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# **Military Medical & Veterans Affairs Forum**

**Combat  
Support  
Hospitals**

**Force  
Protector**

**Vice Adm.  
Matthew L.  
Nathan**

**Surgeon General  
U.S. Navy**

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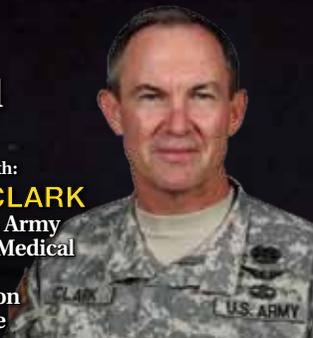
**Volume 16, Issue 6**

## **Command Profile**

Exclusive Interview with:

**COL. JEFF CLARK**

Commander, U.S. Army  
Europe Regional Medical  
Command  
Command Surgeon  
U.S. Army Europe



**Health Analytics ★ Cardiac Life Support  
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## Ensuring Patient and Family Centered Care

### **Vice Admiral Matthew L. Nathan Surgeon General of the Navy Chief of the Navy's Bureau of Medicine and Surgery**

*Vice Admiral Matthew L. Nathan is the 37th surgeon general of the Navy and chief of the Navy's Bureau of Medicine and Surgery.*

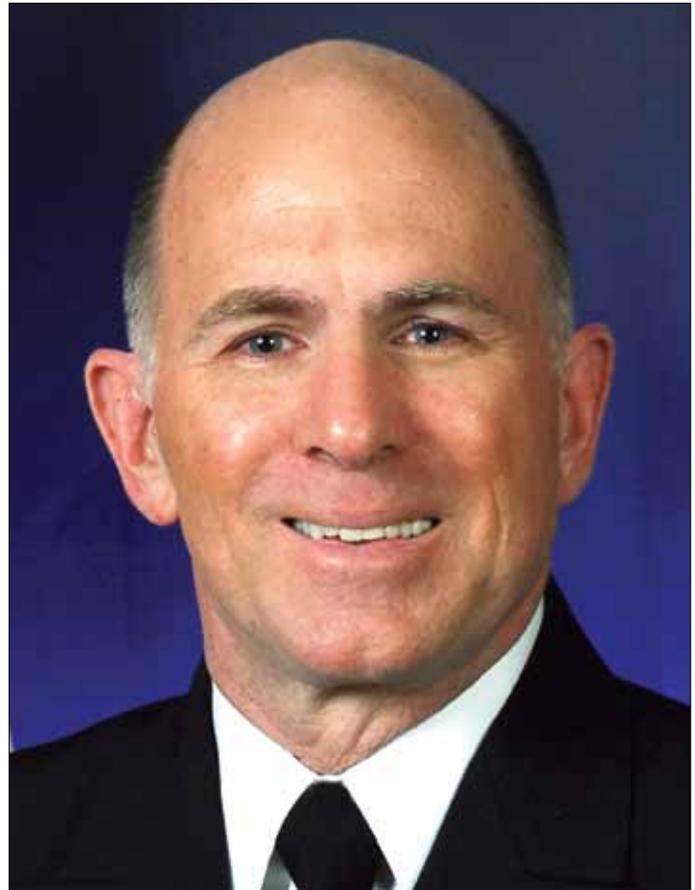
*Nathan received his Bachelor of Science degree from Georgia Tech, and his Doctor of Medicine from The Medical College of Georgia in 1981. He completed internal medicine specialty training in 1984 at the University of South Florida before serving as the Internal Medicine department head at Naval Hospital Guantanamo Bay, Cuba. In 1985, Nathan transferred to Naval Hospital, Groton, Conn., as leader of the Medical Mobilization Amphibious Surgical Support team. In 1987, Nathan transferred to Naval Medical Center San Diego as head, Division of Internal Medicine with additional duty to the Marine Corps, 1st Marine Division.*

*In 1990, he served as a department head, Naval Hospital Beaufort, S.C., before reporting to Naval Clinics Command, London, U.K., where he participated in military-to-military engagements with post-Soviet Eastern European countries. In 1995, he was assigned as specialist assignment officer at the Bureau of Naval Personnel, providing guidance to over 1,500 U.S. Navy Medical Corps officers. In 1998, he accepted a seat at the Joint Industrial College of the Armed Forces located in Washington, D.C., graduating in 1999 with a master's degree in "Resourcing the National Strategy." Nathan went on to serve as the fleet surgeon, Forward Deployed Naval Forces, commander, U.S. 7th Fleet, aboard the flagship USS Blue Ridge (LCC 19), out of Yokosuka, Japan. In 2001, he transferred as deputy commander, Navy Medical Center Portsmouth, Va.*

