Augmentation Readiness Team (MMART) Program
- o. BUMEDINST 6440.5, Medical Personnel Augmentation System
- p. BUMEDINST 6470.10, Initial Management of Irradiated or Radioactively Contaminated Personnel

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- q. OPNAVINST 6530.4, Department of the Navy Blood Program
- r. BUMEDINST 6700.13G, Management and Procurement of Authorized Medical and Dental Allowance List Materiel for Fleet Units
- s. NAVMEDCOMINST 6810.1, Ophthalmic Services

2. Publications

- a. Contingency Training Manual (HSETC)
- b. DoD Foreign Clearance Guide
- c. FMFM 4-50, Health Support Services
- d. NAVCOMPTMAN 075183, Navy Comptroller Manual
- e. NAVPERSMAN 15909C, Change 9, Navy Personnel Manual
- f. NAVREGS, articles 0405, 0820, and 0923
- g. NAVSUP P-485, Afloat Supply Procedures
- h. Navy Uniform Regulations
- i. NWP 2A, Organization of the U.S. Navy
- j. NWP-6 (Rev. C), Operational Medical and Dental Support
- k. NWP-10-1-11(A), Status of Resources and Training System (SORTS)
- l. NWP-22, Doctrine for Amphibious Operation
- m. Title 10 of U.S. Code
- n. Title 37 of U.S. Code, Section 305A

APPENDIX H

ABBREVIATIONS

Below is a list of abbreviations and acronyms used in this publication or provided as information to the MMART member.

AAV	Amphibious assault vehicle
ACE	Air combat element
ACLS	Advanced cardiac life support
ACR	Allowance change request
ADAL	Authorized dental allowance list
AFMIC	Armed Forces Medical Intelligence Center
AJBPO	Area joint blood program office
ALCON	All concerned
AMAL	Authorized medical allowance list
AOA	Amphibious objective area
AOR	Area of responsibility
ARG	Amphibious ready group
ASBPO	Armed services blood program office
ASMRO	Armed services medical regulating office
ASU	Ancillary support unit
ASWBPL	Armed services whole blood processing lab
ATF	Amphibious task force
ATLS	Advanced trauma life support
AWI	Amphibious warfare indoctrination
BAS	Battalion aid station
BCLS	Basic cardiac life support
BES	Beach evacuation station
BLS	Basic life support
BLT	Battalion landing team
BUMED	Bureau of Medicine and Surgery
BUPERS	Bureau of Naval Personnel
CATF	Commander, Amphibious Task Force
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CBR	Chemical, biological, and radiological
CINC	Commander in chief
CINCLANTFLT	Commander in Chief, U.S. Atlantic Fleet
CINCPACFLT	Commander in Chief, U.S. Pacific Fleet
CLF	Commander, Landing Force; Combat Logistics Force
CMC	Commandant of the Marine Corps
CNO	Chief of Naval Operations
CONUS	Continental United States
CRT	Crisis/contingency response team
CRTS	Casualty receiving and treatment ship
CTF	Commander, Task Force

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DASC	Direct air support center
DDS	Direct deposit system
DERAT	Rat free
DIRLAUTH	Direct liaison authorized
DNBI	Disease, nonbattle injury
DVECC	Disease vector ecology and control center
EPMAC	Enlisted Personnel Management Center
EPMU	Environmental and preventive medicine unit
ETA	Estimated time of arrival
ETD	Estimated time of departure
FAC	Functional area code
FEBA	Forward edge of battle area
FIC	Fleet intelligence center
FMF	Fleet Marine Force
FMSS	Field medical service school
FSSG	Field service support group
FST	Fleet surgical team
GWW	Greenwater workup (predeployment)
HDC	Helicopter direction center
HIV	Human immunodeficiency virus
HSETC	Health Sciences Education and Training Command
HSSU	Health service support unit
HST	Humanitarian Support Team
ICU	Intensive care unit
IDC	Independent duty corpsman
IV	Intravenous
JBPO	Joint Blood Program Office
JCG	Joint control group
JMRO	Joint medical regulating office
KB	Kernal blitz
KIA	Killed in action
KU	Kernal usher exercise (predeployment workup)
LFMSP	Landing force medical staff planning
LHA	Landing helicopter assault ship
LHD	Amphibious assault ship (multipurpose)
LIC	Low intensity conflict
LKA	Landing cargo assault ship
LPD	Landing platform dock
LPH	Landing platform helicopter
LSD	Landing ship dock
LSMP	Logistics support and mobilization plan
LST	Landing ship tank

MABS Marine air base squadron
MAGTF Marine air ground task force
MANMED Manual of the Medical Department
MEB Marine expeditionary brigade
MEF Marine expeditionary force
MEU Marine expeditionary unit
MIA Missing in action
MITS MMART issue tracking system
MMART Mobile medical augmentation readiness team
MOPP Military operating protective posture
MPAS Medical personnel augmentation system
MR Medical regulating
MRCO Medical regulating control officer
MRE Medical readiness evaluation; meal, ready to eat
MRT Medical regulating team
MSOC Medical support operations center
MTF Medical treatment facility; message text format

NAVDISVECTECOLCON Navy disease vector ecology and control center
NAVENPVNTMEDU Navy environmental and preventive medicine unit
NAVENVHLTHCEN Navy Environmental Health Center
NAVHOSP Naval hospital
NAVPTO Naval passenger transportation and travel office
NAVMEDLOGCOM Naval Medical Logistics Command
NEC Naval enlisted classification
NEO Non-combatant evacuation
NOBC Navy Officer Billet Classification
NOTAL Not to all
NWP Naval warfare publication

