

Bureau of Medicine and Surgery



Global Health Engagement Volunteer Guidebook

Section I



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1.0 INTRODUCTION

Welcome! Navy Medicine is looking forward to partnering with your organization in our Global Health Engagement efforts. Partnering with the U.S. Navy is an opportunity for Non-Governmental Organizations (NGO), governmental agencies, and academic organizations to work hand in hand with the U.S. military. Nonmilitary organizations dedicated to global health bring a strong network of on-the-ground health assistance for both long- and short-term activities. Many NGOs have existing programs and initiatives that can be leveraged to create sustainable outcomes long after a U.S. Navy mission is completed. It is the value added by our NGO partnerships that enhances the ability to successfully execute humanitarian civic assistance and disaster response (HCA/DR) missions.



Partner nation members and NGOs review the upcoming schedule of events for Pacific Partnership 2013

This NGO Partner Guidebook is designed as a source of information, reaching out to the NGO community to educate and build relationships. We hope this guidebook provides some tools and resources to help with partnering and understanding of the mission processes. While each mission is unique and has specific requirements, there are some common processes. This guidebook is intended to provide supplemental information to support and assist you in understanding how partnering with the U.S. Navy works as we collaborate and join together on global health engagement missions.

1.1 PARTNERSHIPS IN ACTION

The U.S. Navy has taken many important steps to coordinate, plan, and implement humanitarian civic assistance activities and disaster relief efforts. It continues to work toward improving and enhancing the integration of our NGO, interagency, and academic partners in these endeavors. The value that our civilian partners bring dramatically strengthens the capabilities of each mission by contributing significant resources including medical/clinical staff expertise, supplies, and support teams. With the help and additional support of organizations such as yours, military health professionals are able to staff and implement humanitarian assistance operations and provide required readiness and survivability support to Fleet Forces and Fleet Marine Forces.



Assistant Secretary of Defense, Health Affairs
Dr. Jonathan Woodson speaks about
DoD/NGO collaboration in global health
during a March 2012 symposium at the U.S.
Institute of Peace in Washington, D.C.
Matt Pueschel, FHP&R Communications

Our NGO partners have unique and established networks and connections in host countries or in the geographic region where missions are conducted. They can often tap into relationships such as local translators skilled in regional dialect, medical schools, and other host nation community-based health programs. These connections and networks, along with their country-specific cultural awareness, are invaluable to the success of a mission. Collaboration with our NGO partners forges relationships, educational exchange opportunities, and sustainable engagements. We could not be



Figure 1-2: The Five NGO Integration Action Items

Maintaining the focus and goals of readiness and survivability of U.S. Navy personnel and operations has been the key to successful outcomes on each of these important initiatives (see Figure 1-2).

2.0 GETTING STARTED

Volunteer partnerships between civilian organizations and active duty military medical commands have a long history. During 20th century wartime efforts, thousands of volunteers helped with the many needs of the military. Many NGOs had their beginnings during the first few decades of that century and continue their civilian-military (CIV/MIL) partnerships today. These organizations focus on helping the disadvantaged at home and abroad, and over the last few decades, worldwide efforts became known as “global health.” Improving the socioeconomic health and wellness of a host nation may enhance our own national security. Being part of a CIV/MIL global health volunteer partnership provides many exciting opportunities.

Volunteer partnerships and strong long-term relationships between civilian and military organizations provide opportunities, as listed in Table 2-1, to address the serious health issues and the challenges we face in our world today.

2.1 THE “VETTING” PROCESS—AGREEMENTS AND MOUS

The U.S. Navy partners with a variety of NGOs including international communities, public service organizations, faith-based organizations, professional organizations, universities and private foundations, and many others. The NGO community, both in the United States and internationally, has generally adopted standards and codes of conduct that support those of the

U.S. Navy. Many have signed their intent to abide by these standards, but not all, and it is therefore necessary for an organization to be “vetted” prior to partnership agreements and participation on missions. The vetting process is the due diligence process followed by the U.S. Navy to ensure an NGO partner has met certain standards and will be a suitable partner for global health missions. For new potential partners, a point of contact (POC) will be assigned to walk through the process that will occur prior to signing partnering agreements. In Section II of this guidebook, the [List of References](#) provides a list of due diligence resources typically used by the U.S. Navy when vetting potential partners.