*In 2004, Nathan assumed command of Naval Hospital Pensacola with additional oversight of 12 clinics in four states where he oversaw Navy medical relief efforts following Hurricanes Ivan, Dennis and Katrina. Despite all facilities receiving crippling blows, his command still garnered the TRICARE/DoD award for "highest patient satisfaction in a medium-sized facility." In June 2006, he transferred as the fleet surgeon to the commander, U.S. Fleet Forces Command, instrumental in organizing the Fleet Health Domain integration with the Fleet Readiness Enterprise while providing medical global force management. In 2007, Nathan was assigned as commander, Naval Medical Center Portsmouth and Navy Medicine Region East with command of over 18,000 personnel and an operating budget exceeding \$1.2 billion.*

*Nathan also served as commander, Walter Reed National Military Medical Center and Navy Medicine, National Capital Area, where he was the Navy component commander to the largest military medical integration and construction project in Department of Defense history.*

*Nathan is board certified and holds Fellow status in the American College of Physicians and the American College of Healthcare Executives. He also holds an appointment as clinical professor of medicine at the Uniformed Services University of the Health Sciences. He is a*



*recipient of the American Hospital Association "Excellence in Leadership" award for the Federal Sector.*

*Nathan's personal awards include the Distinguished Service Medal (1); Legion of Merit (5); Meritorious Service Medal (2); Navy and Marine Corps Commendation Medal, and Navy and Marine Corps Achievement Medal (2).*

#### **Q: Can you give an overview of the Bureau of Medicine and Surgery [BUMED]?**

**A:** The Navy Bureau of Medicine and Surgery is the headquarters command for Navy and Marine Corps medicine. BUMED is the site where the policies and direction for Navy Medicine are developed to ensure our patient and family-centered care vision is carried out. BUMED exercises direct control over naval hospitals, medical centers, dental clinics, preventive medicine units and technical schools for Medical Department personnel both inside the U.S. and around the world. BUMED also maintains command and control of many of the lower echelon support commands that are not involved with direct patient care, including the Navy Medicine Education and Training Command, Navy and Marine Corps Public Health Center, Naval Medical Research Command, Naval Medical Logistics Command, and several others. BUMED is responsible for all medical support for the U.S. Marine Corps and the U.S. Navy.

The BUMED headquarters has nine codes, or departments, that develop policy for a wide range of topics for our lower echelon commands to execute. The nine codes are:

- M1: Manpower and Personnel—Total Force
- M2: Research and Development
- M3: Medical Operations
- M4: Logistics and Facilities
- M5: Future and Strategic Planning
- M6: Chief Information Office
- M7: Education and Training
- M8: Comptroller and Resource Management
- M9: Wounded, Ill and Injured

Within our Total Force structure, we also maintain a robust staff dedicated to the interests and requirements of our many Navy Medicine reservists. This team has been particularly important throughout the past 10 years of conflict as many reservists who represent a unique and diverse population have been called up to deploy.

**Q: What do you see as the main role or function of Navy Medicine?**

**A:** The foundation of Navy Medicine is force health protection and direct support to the warfighter. It's what we do and why we exist. We are in the readiness business. Navy Medicine operates forward and is globally engaged, no matter what the environment and regardless of the challenge. Whether it is on the sea, above the sea, below the sea, on the battlefield or on the homefront, Navy Medicine enables our sailors and Marines to carry out their mission. From the most advanced medical suites and staffs serving on amphibious ships, to the flight surgeons supporting the naval aviation enterprise, to the independent duty corpsman serving in submarines, or to the Navy corpsman embedded with Marines or special forces; Navy Medicine enables the warfighter. Where ever a sailor or Marine goes, Navy Medicine is there.