OCONUS Outside of the Continental United States
O&MN Operations and Maintenance, Navy (appropriation)
OPGEN General operation order
OPLAN Operation plan
OPN Other Procurement, Navy (appropriation)
OPORD Operation order
OR Operating room
ORE Operational readiness exercise

PASEP Passed separately
PCMO Primary care medical officer
PCRTS Primary casualty receiving and treatment ship
PCS Permanent change of station
PDC Post-deployment critique
PDV Predeployment visit
PHIBGRU Amphibious group
PMT Preventive medicine technician
POA&M Plan of action and milestone

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POE	Point of embarkation
POMI	Plans, operations, and medical intelligence
PQS	Personnel qualifications standard
PRD	Projected rotation date
PSD	Personnel support detachment
QA	Quality assurance
RAD	Release from active duty
REFLUPS	Resuscitation fluids production system
RLC	Responsible line commander
RLT	Regimental landing team
SAAM	Special airlift assignment mission
SBM/DC	Supply block maintenance and distribution center
SCRTS	Secondary casualty receiving and treatment ship
SMDR	Senior medical department representative
SMO	Senior medical officer
SOP	Standard operating procedure
SPORTS	Status of readiness and training system
SPRINT	Special psychiatric rapid intervention team
SSN	Social security number
SSP	Subspecialty code
SST	Surgical support team
SSU	Surgical support unit
ST	Surgical team
SU	Surgical unit
TAD	Temporary additional duty
T-AH	Hospital ship
TAV	Technical assist visit
TF	Task force
TR	Travel request
TYCOM	Type commander
UNODIR	Unless otherwise directed
WIA	Wounded in action

APPENDIX I

MEDICAL PERSONNEL READINESS CHECKLIST

A. ESSENTIAL ITEMS

- 1.* () Physically qualified for duty with the Operating Forces, including dental class 1 or 2.

_____ _____ _____ Dates of physical exam

_____ _____ _____ Dates of dental exam

- 2.* () DD 2N, Military Active Duty Identification Card.
3.* () PHS 731, International Certification of Vaccination. Member has immunizations required for alert forces.

- 4.* () Member was tested for presence of HIV antibodies.

- 5.* () Member requiring spectacles (includes contact lens wearers):

a. Has two pair of spectacles.

b. Has gas mask inserts.

- 6.* () Member has the required uniform items.

7. () NAVPERS 1320/16, TEMADD Travel Order, for members have been prepared (less destination and accounting data). Individual orders prepared for MMART. These orders may be maintained in computer files.

- 8.* () Health record and dental record verified.

_____ _____ _____ Dates verified.

- 9.* () Member notified of team and general billet assignment.

- 10.* () DD 1934, Geneva Conventions Identity Card (does not apply to nonmedical personnel).

11. () Medical warning tags (if required).

- 12.* () Personal identification tags.

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- 13. () Baggage tags. (maintained by command)
- 14.*() Specific arrangements for custody and care of dependent children have been made per OPNAVINST 1740.4 and OPNAV 1740/1 verified.

B. RECOMMENDED ITEMS

- 1. () Member advised to review service and pay record for accuracy and completeness.
- 2. () Member advised to check insurance policies and determine that amounts are adequate and beneficiaries are correctly designated.
- 3. () Member advised to make certain that the Direct Deposit System (DDS) is initiated and allotments are registered to cover all financial obligations and to provide the family with money while away. (Strongly suggest that forms be prepared in advance and retained in service record.)
- 5. () Member advised to check with legal officer concerning:
 - () A valid last will and testament, (e.g., proper number of witness signatures according to requirements of various states, etc.)
 - () A valid power-of-attorney.
 - () Any other personal legal problems.
 - () Joint bank account (with spouse or next of kin).
 - () Co-ownership of personal property such as car, stocks, bonds, real estate, etc.
 - () Memo for spouse or next of kin regarding location of property or special instruments such as insurance policies, safe deposit box, tax receipts, deeds, etc.

<u>Verification</u>	<u>Initials</u>	<u>Date</u>	<u>C-Status</u>
Member	Reviewer		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INDIVIDUAL C-STATUS
Calculation Criteria

1. All team members must be maintained at C-1 status. To be C-1 a member must complete all essential items on the checklist. These are indicated by an asterisk next to the item number.

2. The matrix below indicates the C-status level assigned to a member when an individual checklist item is not complete. The number in the columns corresponds to the number of the essential item on the checklist. When any one of the essential items is incomplete, the C-status for that shortfall is at the top of the column where that incomplete item is found on the following:

Medical Readiness Status Matrix

<u>C-1</u>	<u>C-2</u>	<u>C-3</u>	<u>C-4</u>
All essential items completed	2, 4, 6, 8, 9, 10, 12	3, 5	1, 14

APPENDIX J

POST-DEPLOYMENT CRITIQUES

1. The post-deployment critique (PDC) is a report of significant medical occurrences during a deployment. It is a mechanism for the operational commander to make note of the various types of support that the MMART program provided for his mission.

2. For routine amphibious ready group deployments, the PDC is prepared for the CATF by the CATF surgeon (or senior team leader if no CATF surgeon is assigned). It is based on written input from MMART team leaders and ship medical officer (which may be forwarded as enclosures). It is submitted to BUMED via the chain of command as follows:

- a. The amphibious group commander.
- b. The surface force commander.
- c. The numbered fleet commander, if applicable.
- d. The fleet CINC.

3. Advance copies must be sent to:

- a. The Chief of Naval Operations (N093).
- b. The fleet CINC.
- c. Bureau of Medicine and Surgery (MED-27).
- d. AFMIC.
- e. HSETC.