Table 2-1: Volunteer Partnership Opportunities

CIV/MIL Global Health Volunteer Partnership
• Working with both military and civilian experts as part of a highly trained medical team and providing otherwise inaccessible care and health services
• Providing subject matter expertise and building medical capacity for local health facilities
• Conducting training, coaching, and outreach teaching on topics in areas of maternal/child care, wellness, and chronic disease
• Providing surgical, optical, and dental interventions otherwise unavailable
• Providing ancillary support for care delivery (such as laboratory, pharmacy, radiology, therapy, nutrition, and dietary patient education)
• Providing veterinary health and educational exchanges in underserved communities
• Participating in rural health clinics, facility building or repair, academic or professional education conferences, or other community-based projects related to the mission

In an effort to understand and provide clarity for partnering on HCA/DR missions, a group of committed stakeholders from NGOs, academic institutions, governmental inter-agencies, and U.S. Navy operational leaders drafted a memorandum of understanding (MOU) that will be used by Fleet Commands as the official agreement for partnership on an HCA/DR mission. Each mission may have addendums specific to the region, type of mission, or particular U.S. Navy or partner requirements. However, the major elements of the MOU are the same for all U. S. Navy and volunteer organization partnerships. When your organization elects to partner on a mission with the U.S. Navy, the participant organizations will be asked to comply with the guidelines outlined in the document and addendums. A draft copy of the MOU is found at the beginning of Section II, Tools and Resources, [Memo of Understanding, Appendix \(A\)](#). The official MOU will be provided by the Commander, U.S. Fleet Forces Command and/or Commander, U.S. Pacific Fleet (CFFC/CPF), as appropriate.

2.2 CREDENTIALS—GRANTING AND CERTIFYING OF PRIVILEGES

U.S. Navy health care activities aboard ships and on shore are subject to the same regulatory compliance, quality, and patient safety standards as any other medical facility. In addition, host nations have their own requirements for authorizing medical practice in their countries. Volunteers who will administer clinical care and treatment aboard a U.S. Navy ship or on the ground in a host country will need to comply with those requirements and submit the required documents in advance of the mission. The complete process flow for authorizing participating providers from military, NGO, or other partner nation providers to practice within their specialty during HCA/DR missions on both U.S. Navy hospital and other ships is described and illustrated in [Appendix \(B\)](#).

Table 2-2 identifies the representative pre-deployment requirements that volunteers and military staff will be asked to complete prior to participating on a mission. It is imperative this be done in advance to avoid any disconnect or miscommunication between volunteer clinical providers and military requirements that authorize them to practice. Early and frequent communication with your mission POC will help minimize issues with this process.

Table 2-2: Credentials Documentation Required by Navy Medicine

Topic		US Military	Other Military	Civilian Volunteers	NGOs	Other Agencies
Credentialing	➤ Providers Records/Credentials	✓	✓	✓	✓	✓
	➤ Copy of current medical license(s)	✓	✓	✓	✓	✓
	➤ Copy of current specialty certification	✓	✓	✓	✓	✓
	➤ Copy of medical school diploma	✓	✓	✓	✓	✓
	➤ Copy of qualifying degree (Non-physician provider, i.e., pharmacist, nurse practitioners, etc.)	✓	✓	✓	✓	✓
	➤ Current hospital affiliation and attestation letter from current privileging authority (employing agency) stating provider's competency and authorized scope of practice	✓	✓	✓	✓	✓
	➤ Curriculum vitae	✓	✓	✓	✓	✓
	➤ Copy of Residency Training Certificate	✓	✓	✓	✓	✓
	➤ Abbreviated Credentials File (Interfacility Credentials Transfer Briefs-ICTBs)	✓	✓			

2.2.1 Records/Reports Required for Civilian Volunteers

There will be other forms and required documents specific to the mission or host countries to be visited, and those will be identified at the planning conferences along with the POC for the mission. Table 2-3 highlights some of the required forms and documentation required of all participants and clinical providers. Examples of other checklists and data sheets located in [Appendix \(C\)](#) through [Appendix \(L\)](#) are additional tools to assist you in your preparations. The mission-required checklists and data sheets will need to be completed well in advance of reporting for the mission, and participants will be directed to also bring hard copies with them as backup documentation.