In executing our force health protection mission, the 63,000 active duty and reservists, government civilians and contractors of Navy Medicine are engaged in all aspects of expeditionary medical operations in support of warfighter. The continuum of care we provide includes all dimensions of physical and mental well-being. Nowhere is our commitment to force health protection more evident than in our active engagement in military operations in Iraq and Afghanistan. As these overseas contingency operations evolve, and in many respects become increasingly more dangerous, we are seeing a burgeoning demand to provide expeditionary combat casualty care in support of joint operations. The Navy Medicine team of doctors, nurses, corpsmen, dentists and mental health providers is working in tandem with the Army and Air Force medical personnel and coalition forces to ensure the physical and mental well-being of our troops and civilians alike.

Mission readiness for our sailors and Marines at home and abroad is our first priority, but there is no greater honor than the opportunity to provide care to our wounded, ill and injured. They are heroes and we, who are fortunate enough to care for them, understand this responsibility. As our wounded warriors return from combat to begin the healing process, they deserve a seamless and comprehensive approach to their recovery. We help them to heal in body, mind and spirit. Our focus is multi-disciplinary-based care, bringing together medical treatment providers, social workers, case managers, behavioral health providers and chaplains. We are working closely with our line counterparts with programs like the Marine Corps' Wounded Warrior Regiments that

coordinate with battalion surgeons, deployed units, and medical treatment facilities to set up anticipated medical appointments, ensuring a majority of medical needs are assessed prior to demobilization.

**Q: As the Navy surgeon general, what are your priorities and goals?**

**A:** Since becoming the Navy surgeon general in November 2011, my priority has been to ensure that Navy Medicine is strategically aligned with the imperatives and priorities of the Secretary of the Navy, Chief of Naval Operations and Commandant of the Marine Corps. We are fully engaged in executing the operational missions and core capabilities of the Navy and Marine Corps—and we do this by maintaining warfighter health readiness, deploying forward and delivering the continuum of care from the battlefield to the bedside while protecting the health of all those entrusted to our care.

My focus remains in alignment with our Navy and Marine Corps leadership as we support the defense strategic guidance. To ensure the fulfillment of our mission, I have outlined three strategic goals for the BUMED enterprise: readiness, value and jointness.

**Readiness:** We will provide agile, adaptable and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the National Defense Strategy. The ability to be ready and prepared to respond to the needs of our nation is inherent in our ethos. We must maintain a persistent state of high readiness so that we are always ready to respond to needs to support everything from kinetic action to humanitarian assistance and disaster response missions. Readiness is the hallmark of Navy Medicine.

**Value:** We will provide exceptional value to those we serve by ensuring full and efficient utilization of our services, highest quality care through best health care practices and best use of resources. When we say "value," we are asking our enterprise to consider the dynamic of cost, capability and quality in all we do. Providing simply everything at any cost is not sustainable.

**Jointness:** We will lead Navy Medicine to jointness and improved interoperability by pursuing the most effective ways of mission accomplishment. The synergy of creating efficiencies, removing redundancies and allowing transparency will elevate care and reduce costs.

Navy Medicine must promote healthy Naval forces to ensure warfighters are prepared to execute their mission. The Naval forces require the right medical capabilities to deliver consistent, appropriate and timely health care services across the entire range of joint military operations, which is why I am making it a priority to focus on jointness as we adapt Navy Medicine and plan for the future. In the upcoming years, Navy Medicine will focus on providing military health support for medical stability operations; maintaining health deployment readiness—the medically deployable status of all active duty and reserve servicemembers; and minimizing casualties in the deployed forces through prevention of disease and non-battle injuries. In addition, Navy Medicine provides expeditionary combat casualty care in support of requirements across the spectrum of joint military operations, ensuring that functional operating room and ICU beds are in place to meet warfighter requirements.

**Q: What is on the horizon for BUMED in the coming years?**

**A:** Navy Medicine is the pinnacle of excellence—answering the call across any dynamic—from kinetic operations to global engagement. Our health care is patient-centered, preserves health and maintains

readiness. Agility, professionalism, an ethos of care and the ability to deploy to any environment or sea state are our hallmarks. Moving forward, we must innovate, position our direct care system to recapture private sector care, and deliver best value to our patients. We must integrate the incredible strides we have made in combat casualty care in the Iraq/Afghanistan theater to be deployable to any scenario or region.