4. The critique must document significant events relative to deployment experiences. It must include at least the following areas in this order:

a. Background of deployment evolution, including predeployment visit and workup dates.

b. Principal activities (including dates) during the deployment.

c. Problems encountered and how resolved or recommended solutions for unresolved problems.

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d. Overall assessment of the MMARTs contribution to the mission.

e. Lessons learned.

5. The following must be provided as the initial enclosures to the basic correspondence (preceding the MMART and ship's medical officer input).

a. Specific recommendations (stock number, manufacturer catalog number or NDC, nomenclature, unit of issue, quantity, and justification for inclusion and why a similar carried item does not meet the requirement) for AMAL update or revision.

b. Personnel rosters for MMART.

c. Workload summary.

d. An evaluation of medical care available in friendly nations normally obtained during port call visits.

e. Training provided by MMART members to ship's company, embarked troops, and others. Type of training, who provided, who received (and number) are of interest.

6. The PDC provides the administrative chain of command information essential to maintain a viable MMART system. As the sponsor of the system, BUMED is normally tasked by CNO endorsement to resolve any outstanding issues. BUMED responds to CNO's endorsement and provides copies to all parties, including the commands which provided the MMARTs and CATF surgeon. This closes the feedback loop and provides commands with information which may be useful for additional MMART training.

7. Issues relating to administrative support of the MMART not occurring during deployment must be addressed in the BUMED chain of command vice PDC. Unless it is a problem with potential impact on the MMART program, such issues must be resolved at the lowest possible level without automatic referral to BUMED.

8. Unless otherwise directed, PDCs for deployments in support of operations other than an amphibious readiness group will be prepared by the MMART leaders and submitted to BUMED via the requesting command and the operational chain of command.

APPENDIX K

MMART TRAINING

The following list is the key for training requirements. Once billet specific training and courses are completed, additional training listed below may be accomplished to enhance readiness. This key may be used when reporting training in the Quarterly Readiness Report (MED 6440-1).

HSETC Sponsored/Coordinated

1. Cold Weather Medicine Course
2. Combat Casualty Care Course (C-4)
3. Field Medical Service School (MMART)
4. Landing Force Medical Staff Planning Course
5. Medical Regulating Course/Training
6. Medical Effects of Nuclear Weapons Course
7. Patient Administration Course

Local Training

1. Advanced Cardiac Life Support Certification
2. Advanced Cardiac Life Support Training
3. Advanced Trauma Life Support Certification
4. Advanced Trauma Life Support Training
5. AMAL Familiarization: Team Specific Block
6. Anti-Terrorism: Naval Investigative Service Brief
7. Basic Life Support Certification
8. Bereavement Training
9. Combat Casualty Management Course
10. Dental Corps Casualty Treatment Training Course
11. Enhanced Surgical Skills Course
12. Enhanced Orthopedic Skills Training (if established)
13. Fleet Marine Force Orientation Course
14. Health Aspects of Marine Sanitation Devices
15. Intravenous Certification
16. Medical Intelligence (AFMIC)
17. Medicine in the Tropics Course
18. Medical Management of Chemical Casualties Course
19. Nuclear, Biological and Chemical Warfare
20. Occupational Noise and Hearing Conservation
21. Radio Communications Training
22. Resuscitation Fluids Processing System (REFLUPS) (when est.)
23. Shipboard Firefighting and Damage Control
24. Shipboard Orientation (including):
 - Medical Department Organization
 - Medical Department Responsibilities
 - Wastewater and Sanitation Afloat
 - Prisoner of War Handling
25. Suture Certification

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Correspondence Courses

1. Amphibious Operations, NRTC 10512-4
2. Aviation Medicine Practice, NRTC 13145 (OFFICERS)
3. Casualty Care, NRTC 13122
4. Clinical Aspects of Cold Weather, NRTC 13147
5. Control of Communicable Diseases in Man, NRTC 13111
6. Decedent Affairs, NRTC 13117
7. Environmental Health and Safety "A", NRTC 10523-A
8. Environmental Health and Safety "B", NRTC 13126-A
9. Field Medical Service, NRTC 13124
10. Food Service Sanitation, NRTC 10521-A
11. Heat Stress, NRTC 13128
12. Insect and Rodent Control, NRTC 10705-D1
13. Malaria Prevention and Control, NRTC 13129
14. Principles of Epidemiology, NRTC 13123
15. Physical Examination and Health Records, NRTC 13148
16. Treatment of Chemical Agent Casualties, NRTC 13116-A
17. Law of Armed Conflict, SP 112-A
18. Naval Arctic Operations, NRTC 10946-B4
19. Navy Regulations, NRTC 10749-B6
20. Standard Organization and Regs. of the U.S. Navy,
NRTC 10427-C
21. Blood Transfusion Therapy, NRTC 13121-C

APPENDIX L

DEPLOYMENT CHECKLISTS

The four checklists in this appendix are intended to serve as the basic guidelines for predeployment, deployment, and casualty planning. Local procedures or situational requirements may dictate additional items. Similarly, not all items may be required for certain deployments. Modify them to meet your need.

MMART PREDEPLOYMENT CHECKLIST

TEMADD Travel Orders

- () Each MMART member has own orders with accounting data.
- () Security clearance is annotated in block number 22 of orders.
- () Foreign clearance has been obtained (if necessary).

The Following Items are Ready for Deployment:

- () Pay records: Direct deposit required.
- () Service records.
- () International Certificates of Vaccination, PHS 731.
- () Health and dental records (containing current HIV results and panogram duplicate).
- () Official no-fee passports (if required). (PERS-332 may advise that a tourist passport must be used in specific instances. In such cases, reimbursement for the tourist passport is authorized. See reference (k), paragraph III.C.8.)
- () Certified copy of each members' birth certificate on file, with completed passport application forms.