Table 2-3: Required Reports and Records

For Clinical Staff Participants	For All Participants
<ul style="list-style-type: none"> • Copy of passport information page 	<ul style="list-style-type: none"> • Copy of passport (volunteer should bring on deployment but will retain)
<ul style="list-style-type: none"> • Curriculum vitae 	<ul style="list-style-type: none"> • Copy of flight itinerary
<ul style="list-style-type: none"> • Copy of medical/clinical diploma 	<ul style="list-style-type: none"> • Country visas, as necessary, for countries you plan to enter/exit on mission
<ul style="list-style-type: none"> • Copy of current medical/clinical license(s) 	<ul style="list-style-type: none"> • Government-issued photo ID, such as a state-issued driver's license
<ul style="list-style-type: none"> • Copy of current specialty certification(s) 	<ul style="list-style-type: none"> • Civilian Volunteers Medical Questionnaire
<ul style="list-style-type: none"> • Current hospital affiliation and attestation letter from current privileging authority (employing agency) stating provider's competency and authorized scope of practice 	<ul style="list-style-type: none"> • Physician letter (if required)

2.3 TRAINING—PREPARING FOR A MISSION

One of the key elements of a successful partnership and mission is pre-deployment training. The MOU your organization has signed with the U.S. Navy will include requirements for pre-deployment training. Topics identified by key stakeholders are shown in Table 2-4. These training elements are considered useful for both military and civilian participants on a mission to help integrate and enhance the understanding of roles, cultures, leadership, and ship/field environments.

Table 2-4: Recommended Training Elements for All Participants

Recommended Training Elements for Military and Civilian Participants	
•	Cultural training <ul style="list-style-type: none"> – Military culture – NGO culture – Host/affected nation culture
•	Organizational structure <ul style="list-style-type: none"> – Military command structure – NGO organizational structure
•	Training for shipboard and field environments
•	Expectation management
•	Training for clinical care in austere environments
•	Ethics training
•	Other—as required and identified for mission participation

Table 2-5 outlines training components recommended for military mission staff and their partner volunteers. Platform-specific training (safety and ship environments, for example) is usually conducted during deployment; others are designed to be completed prior to deployment and will identify access to links, classes, and other materials. [Appendix \(M\)](#) and [Appendix \(N\)](#) are examples of training and onboard exercises that might be used as an addendum for a mission.

Table 2-5: Recommended Training Matrix

Type of Training	Training Components														Other Training
	Cultural Training		Organizational Leadership		Ship/Field Environments		Expectation Management		Clinical Care in Austere Environments		Ethics Training				
	About Host Nation	For MIL	For CIV/NGO	About MIL	About CIV/NGO	For MIL	For CIV/NGO	For MIL	For CIV/NGO	For MIL	For CIV/NGO	For MIL	For CIV/NGO		
Mission	X	X	X		X	X	X	X	X	X	X	X	X	X	Guidebook; JKO/NKO; 7
NGO/Org Partner	X	X	X	X		X	X	X	X	X	X	X	X	X	Organization Overview

2.3.1 Cultural Training

Many cultures interact during an HCA/DR mission. Important considerations include the culture of the U.S. Navy, rank, lines of authority, command components, how ships and military missions “operate,” and the philosophy of the military in staging HCA/DR exercises. Equally important to understand are the culture of the NGO, interagency, and academic partners, the organizational structure, staff vs. volunteer lines of authority, logistics of volunteering time away from other employment, how the organization operates (such as who is their donor base, are they faith based or research/academically connected, etc.), and the unique philosophy of each organization. Training should also include the culture of each of the host nations to be visited, such as identifying their key ministry, governmental, health care, and academic leaders, the predominant languages, including a few key phrases expected, socioeconomic norms and fluctuations expected, the current political climate, security issues, gender- and faith-based issues, access to care challenges particular to the country, tribal or clan structures, and other pertinent concerns.

In discussions with and lessons learned from key stakeholders, it was unanimously agreed that all three areas of cultural training and awareness are necessary and will provide a common platform for mission operations making the best use of both military and civilian perspectives and allowing for “one voice” when embarking into a host nation with respect and deference to the cultures, country challenges, and health needs.

2.3.2 Organizational Structure

Understanding of the leadership and organizational structure of a Mission Command and Fleet/Ship Command is very important for all participants. Collaborative and integrated discussions and training pre-deployment, and refresher discussions during the mission will reinforce the relationships; identify points of contact, reporting relationships, and lines of authority; and provide clarity and guidance for working teams as the mission proceeds.

[Appendix \(O\)](#) and [Appendix \(P\)](#) provide a U.S. Navy dictionary and the U.S. Armed Forces officer and enlisted insignias and rank, respectively.