Navy Medicine would not be able to accomplish its mission without a robust research and development [R&D] community. The ongoing work of our researchers is having a direct impact on the treatment we are able to provide, from the battlefield to the bedside. Many wounded warriors are walking, talking and leading productive lives today because of the research and medical advancements in wound management, wound repair and reconstruction, as well as extremity and internal hemorrhage control and phantom limb pain in amputees. Our R&D programs are truly force multipliers to Navy Medicine's success and enable us to remain agile in the world-class health care we provide to our servicemembers and beneficiaries. How military medicine takes on this challenge will set the stage for decades to come, especially with respect to the quality, accessibility and reliability of support veterans and their families will receive.

BUMED will examine its patient- and family-centered care model. Patient- and family-centered care is Navy Medicine's core concept of care. It identifies each patient as a participant in his or her own health care and recognizes the vital importance of the family, military culture and the chain of command in supporting our patients. Navy Medicine will accomplish this through its Medical Home Port model and improved access to care at Navy Medicine facilities. The naval forces will have the right medical capabilities to deliver consistent, appropriate and timely health care services.

Additionally, Navy Medicine must maintain the right workforce to deliver medical capabilities across the full range of military operations through the appropriate mix of accession, retention, education and training incentives. Navy Medicine will establish an overarching organizational structure that directly aligns all aspects of manpower, personnel, training and education resulting in cohesive development, oversight and execution of the total force strategy for Navy Medicine. My goal is to achieve a 95-100 percent manning rate and establish and implement a comprehensive training and education strategy for the Navy Medicine enterprise.

**Q: How does BUMED work with industry to ensure medical facilities are properly equipped to deliver quality health care?**

**A:** BUMED centrally manages equipment purchases through its subordinate command, the Naval Medical Logistics Command [NMLC]. Through this command, we are able to stay abreast of advancements in medical equipment requirements by working with industry and clinicians through routine collaborations.

NMLC has a staff of logisticians, analysts, clinical engineers, biomedical equipment technicians, contracting officers and attorneys dedicated to helping customers define their requirements and enhance the standard of care, understanding the marketplace to support the requirements, ensuring patient safety and providing cost-effective, efficient contracts to satisfy those requirements.

NMLC also supports a number of high profile programs that include engineering support for medical and dental space configuration for new ship construction and maintaining authorized medical and dental materiel allowance lists for the operational forces.

Also, in the spirit of "jointness," Navy Medicine is actively engaged with the other services and DoD Health Affairs to find transparent common practice, efficiencies, standardization and remove redundancies.

**Q: How important are international partnerships to BUMED?**

**A:** We are a maritime nation and a maritime service. It is in our DNA to be forward, engaged, and to build and sustain collaborative energy and partnerships throughout the world. Over 70 percent of the Earth's surface is covered by water, more than 80 percent of the Earth's population lives near a coastline, and more than 90 percent of the world's commerce travels by sea. The naval mission of maintaining the safety and security of our sea lanes—being 100 percent "on watch"—and Navy Medicine's role in keeping our sailors and Marines fit and ready to do just that has never been more important. We can't do this without our worldwide partners.

Navy Medicine's mission is one with a truly global footprint. We are forward deployed with operating forces overseas and our research units provide a global health benefit around the world. Navy Medicine personnel serve as ambassadors worldwide and are the heart and soul of the U.S. Navy as a "Global Force for Good." Building partnerships around the world is imperative to our ability to meet mission and be a responsive and effective organization. I believe this to be so important that I recently stood up an office dedicated to Global Health Engagement which will develop our policies and build lasting partnerships worldwide.

Global health engagement includes our humanitarian assistance/disaster response [HA/DR] missions. These HA/DR missions directly support the Navy's Maritime Strategy and they continue to expand because they have proven to be highly successful in building global relationships. With past support to critical missions like Operation Unified Response in Haiti following the 2010 earthquake, Navy Medicine serves the international leader in HA/DR response.

More recently, Navy Medicine personnel provided essential support to Operation Tomodachi after the devastating earthquake and tsunami in Japan in 2011. As the foremost experts in radiation health issues, our Navy Medicine radiation health officers and radiation health technicians answered the international call for assistance to Japan and provided paramount support following the Fukushima nuclear plant disaster. They provided onsite monitoring of radioactive fallout, counseling to those affected and advice to Navy and Marine Corps commanding generals and combatant commanders in the Pacific area of responsibility. Their presence and expertise provided relief and solace to an extremely concerned population.