Each Member has the Following Uniforms and Protective Gear (Varies with Deployment Length and Type):

- () Navy working uniforms.
- () Camouflage uniforms, if required by deployment.
- () 782 gear and protective clothing, if required by deployment.
- () Service dress blue--one set.

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- () Summer or winter uniforms (as appropriate).
- () Appropriate civilian attire--realizing that operational storage facilities are limited, and that certain areas prohibit wearing U.S. military uniforms.
- () Each member counseled as to the advantages of having sufficient cash or travelers' checks for the duration of the deployment.
- () Team travel has been certified for class I priority travel in Government aircraft. If transportation by Government aircraft is unavailable, travel by commercial air has been arranged (see references (k) and (u)).
- () The requesting and receiving commands have been notified of the transportation arrangements, estimated time of departure (ETD) and the estimated time of arrival (ETA).
- () Reporting instructions and procedures have been reviewed.
- () Turnover and lessons learned information (if available) has been reviewed and necessary actions taken.
- () Billeting and transportation arrangements and designated point of embarkation location and dates have been verified.
- () Each member has been counseled to accomplish all required personnel actions (will, power of attorney, page 2 verification and update, etc.).
- () Each member has received immunizations required for alert forces following reference (v).
- () Each member requiring spectacles has two pairs.
- () Gas mask inserts have been issued to members per reference (w).
- () Post deployment leave schedules have been approved (if applicable).
- () Liaison has been established with ombudsmen for MMART personnel and receiving command.

TEAM LEADER REPORTING ABOARD CHECKLIST

- () Predeployment visit has been arranged (if applicable).
- () Contact has been made with the receiving activity's SMO and incumbent MMART teams, when applicable.
- () Courtesy calls to the receiving command's commanding officer and executive officer have been made, as well as visits to other key personnel.
- () Medical spaces surveyed with receiving command's SMO. Potential problems, shortfalls, and discrepancies identified to SMO and CATF surgeon. Solutions proposed and POA&M developed.
- () Controlled substances have been placed in the custody of controlled medicinals custodian.
- () Combat cargo officer or appropriate officer contacted for the location of the team's supply block. (If not located in medical spaces.)
- () Receiving command's ombudsman contacted for contact point information at team's command.
- () Team berthing arrangements made.
- () Team members' orders and records have been provided to the receiving activity.
- () Casualty handling planning activities have been initiated.
- () Medical sections of OPLAN/OPORD/OPGEN reviewed.
- () Medical regulating team liaison with the communication division accomplished.
- () Medical intelligence and information obtained or requested from AFMIC, FIC, and EPMU.
- () MMART chain of command confirmed.
- () Contact has been made with the CATF surgeon, commander, landing force (CLF) surgeon and other embarked medical personnel. (Or, as appropriate for mission and receiving command.)
- () Potential consumable resupply requirements identified to receiving command.
- () Ensure watch quarter, station bill is established for team members.

CASUALTY PLANNING CHECKLIST

Casualty planning must occur upon arrival with the help of the receiving command's medical department. (If deployment includes a predeployment visit or GWW, casualty planning should be done then.)

- () Mass casualty bill reviewed and exercised.
- () Casualty movement routes identified.
- () Triage area, equipment, personnel, and procedures identified.
- () Sources of whole blood, frozen blood, and blood products determined.
- () Casualty overflow berthing spaces identified.
- () Provisions made for feeding nonambulatory patients.
- () Identification of friendly civilian and military medical facilities in the operational area to include:
 - (1) Type and ownership of facility.
 - (2) Treatment and diagnostic capabilities.
 - (3) Location and language.
 - (4) Desire to accept casualties.
- () Evaluation of other medical capabilities within the TF, to include:
 - (1) Operating rooms.
 - (2) Central sterile supply.
 - (3) Triage area.
 - (4) Patient holding spaces.
 - (5) Supplies and equipment.
- () Essential clinical record requirements established.
- () Required reports reviewed and transmission means identified.
- () Medical regulating net established.

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- () Method of casualty evacuation confirmed (i.e., coordination with cognizant JMRO).
- () Arranged for stretcher bearers.
- () Discussed care of the dead procedures.
- () Located, assessed, and organized battle dressing stations and medical store rooms.
- () Reviewed command disaster plan.
- () Identified receiving command's organization, daily routine, personal services, emergency drills and evolutions, flight and boat operations, and watch bills.

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TASK FORCE (TF) SURGEON CHECKLIST

Use the following checklist as a reminder of items that should be coordinated before, during, and after a deployment. Other items may be added to the list by the CATF or the group medical officer.

MMART

- () MMARTs requested.
- () Prepositioned MMART blocks verified.
- () Surgical support supply block requested for LPH.

SHIP

- () AMAL and ADALs previewed.
- () Deploying ships identified and inspected.
- () AMALs and ADALs at 100 percent.
- () Industrial hygiene and environmental health survey completed.
- () Radiation health survey completed.
- () TAV/MRE completed.
- () All equipment deficiencies identified and corrected.
- () All personnel deficiencies identified and corrected.
- () Mass casualty drill current.
- () DERAT certificate current and will remain current during deployment.
- () QA visits initiated.
- () Operating rooms and ICU and recovery rooms inspected by MMART members and deficiencies identified and corrected.
- () SMDR current in HM-8425 refresher training.
- () Security clearances verified.
- () Initial planning conference attended.
- () Predeployment workup (KU/GWW) planned.