2.3.3 Ship and Field Environments

Most nonmilitary volunteers and even some military staff have never been deployed on a U.S. Navy ship or field platform and in some cases have little or no previous experience with an HCA/DR mission. Topics such as safety, shipboard life, mission goals and objectives, and logistics are all subjects that generate myriad questions. Some of this training is conducted en route to the mission or on stops as appropriate. In addition, much can be learned from colleagues who have had previous experience and can share the ins and outs, the dos and don'ts of an integrated CIV/MIL HCA/DR mission. A combination of pre-deployment knowledge, onboard ship training, and mentoring with colleagues (including professional, organizational, and CIV/MIL relationships) will help build this knowledge. Knowing what to expect in these new environments will aid in creating a good experience for all participants.

2.3.4 Clinical Care in Austere Environments

Mission participants find themselves in an environment where clinical and care delivery standards are not the same as we experience in more advanced nations—and certainly not the same as can be provided by a world-class hospital ship or a military field medical unit staffed

and equipped to provide the very best care in the most difficult circumstances. Technology commonly used in a hospital setting is often not found on U.S. Navy ships, field units or in host nations. This comment made by a recent civilian first-time volunteer illustrates that point:

It was like a 3rd world country! Think about it. We just came out of places like Johns Hopkins and Harvard where everything is done with technology and the internet including how we personally communicate and direct work (PDAs, texting, computers, cell phones) and despite being on a naval ship in the 21st century, all of this is mostly gone.

Clinical orientation to available technology, standards of care and practice, supply issues, disease management and ongoing care, laboratory/radiology/pharmaceutical availability, and administrative systems and infrastructures in host nations must all be understood in advance of mission participation. Collaborative and integrated discussions among experienced clinical staff and sharing with novice staff will clarify what can be expected and provided during the mission.

2.3.5 Expectation Management

Everyone participating in an HCA or DR mission has personal and professional expectations about what the mission should accomplish, how it should be accomplished, and what is personally and professionally rewarding for the participant. All of these are important—but when there are multiple sets of expectations, none of them can be easily or satisfactorily accomplished. Aligning expectations can be done most effectively with collaborative, integrated, and engaged discussions between participating partners. The ways to align expectations include—

- Military and civilian partners' participation in each other's pre-deployment orientations, training, and education to understand military-to-civilian and civilian-to-military cultures and organizational structures
- Education for clinical expectations and challenges in host nations
- What to expect in processes and requirements prior to embarking on a mission
- The "rules of engagement" for conduct and actions during a mission.

All these components help align expectations and set the tone for common goals and a personally and professionally rewarding, successful mission.

2.3.6 Ethics Training

Military and civilian participants will complete pre-deployment ethics training with regard to protected patient information, patient rights to privacy, and the prohibited use of imaging and recording devices to document patients, families, or human remains in the health care setting. Ethics training will also address the restrictions for using the mission, staff, or patients for medical research on site or for retrospective analysis/study using records or patient information related to the mission without express permission of the U.S. Navy and the Assistant Secretary of Defense (Health Affairs), and may also include an understanding of appropriate use of government funds.

Additionally, ethics training will include identification and agreement with instructions on possession of contraband aboard ship, human trafficking, and information assurance, including communications and the proper channels and points of contact for interaction with media and

press and the approved use of personal communications (e.g., email, Facebook, Twitter, texting, blogs, cell phones, cameras) and their potential relationship to security.

3.0 EXPECTATIONS—PLANNING FOR A MISSION

Proper planning is perhaps the most important element of a successful mission. Volunteering as part of the team on a U.S. Navy HCA or DR mission has significant differences from other volunteer opportunities. Time and energy are required to prepare for that experience to minimize potential problems encountered during mission deployment. As outlined in Section 2.3, Training, several recommended training components have been identified to orient your organization’s volunteers, prepare them for the experience of working with the U.S. Navy and Navy Medicine on a mission, cross-train them with required military security and safety requirements, and highlight how things function in a military environment and under the command of a military mission. Our NGO partners often have a variety of orientation and training programs specific to their own organizations that supplement the training components identified and required.

Mission platforms have often included embarkation aboard a U.S. Navy hospital ship, often referred to as a “white hull.” Mission participants deploy on the ship, which travels to the designated host nation(s). Life aboard ship is a unique experience and requires additional knowledge and preparation for successful participation and deployment. (See [Appendix \(D\)](#), Mission Life Aboard Ship.)