- () Mass casualty drill scheduled.
- () Medical regulating drill scheduled.
- () Preexercise messages drafted.
- () Exercise scenario and plan approved by CATF and CLF.
- () Deployment OPORD/OPGEN drafted.
- () Standing orders incorporated.
- () Medical officer watch bill policy established.
- () Medical guard ship policy established.
- () Mass casualty and mass conflagration policy and procedures (afloat and ashore) determined.
- () Liaison with MEU medical staff (CLF surgeon) established.
 - () MEU medical resources identified.
 - () Medical loading plan determined.
 - () Policy for integration of MEU medical assets into ATF is established.
- () Whole blood program requirements verified.
 - () Blood program officer assigned.
 - () ATF capabilities determined.
 - () Methods identified to obtain whole blood throughout the deployment.
 - () Blood volume expansion products policy determined.
- () Quarantine regulations reviewed.
- () Special medical requirements and policies identified:
 - () Antivenom.
 - () Rabies.
 - () Immunizations.
 - () Antimalarial prophylaxis.

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- () Medical intelligence requested:
 - () Disease Environmental Alert Report.
 - () AFMIC.
 - () Disease summary.
 - () Host nation support.
- () Port directory reviewed.
- () Medical regulating channels and procedures confirmed.
 - () MRCO appointed and security clearance verified.
 - () PCRTS and SCRTS named.
 - () Casualty evacuation points determined.
 - () Evacuation methods and policies determined for emergent, routine, and lateral transfers within ATF.

BIOMEDICAL EQUIPMENT TECHNICIAN SUPPORT

- () All equipment certified before deployment.
- () Underway support determined.
- () Method of obtaining emergency replacement gear.

QUALITY ASSURANCE (QA) AND CREDENTIALING

- () Policy for QA established.
- () QA review schedule established.
- () All embarked providers' credentials follow current BUMED authority.
- () Special privileges applied for and verified (vasectomy, etc).

TRAINING

- () Special training requirements identified (i.e., cold weather, tropical medicine, CBR, medical regulating, landing force medical staff planning, etc).
- () ATLS/ACLS/BCLS/IV certification current for applicable personnel.

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TIGER/DEPENDENT CRUISE

- () Medical questionnaire completed by each Tiger.
- () CATF and commanding officers notified of specific Tigers with potential medical risks.
- () Medical policy for Tigers approved by CATF/TYCOM.

BRIEFINGS ARRANGED

- () EPMU
- () Predeployment briefing books obtained.
- () MMART PDV and GWW arranged.
- () HIV certification message to TYCOM.
- () Final visit with TYCOM/PHIBGRU medical.

POST-DEPLOYMENT

- () PDC completed for CATF signature.
- () EPMU debriefed.
- () Brief book updated and returned to PHIBGRU.
- () Closing courtesy call on CATF.

APPENDIX M

TASK FORCE (TF) SURGEON
ROLES AND RESPONSIBILITIES

1. General. The TF surgeon is the medical officer on the ATF staff who:
 - a. Represents the commander in all matters pertaining to the required medical support for a projected operation.
 - b. Consults with the landing force medical officer in preparing the ATF medical plan.
 - c. Advises the commander as to the status of medical support and the ability to support the mission.
2. Specific. Duties of the TF surgeon include, but are not limited to:
 - a. Advising the CATF, the staff, and units of the TF on medical matters.
 - b. Optimizing the medical readiness of all units of the TF.
 - c. Coordinating with the landing force surgeon in preparing medical portions of written plans, orders, and concurrent planning.
 - d. Ensuring that the medical personnel of the landing force augment the medical departments of the units on which they are embarked.
 - e. Recommending to the CATF, the designation of CRTS and request required medical augmentation.
 - f. Ensuring appropriate medical support to all embarked personnel using the TF medical departments and medical supplies, reserving landing force supplies for ultimate use ashore.
 - g. Monitoring and coordinating TF quality assurance, risk management, and credentialing issues.
 - h. Assuring maximum effective use of all embarked medical personnel, equipment, and supplies throughout the TF.
 - i. Coordinating and overseeing TF level medical exercises, training, and education (including afloat CME/CMU documentation).
 - j. Assuring the practice of preventive medicine throughout the TF.

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k. Coordinating with the landing force surgeon and other staff officers in the planning for transporting casualties to the CRTS.

l. Coordinating medical evacuation of mass casualties from the beach, including dedicated communications.

m. Coordinating inter-ship medical support.

n. Overseeing medical supply and resupply systems.

o. Planning for and overseeing medical regulating.

p. Planning for and managing the whole blood program.

q. Informing the CATF on the medical readiness of the TF.

r. Submitting post-deployment critiques (see appendix J).

s. Monitoring and implementing the advanced hospital corpsman (HM-8425) annual refresher training per OPNAVINST 6400.1A.

t. Gathering and reporting medical information.

u. Requesting and disseminating medical intelligence.

v. Interfacing and coordinating with other staff functions as they relate to health care issues.

w. Establishing and maintaining medical liaison with shore based U.S. and foreign medical facilities and practitioners, as needed.

x. Providing for medical support of noncombatant evacuation operations.

APPENDIX N

GUIDE FOR COMPLETING
QUARTERLY MMART READINESS REPORT
(MED 6440-1)

1. Because the MMART program must be maintained at the highest level of readiness, the MMART Quarterly Readiness Report provides BUMED with information concerning the readiness status of each MMART. This is an unclassified report submitted by commands sponsoring MMARTs. Reports are due in BUMED by the 20th work day of each quarter.
2. The report consists of a cover letter with an enclosure providing specific details for each team and TF surgeon. Tab A is a sample submission showing the format of the cover letter with one enclosure; note that there are six sections. Each sample section provides supplemental information.
3. TF surgeons are to be reported in this report. Use the tab A six-section format.
4. MMART blocks are not to be reported in this report. Monthly reports to NAVMEDLOGCOM on blocks which field activities maintain must be continued as specified previously.
5. Organizational issue material (i.e., field uniforms and 782 gear) will be included in this report.
6. Due to interest displayed by operational commanders who have used MMARTs, specific information on clinical emergency and field training is requested. Section IV of the enclosure shows a sample report.
7. Section VI reports the man-days lost to the command for predeployment visits, predeployment workups, and deployments. This information is provided to CNO to demonstrate the amount of time MMART members are dedicated to meeting the MMART mission.
8. BUMED must be advised of problems in personnel, training, and materiel and will provide technical assistance and guidance. BUMED, in coordination with echelon 2 and 3 line commanders, will advise sponsoring commands on corrective measures. The objective is to maintain the MMART program at C-1 readiness status.

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SAMPLE FORMAT FOR COVER LETTER

6440

From: Commanding Officer, _____
To: Chief, Bureau of Medicine and Surgery, (MED-27), Navy
Department, 2300 E Street, NW, Washington, DC 20372-5300

Subj: QUARTERLY MOBILE MEDICAL AUGMENTATION READINESS TEAM
(MMART) READINESS REPORT (MED 6440-1)

Ref: (a) BUMEDINST 6440.6

Encl: (1) Surgical Team xx Report
(2) SPRINT Team xx Report

1. Per reference (a), subject report and enclosures (1) and (2) are submitted for first quarter FY-90. Teams covered:

<u>Unit</u>	<u>Overall Readiness</u>
Surgical Team xx	C-1
SPRINT Team xx	C-1
Task Force Surgeon	C-1

2. Personnel, Training, Materiel Readiness

<u>Unit</u>	<u>Personnel</u>	<u>Training</u>	<u>Materiel</u>
Surgical xx	P-1	T-1	M-1
SPRINT xx	P-1	T-1	M-1
Task Force Surgeon	P-1	T-1	N/A

3. Points of contact:

- a. MMART Coordinator: (Name)
(1) DSN - xxx-xxxx
(2) Commercial - () xxx-xxxx
- b. Assistant MMART Coordinator: (Name)
(1) DSN - xxx-xxxx
(2) Commercial - () xxx-xxxx
- c. Officer of the Day (OOD) (24 hour POC):
(1) DSN - xxx-xxxx
(2) Commercial - () xxx-xxxx

(commanding officer's signature)

Copy to:
PERSUPPDET (servicing sponsoring command only if they desire)
HSETC

Tab A
Enclosure (1)

N-2

MMART READINESS REPORT FOR 1ST QUARTER FY 90

SURGICAL TEAM # 00

SECTION I: PERSONNEL ROSTER

NAME NOTES	GRADE RATE	SSN	NOBC NEC	DATE ON TM	RAD PRD	SEC CLEAR	PASSPORT NUMBER	EXP
---------------	---------------	-----	-------------	---------------	------------	--------------	--------------------	-----

PRIMARY TEAM:

DOE, J	CAPT	999-88-7777	0214	8806	9006	SEC	Y123456789/9012	(1)
SMITH, G	LCDR	888-77-6666	0244	8905	9201	N/A	Y987654321/8910	
GREENE, R	LT	777-66-5555	0118	8901	9008	N/A	Y876543210/8812	
JONES, A	LCDR	555-44-3210	0952	8909	9101	SEC	Y978653421/9012	(2)
.								
WILSON, P	HM1	666-55-4444	8482	8903	9112	N/A	BIRTH CERT/9002	
SAILOR, G.	HN	444-33-2222	8483	8901	9202	N/A	BIRTH CERT/9012	
.								
etc.								

ALTERNATE PERSONNEL:

SMITH, A.	CDR	111-22-3333	0214		9207	N/A	BIRTH CERT/9010	
BROWNE, L.	LCDR	222-33-4444	0244		9112	N/A	BIRTH CERT/8910	
.								
etc.								

NOTES:

- (1) TEAM LEADER
- (2) ALTERNATE TEAM LEADER

PROJECTED LOSSES/REPLACEMENTS:

- (1) LT Greene will RAD 9008. Upon receipt of passport, LCDR Marine is slated to replace LT Greene as a primary team member.
- (2) Due to PCS orders ICO CAPT Doe, CDR A. Smith will replace CAPT Doe in Jun 90.

Information on each primary member as indicated above is required and is highly recommended for alternates.

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SECTION II: SURGICAL TEAM #00 TRAINING COMPLETED

=====											
CLASSES COMPLETED											
	1	2	3	4	5	6	7	8	9	10	TOTAL HOURS
=====											
PRIMARY TEAM:											
DOE, J.	4	4	2	40	2	-	-	-			52
SMITH, G.	-	4	-	40	-	6	-	64			114
GREENE, R.	4	-	2	-	2	6	-	-			14
JONES, A	4	-	-	40	2	-	8	-			54
.											
WILSON, P.	4	-	2	-	2	6	-	-			14
SAILOR, G.	-	4	2	40	2	6	-	-			54
.											
etc.											
ALTERNATE PERSONNEL:											
SMITH, A.	4	4	2	-	2	-	-	-			12
BROWNE, L.	-	4	-	-	-	6	-	-			10
.											
etc.											
=====											

Hours must be used to indicate attendance at each training session. Total hours column must be used. Date training was conducted is not desired in this matrix. Only primary member training determines the readiness status for training.