However, other platforms have also been used, such as U.S. Navy combatant ships or “gray hulls” which may be smaller than hospital ships. HCA/DR missions may also be “fly-in” missions, where teams meet in-country for smaller or more focused health and group exchanges, and may also partner on a ship or fly-in mission with our allied nations using their military installations or transport. In such cases, our allied partners make the decisions and determine rules of engagement for U.S. Navy NGO partners.

In all scenarios and platforms, specific deployment requirements and training will be part of mission preparation and will enhance the experience for everyone.

4.0 MISSION OPERATIONS—HOW IT ALL WORKS

The primary mission for all platforms is to provide health services in support of the designated combatant command (COCOM) strategic plan across the full spectrum of military operations, including the support of medical stability operations and diplomatic efforts. Equally important are engagements in support of homeland security through Defense Support of Civil Authorities (DSCA) and training during international assistance through Foreign Humanitarian Assistance (FHA), including security cooperation, civil military operations, and HCA.

An HCA mission has the benefit of preplanning and allows for targeted medical interventions, educational exchanges, specialty care, and many other avenues of service that cannot be performed during DR missions. Disaster response happens quickly and requires immediate coordination and collaboration. In both instances, operational understanding between partners is a key element to the success and outcomes of the mission, and collaboration and communication are the tools used to achieve mission success. Lessons learned have identified the need for a

central source that captures prospective volunteer readiness and organizational capabilities. An initiative to design the central NGO Database is underway.

4.1 PLANNING

U.S. Navy planning for HCA missions begins at least one year prior to mission execution. Planning phases, shown in Table 4-1, include two to three coordination or “planning conferences” (initial, mid, and final) and an in-country site survey or assessment. Confirmation briefings with senior management and leadership occur throughout the process. Near the end of the planning cycle, the staffing requirements are generally more clearly identified and the mission planners can begin recruiting additional supporting volunteers from partner organizations.

Table 4-1: Planning Phases

Planning Event	Description
Initial Planning Conference (IPC)	<ul style="list-style-type: none"> Scheduled about one year prior to deployment U.S. Navy component briefs the planned deployment; U.S. Navy HCA commands assigned; lessons learned from previous deployments to the region Designed to network, identify partners, and draft a basic mission concept and assign members to Pre-Deployment Site Survey teams
Mid-Planning Conference (MPC)	<ul style="list-style-type: none"> Scheduled 9 months prior to deployment HCA concept plan and engagements are presented, developed, and approved, including basic logistics and operational factors
Pre-Deployment Site Surveys (PDSS)	<ul style="list-style-type: none"> Assigned teams comprise the forward liaison group and are critical to the HCA success PDSS teams have significant onsite preparation requirements, which are completed between the MPC and the FPC, normally five to six months prior to the mission Incorporate the MPC concept and constitute an “on-the-ground assessment” and survey in the host nation Present the opportunity to make connections with the host nation and in-country partners Are critical because they help define needs and resources in the host nation and identify volunteer numbers and skill sets that will be needed in each nation
Final Planning Conference (FPC)	<ul style="list-style-type: none"> Scheduled three to four months prior to deployment Confirmation briefing for the planning staff on the tactical HCA Concept Plan (CONPLAN) and individual port visit Concept of Operations (CONOPS)²

4.2 DONATIONS AND VOLUNTEER SUPPLIES

Mission participation often includes donations from NGO partner organizations. Any supplies and equipment that are being shipped for donation, brought to the mission site, or brought aboard the ship will be listed and the list submitted at least 30 days prior to arrival in-country or to the ship leaving port. Medications must meet expiration requirements during the mission. It is important for volunteers to clearly understand they may use only supplies and equipment that have been approved by the Mission Command and military health care providers. The ship’s Commanding Officer, Military Treatment Facility/Medical Contingent Commander (COMTF/MCC) will take custody and control of the supplies and equipment during HCA/DR

² NTTP 3-57.3

missions aboard ship. However, supplies and equipment will remain the property of each NGO organization, and they may be donated at the discretion of the NGO and with approval from the host nation and the Mission Commander in coordination with the embassy country teams or U.S. Military Group (MILGRP). Each organization is responsible for the disposition of its supplies and equipment at the end of the mission, and cost for transport to/from the ship or mission site is the responsibility of the NGO partner. (See [Appendix \(A\)](#) MOU section 3.a (12) and 3.b (9).)

4.3 MISSION LIFE ON HCA/DR MISSIONS

4.3.1 Emergencies and Safety Protocol

On every U.S. Navy mission the subject of SAFETY is stressed on a daily basis. Besides the challenges of working in an unfamiliar environment, every U.S. Navy mission has numerous hazards that are unique and cannot be overlooked. On any mission platform (ship, fly-in, host and allied nation partner support), safety training and best practices will be emphasized. Ship environments have unique safety protocols which are reviewed in [Appendix \(G\)](#). Training will be provided so that everyone can be accountable for safety and enjoy their mission without injury. All mission participants will be provided with specific rules and guidelines pre-deployment, and these will be reviewed again once the mission is underway.

4.3.2 Medical Screening for Mission Participation

Challenging working conditions in developing countries and austere environments are not compatible with certain medical conditions and may cause issues on a mission. Civilian volunteers with a significant chronic disease or condition that requires frequent medical monitoring or treatment may be restricted from participating on an HCA/DR mission. Medical/dental conditions that would disqualify or compromise a volunteer from participation are outlined in the U.S. Navy policy COMUSFLTFORCOM/COMPACFLT INSTRUCTION 6320.3A (included in [Appendix \(H\)](#)). A medical screening ([Appendix \(H\)](#), [Enclosure 1](#)) will need to be completed that is current to within four months prior to embarkation, and this medical screening is to be submitted to the Senior Medical Department Representative (SMDR) or the assigned Senior Medical Officer (SMO) for review at least one month prior to participation on the mission. The SMDR/SMO with authority for approval of medical clearances may vary by mission. This person will review the medical screening and history and have final approval of the participant's fitness for the mission. Volunteers are responsible for their own personal medications and medical supplies for the duration of the mission. Medications will not be provided except in an emergency.

4.3.3 Personal Responsibilities and Conduct

We are guests in every country we visit. Our good behavior and respect for the culture and laws of other countries go a long way toward fulfilling our humanitarian mission. Remember, you represent the mission and your organization but most importantly yourself and your country



Figure 4-1: Medical Screening Instruction

when you participate on an HCA or DR mission. These regulations apply to everyone, both U.S. Navy personnel and volunteer participants. U.S. Navy crew members, our fellow military service members, and civilian colleagues must follow all procedures outlined and directed by the chain of command and Commanding Officer relating to appropriate conduct and behavior and customs. We are ambassadors of goodwill.

5.0 COMMUNICATION TOOLS—STAYING CONNECTED

Several communication tools are available for our partners to use that will assist with engaging in missions and staying in contact with mission participants. A Global Health Engagement (GHE) website and the NGO Database are tools for improved communications and are summarized below. Additional user information can be found in Section II, Appendices, Tools and Resources.

5.1 APAN—THE INTEGRATED COMMUNICATION TOOL

APAN

- Enables professional networking and communication
- Increases situational awareness
- Establishes predefined communications channels, relationships, and information work flows
- Provides a forum for sharing lessons learned and best practices in a wide variety of contexts

GHE's All Partners Access Network (APAN) provides a web-based means for effective information exchange and collaboration between the Department of Defense (DoD) and any external country, organization, agency, or individual that does not have ready access to traditional and secondary communication tools in the DoD systems and networks. Benefits include decreased response times, greater coordination, information transparency, and broader cross-organizational knowledge. While encouraging the open and easy exchange of information, APAN also seeks to ensure the protection of sensitive information like users' identities and personal communications.

The GHE office has developed an APAN user guide that introduces the intended purpose of APAN and provides a reference for using the site. The GHE homepage is available to all APAN users and nonusers alike. To encourage collaboration and openness between specific groups while protecting individual privacy, we have included private collaboration pages. These pages can be accessed by the individual groups including country Liaison Officers (LNO) and Health Affairs Attaches (HAA), the Fleet and Fleet Marine Force, NGOs, Research and Development, and Defense Committee (DEFCOM) South Africa. [Appendix \(Q\)](#) provides instructions for gaining access to the GHE APAN website.

5.2 NGO DATABASE

Prior missions identified a need to compile a list of available partners. An NGO Database is being developed to identify NGO capability by number of volunteers, type of provider, and verified credentials for personnel available for future missions. The database will segment the information

DATABASE FOR NGO VOLUNTEERS WHO—

- Have verified credentials and hold active privileges
- Meet physical qualifications
- Are available for HCA mission and for how long
- Are available for DR and DR response time
- Have a current passport
- Have Prior Mission Experience

by clinical provider specialty capabilities using the MAX Survey tool (see Figure 5-1). The NGO Database is expected to be implemented in 2014.