SECTION III: SURGICAL TEAM #00 TRAINING COMPLETED - KEY

CLASS SUBJECT	CLASS DATE	NUMBER HOURS
1. MMART Orientation	28 NOV 90	4
2. Navy Correspondence: Messages	01 DEC 90	4
3. Nursing Notes	03 DEC 90	2
4. Field Medical Service School Camp Lejeune, NC	04-08 DEC 90	40
5. MMART Orientation: 782 Gear	10 DEC 90	2
6. Shipboard Orientation	13 DEC 90	6
7. Member normally assigned to pediatric clinic worked in emergency room under direct supervision of a physician. Assisted in care of patient with gunshot wound.	15 DEC 90	8
8. Combat Casualty Care Course (HSETC) FT Sam Houston, TX	16-24 DEC 90	64

Submit one training key as a separate enclosure if multiple teams use the same schedule. Class rosters must be retained locally for documentation purposes.

SECTION V: SURGICAL TEAM #00 TRAINING PROJECTED - 2nd QUARTER
FY 90

CLASS SUBJECT	NUMBER HOURS
1. Field sanitation	4
2. Handling the combative patient	4
3. Use of blood products	2
4. Abdominal injuries	4
5. MMART orientation: will/power of attorney	2
6. Review of gas masks	2

Submit one projected training schedule as an additional enclosure for multiple teams. Training should be conducted as a team when possible and should relate to the mission of the team.

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SECTION IV: ST #00 CLINICAL EMERGENCY AND FIELD TRAINING
COMPLETED

	(DATE TRAINING COMPLETED)				
	ATLS	ACLS	BCLS	IVCERT	FIELD
PRIMARY TEAM:					
DOE, J.	8809	8804	N/A	N/A	8911
SMITH, G.	9002(P)	8801	N/A	N/A	8911
GREENE, R.	8801	8508	N/A	N/A	8902
JONES, A	9002(P)	8604	N/A	N/A	8911
.					
WILSON	N/A	N/A	8906	8811	8902
SAILOR, G.	N/A	N/A	8903	8812	8911
.					
etc.					
ALTERNATE PERSONNEL:					
SMITH, A.	8901	8812	N/A	N/A	8510
BROWNE, L.	9002	9004	8508	N/A	8510
.					
etc.					

(P) = Planned attendance. If a primary team member lacks clinical emergency training, indicates when the member will receive it.

Field training obtained at Combat Casualty Care Course (C-4), Combat Casualty Care Course (Advanced) (C-4A), Field Medical Service School (FMSS) or Landing Force Training (LFT) program, or a tour with an FMF activity are considered appropriate.

Due to task-oriented nature of preventive medicine teams, NAVENVIRHLTHCEN, NAVENPVNTMEDU, and NAVDISVECTECOLCONCEN staff members are not expected to be trained in clinical emergency skills.

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SECTION VI: MMART MAN-DAYS LOST

=====					
WESTPAC ARG 90-1					
	NOBC/NEC	PDV	KU/GWW	DEPL	TOTAL
	(1-5 OCT90)	(8-20 OCT90)	(25OCT-23NOV90)		
=====					
(NUMBER OF DAYS)					
PRIMARY TEAM					
DOE, J.	0214	5	13	29	47
SMITH, G.	0244	5	13	29	47
GREENE, R.	0118		13	29	42
COCRANE, R.	0952			29	29
WILSON, P.	8482	5	13	29	47
SAILOR, G.	8483			22	22
etc.					
ALTERNATE PERSONNEL					
SPANKS, A.	0214				
BROWNE, L.	0244				
BRONSON, L.	0000			9	9

For each deployment, identify the title of the specific mission and report the dates and days the team was away from the command. Include weekend days, if applicable. Report only days of the reported quarter. When a deployment overlaps quarters, report only those days applicable to the quarter being reported. The remaining days will be reported in the following quarterly report. Make note of special situations such as replacement of a member during a deployment or unexpected returns.

Following is a description of the report shown above: Surgical Team #00 was tasked to support WESTPAC ARG 90-1 with a 5-day predeployment visit, 13-day KU GWW, and a deployment schedule of 29 days from 23 OCT to 23 NOV 90.

The situation as illustrated above shows three members (Doe, Smith, and Wilson) attending the predeployment visit for 4 days and 1 day of travel. Various other members attended the predeployment workup (GWW for PHIBGRU TWO, KU for PHIBGRU THREE) and the team deployed 29 days. HN Sailor had emergency leave granted and was replaced on the team by HN L. Bronson, an alternate. However, there was a 2-day overlap from Bronson's departure from the command and Sailor's return to go on emergency leave.

APPENDIX O

CRITERIA FOR ASSIGNMENT OF TEAM READINESS CODES

1. Readiness codes are intended to provide a snapshot of various aspects of each team. The codes listed here are MMART specific although the system follows the Status of Resources and Training System (SORTS) published in reference (x).
2. Determining a code requires judgement, not application of an algorithm. The overall team/task force (TF) surgeon assessment, as it relates to general team/TF surgeon readiness, is the purpose of this analysis. It should take into consideration the specific elements of personnel, materiel, and training but it is not intended to be an average of these three areas.
3. Timely notification of changes in status is more important than the degradation, especially for teams on alert. Planning at the local level should prevent degradations. Degradation to C-2 or C-3 status in any category requires prompt notification to BUMED.

Rating Criteria

OVERALL TEAM READINESS

- C-1 Team/TF surgeon is fully mission capable.
- C-2 Team/TF surgeon not fully mission capable but will be mission capable within 48 hours/1 month.
- C-3 Team/TF surgeon not fully mission capable but can provide basic or limited functions. Can be fully mission capable within 14 days/3 months.
- C-4 Team/TF surgeon not mission capable and cannot correct within 14 days/6 months.
- C-5 Team/TF surgeon deployed at time of report.