MAX Survey

Navy Humanitarian Volunteer Database

Purpose

The Navy Humanitarian Volunteer Database is a tool for Navy Medicine to expedite integration of NGO, Academic and Interagency Partners in Global Health Engagement activities. It will provide a repository of volunteer capabilities available to support these activities. Please take a few minutes to complete this survey. Providing this information facilitate your organizations participation in future humanitarian missions.

Privacy Statement

Your privacy is important to us. **Information provided via this survey is secure and not visible to other volunteers. It will be used only for mission planning purposes.**

There are 15 questions in this survey.

A note on privacy

This survey is anonymous.

The record kept of your survey responses does not contain any identifying information about you unless a specific question in the survey has asked for this. If you have responded to a survey that used an identifying token to allow you to access the survey, you can rest assured that the identifying token is not kept with your responses. It is managed in a separate database, and will only be updated to indicate that you have (or haven't) completed this survey. There is no way of matching identification tokens with survey responses in this survey.

Next →

Load unfinished survey

Exit and clear survey

Figure 5-1: MAX Survey Tool

5.3 PERSONAL COMMUNICATIONS—DURING MISSION PARTICIPATION

5.3.1 Operational Security



Balancing the need to stay informed while protecting intelligence and operational information is a difficult but essential task. We must be aware that our adversaries have the capability to actively monitor communications, the news media, and the Internet and command information channels. Consider carefully the potential value of information we place in the public domain. **Posting locations, routines, location information, or pictures to social media sites may be prohibited.** Participants will be instructed on appropriate communications during the mission.

5.3.2 Personal Computers

Personal computers are authorized in most mission situations for recreational use. Limited bandwidth should be expected, and there will be limited access to public communication sites. Personal computers and removable flash drives are not allowed to be connected to any ship computer systems.

5.3.3 Photography and Video During Mission Participation

Taking photographs and video is permitted during mission participation with a few guidelines. It is prohibited for Navy Medicine personnel or mission volunteer partners (military, civil service, contract, or volunteer) to use personally owned imaging or recording devices to make any recording of patients, patients' families, or human remains in a health care setting unless authorized by their Commander, Commanding Officer, or officer in charge. In some instances, clinical photography of patients may be appropriate for the diagnosis and treatment of medical conditions and for the purpose of professional education, board certification, licensure, and the advancement of science. In these instances patient privacy shall be protected. All appropriate documentation, permissions, and images are to be maintained as part of official records. Use of these media will be carefully controlled and executed in compliance with all regulations, organizational policies, and procedures. The complete photographic policy for medical missions can be reviewed in BUMEDINST 31-4.2A, Feb 2013, in [Appendix \(R\)](#). Although some ship-life photography is permitted, photography and video aboard a ship have additional guidelines and are specifically addressed in [Appendix \(D\)](#), Mission Life Aboard Ship.



5.3.4 Communications for NGOs and Foreign Military Personnel

Telephone, email, and Internet access may be limited during a mission depending on the type of platform and location for the mission. You may want to bring an international cell phone or a cell phone capable of using a foreign SIM card.

5.3.5 Emergency Communications

For NGO volunteers, if an urgent or crisis situation arises and a family member needs to contact you, the family member should contact the designated NGO liaison immediately. Family members of military participants should contact American Red Cross.

6.0 ADDITIONAL IMPORTANT THINGS TO KNOW

HCA/DR missions are built on a collegial relationship between all U.S. DoD, interagency, NGO, and partner nation participants. Like all U.S. Navy crew members, fellow military service members and civilian colleagues must follow all procedures outlined and directed by the Commodore and Commanding Officer relating to safety, appropriate conduct, and customs. Volunteers will agree to and fully cooperate with U.S. Navy patient safety, quality assurance, and other internal programs while on the mission. These specific responsibilities should be highlighted for NGO partners and partner nations and detailed in the MOU signed prior to mission participation.

6.1 GUIDANCE ON PERSONAL CONDUCT

6.1.1 Military Courtesy/Tradition

We adhere to professional forms of address (sir, ma'am, chief, etc.), and military staff will render salutes as appropriate.

6.1.2 Fraternization/Public Displays of Affection

At no time will hand-holding, kissing, or other inappropriate public physical interactions be tolerated while on a U.S. Navy mission. Professional working relationships and friendships are encouraged.