PERSONNEL

- P-1 All assigned personnel satisfy the medical personnel readiness checklist requirements of appendix I.
- P-2 Deficiency correctable by sponsoring command within 14 days. (Example: one or more personnel assigned do not satisfy the medical personnel readiness checklist requirements.)

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PERSONNEL (continued)

P-3 Deficiency is not correctable by sponsoring command within 14 days. (Example: one or more individuals are not currently available from within command resources and cannot be cross-assigned within the region.)

TRAINING

T-1 The team/TF surgeon as a unit and members relative to their team position have at least the minimal amount of training required to meet MMART mission requirements. This assessment is made by the team leader, with input from the MMART coordinator and head, training and education. See chapters 4 and 8 for guidance and appendix K for examples of training subjects.

T-2 Team/TF surgeon deficiency correctable within 14 days/3 months by sponsoring command. (Example: a member did not renew IV certification.)

T-3 Team/TF surgeon deficiency not correctable within 14 days/6 months. (Example: a member who has not completed the active training list, did not receive any active training during the reporting period.)

ORGANIZATIONAL ISSUE MATERIAL

M-1 All team members have all organizational issue materiel and clothing listed in appendix E.

M-2 Deficiency correctable within 14 days. (Example: missing item that will be replaced.)

M-3 Deficiency not correctable within 14 days. (Example: item or materiel not available within 14 days, requiring higher level intervention than sponsoring command to obtain.)

Medical materiel (i.e., MMART blocks). The following criteria are used primarily by NAVMEDLOGCOM in assigning C-status to the MMART blocks:

Rating Criteria

C-1 All equipment and supplies satisfy the requirements of the applicable AMAL. A minimum of 90 percent of the required supplies are available; the remaining supplies can be obtained locally within 48 hours and incorporated into the block before shipment. Deployable.

- C-2 All equipment contained in applicable AMAL is available and fully functional. A minimum of 90 percent of required supplies are available; the remaining supplies can be obtained locally and sent by follow-on shipment within 96 hours. Deployable.
- C-3 All equipment contained in applicable AMAL is available and can be fully functional within 72 hours. More than 80 percent of required supplies are available; the remaining supplies can be obtained locally within 96 hours. Nondeployable until correction of equipment shortfalls. Nondeployable until at least C-2 standards are met.
- C-4 Required block not available or major pieces of equipment (i.e., anesthesia machine, operating room table/light) not available or less than 85 percent of supplies available and deficient supplies cannot be procured within 96 hours (Undergoing post-deployment refurbishment. An explanatory statement must be provided.)
- C-5 Block deployed.

Note: Professional competence dictates that judgment must be used when evaluating the criticality of deficient supplies when determining readiness status. For example, the absence of bandages should not carry the same weight as the absence of critical anesthesia agents.

APPENDIX P

MMART MESSAGE REQUEST FORMAT

FM: (REQUESTING COMMAND)

TO: CNO WASHINGTON DC//N931D//

INFO: (REQUESTING COMMANDS OPERATIONAL CHAIN OF COMMAND)

CMC WASHINGTON DC//MED// (WHEN APPROPRIATE)

BUMED WASHINGTON DC//02/27//

BUPERS WASHINGTON DC//JJJ//

FMF LANT OR PAC (WHEN APPROPRIATE)

COMUSNAVCENT//14// (WHEN APPROPRIATE)

(RECEIVING COMMAND)

EPMAC NEW ORLEANS LA//JJJ//

NAVMEDLOGCOM FT DETRICK MD//02//

NAVENVHLTHCEN NORFOLK VA//02A// (WHEN APPROPRIATE)

UNCLAS//N06640//

OPER// (WHEN APPROPRIATE)

MSGID//

SUBJ/REQUEST FOR MMART SUPPORT//

REF/A/DOC/CNO/01AUG91//

REF/B/DOC/BUMED/(DATE OF THIS INST)//

(OTHER APPLICABLE REFERENCES)

NARR/ REF A IS OPNAVINST 6440.1(SERIES). REF B IS BUMEDINST
6440.6.//

POC//

RMKS/1. PER REFS A AND B, REQUEST MMART SUPPORT.

A. THE NATURE OF THE CRISIS SITUATION, ITS CURRENT STATUS,
RELATION TO POTENTIAL PROBLEMS AND OBJECTIVE OF MMART
INVOLVEMENT.

B. NUMBER AND TYPES OF TEAMS REQUIRED.

C. NUMBER AND TYPES OF MMART BLOCKS REQUIRED, IF ANY.

D. PROPOSED DATES AND LOCATIONS OF DEPLOYMENT.

E. PROPOSED EMBARKATION AND DEBARKATION POINTS FOR BLOCKS AND
TEAMS.

F. RECEIVING COMMAND.

G. PASSPORT AND VISA REQUIREMENTS, IF ANY.

H. REPORTING INSTRUCTIONS.

I. LOCAL TRAVEL ARRANGEMENTS THAT THE REQUESTING OR RECEIVING
COMMAND WILL PROVIDE.

J. UNIFORM AND ORGANIZATIONAL EQUIPMENT REQUIREMENTS

K. FUNDING INFORMATION.

2. (STATE CONCEPT OF OPERATIONS (CONOPS) FOR MMART).

3. (STATEMENT TO RECEIVING COMMAND ON MMART PLACEMENT OF ASSETS
AND INTEGRATION WITH THE MISSION).

4. ANY OTHER PERTINENT INFORMATION.//