6.1.3 Sexual Harassment

The U.S. Navy position on sexual harassment is ZERO TOLERANCE. Everyone must understand that any form of sexual harassment aboard any U.S. Navy ship will not be tolerated; IT IS WRONG! Sexual harassment is destructive to morale and detrimental to our mission. For clarification, sexual harassment is defined by DoD policy as "...influencing, offering to influence, or threatening the career, pay, or job of another person in exchange for sexual favors, or deliberate or repeated offensive comments, gestures, or physical contact of a sexual nature in a work-related environment." Sexual harassment is GENDER NEUTRAL; it is not dependent upon the sex of the individuals involved. It is also in the eye of the beholder, it should not have the appearance of sexual harassment. If you feel you are a victim of sexual harassment, report it to your chain of command, the Command Master Chief, or the Commanding Officer.

6.1.4 Liberty

Liberty policy for military/DoD personnel will be communicated prior to each port or host country destination and is dependent upon Force Protection Conditions (FPCON) of the ports or countries visited. Adherence to off-limit areas must be heeded by all embarked mission participants. Don't go alone—a buddy system should usually be in place to ensure safety.

6.1.5 Criminal Activity

If you witness or are a victim of any criminal activity, call the Command Master-at-Arms immediately. Procedures for reporting will be reviewed aboard.

6.1.6 Military Uniforms and Civilian Attire

The required uniforms for military personnel will be determined by the Mission Command. Bring extra items if they are small and easily lost (such as belt buckles, boot bands, warfare and collar devices). Uniform and civilian attire aboard ship missions have specific requirements. (See [Appendix \(D\)](#).)

6.2 FORCE AND FORCE HEALTH PROTECTION—DEFINITIONS AND AWARENESS

6.2.1 Force Protection

When thinking about safety and security, the military divides operating environments into the following categories:

- **Permissive environments**, in which host nation military and law enforcement agencies have control as well as the intent and capability to assist operations that a unit intends to conduct
- **Uncertain environments**, in which host government forces, whether opposed to or receptive to operations a unit intends to conduct, do not have effective control of the territory and population in the intended operational area
- **Hostile environments**, in which hostile forces have control as well as the intent and capability to effectively oppose or react to the operations a unit intends to conduct.

These distinctions are based on agreements between the United States and the host nation and help determine the force protection posture that individual military units undertake. Status-of-forces agreements (SOFA) provide additional legal protection to service members. These will usually be in place for permissive environments. “Rules of engagement” will delineate appropriate responses for uncertain and hostile environments.³

6.2.2 Force Health Protection

When specifically addressing the health of the force, the military defines Force Health Protection (FHP) as “the ability to sustain, improve, protect, and conserve the health and resilience of Service members for optimal mission performance across global military activities and operations. FHP comprises activities that promote Human Performance Optimization (HPO); provide for a healthy, fit, protected and resilient force; engage in health surveillance; communicate at the FHP level; execute a seamless integrated medical system through shared situation awareness; sustain clinical requirements through proactive and dynamic medical logistics operations; encompass casualty care management; patient management from any Joint Operations Area; and enhance mission set preparedness and support to Stability Operations (SO) and Homeland Defense/Civil Support HD/CS.”⁴

7.0 CLOSING REMARKS

This guidebook is intended to inform and assist our partners in working with the U.S. Navy and Navy Medicine on missions for global humanitarian civic assistance and disaster relief. Our collective efforts to proactively engage in humanitarian missions that bring health assistance, medical training, subject matter expert exchanges, and construction and engineering projects to remote and austere environments is our common goal and the platform on which our partnerships are ever increasing in strength and success. The Global Health Engagement office of the U.S. Navy’s Bureau of Medicine and Surgery wishes to thank you for your partnership and your organizational commitment to global humanitarian civic assistance and disaster relief. Together we will continue to expand our relationships and our work with host nations to improve health in concert with the U.S. Navy Component Commander in support of our Combatant Commanders mission requirements and the national security strategy.

³ *Guide to Nongovernmental Organizations for the Military: A Primer for the Military About Private, Voluntary, and Nongovernmental Organizations Operating in Humanitarian Emergencies Globally*, edited and rewritten by Lynn Lawry, MD, MSPH, MS, Summer 2009; originally written by Grey Frandsen.

⁴ Force Health Protection Concept of Operations (CONOPS), 17 February 2011; Office of the Assistant Secretary of Defense (Health Affairs), Office of Strategy Management, Force Health Protection and Readiness, and Joint Staff/J4 Health Services Support Division.