The Navy hospital ships also conduct planned deployment humanitarian assistance missions where they work with local ministries of health to bring care to the people of foreign nations. USNS *Comfort's* mission in Central and South America and the Caribbean for Continuing Promise 2011, as well as USNS *Mercy's* 2012 Pacific Partnership mission to Southeast Asia, provide further evidence of our continued commitment to the global efforts to foster security and stability worldwide. Our hospital ships are executing our Maritime Strategy by building the trust and cooperation we need to strengthen our regional alliances and empower partners around the world. With each successful deployment, we increase our interoperability with host and partner nations, non-governmental organizations and the interagency.

**Q: How does BUMED share resources in reference to the Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act?**

**A:** BUMED and Department of Veterans Affairs have a long history of health care resource sharing, which was mandated by Public Law 97-174, “The Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act.”

The sharing of Navy and VA health care resources has resulted in over 50 sharing agreements, two joint ventures and one fully integrated medical facility. The intent of resource sharing is to promote cost-effective use of federal health care resources by minimizing duplication and underuse of health care resources while benefiting both VA and DoD beneficiaries.

These sharing arrangements cover services such as medical/surgical, IM/IT data sharing, pharmacy, radiation therapy, compensation and pension exams, mental health, sleep lab, mammography, laboratory, optometry, audiology, pathology, pastoral care training, CT/MRI scans, training and equipment.

In addition to the Department of Defense Health Resources Sharing and Emergency Operations Act, National Defense Authorization Act for fiscal year 2010 formalized the partnership by authorizing the establishment of a five-year demonstration project. This first-of-its-kind project integrated the North Chicago VA Medical Center and Naval Health Clinic Great Lakes facilities into a single integrated health system, creating the Captain James A. Lovell Federal Health Care Center.

**Q: Can you describe BUMED’s involvement in the Joint Incentive Fund [JIF]?**

**A:** BUMED and VA have partnered in many Joint Incentive Projects since 2004. Completed projects become sharing agreements to continue the services started by the JIF project between the two medical facilities. Examples of past JIF projects are: women’s health center, mammography/stereotactic mammography, joint fixed MRI, dedicated fiber-optic connectivity, hospitalist program, digital radiography, mobile MRIs, pastoral care training (specific to wounded warriors), sleep lab services.

**Q: What are the challenges of maintaining a continuum of care from the battlefield to the bedside?**

**A:** The challenges of the continuity of care begin at the point of injury and are particularly piqued by the severity of the injuries that are sustained in a theater of war where the improvised explosive device is the enemy weapon of choice. Amputations, coupled with genitourinary injuries and traumatic brain injury, have been the signature injuries of this conflict. In those first moments post-injury, body armor, hemorrhage control and the first responder training has proven to be critical at a time when survival is not guaranteed.

Salvage surgery, initially completed in the first minutes or hours after the casualty’s arrival at a Role 2 or Role 3 facility, and repeated at 48 hour intervals throughout theater evacuation, generates a post-operative patient with a myriad of clinical requirements that must be met to sustain life. The services have developed an ‘en route critical care’ support capability in Afghanistan to provide lifesaving interventions during rotary transport between Role 2 and Role 3 facilities. Following surgery at the Role 3, it is in this phase of the timeline that the Air Force critical care air transport [CCAT] capability is so vitally important. Essentially, the Air Force has developed an ‘ICU in the air’ capability that provides the opportunity for very elaborate and sophisticated interventions. Once in the CCAT system, casualties are

transported back to CONUS where they are admitted to Role 5 facilities such as Walter Reed National Military Medical Center.

The sequence of events described above with the interventions that can be completed at each step along the way constitutes the continuity of care and makes the trauma system currently functioning in Afghanistan the most effective trauma system in the world. The unprecedented survival rates being recorded are clearly the product of the training and utilization of our medical personnel and the skill and resilience of military aviation personnel.

**Q: How do you see Navy Medicine evolving over the next five years?**

**A:** Organizations should change with time. It is our responsibility to constantly evaluate our structure, identify areas of improvement and act on those opportunities. Earlier this year I directed senior Navy Medicine leadership to explore realignment options that would result in a more effective, efficient and responsive organization. I believe in an empowered lean and mean headquarters element that listens to the field and provides guidance through coherent codified channels. Tactical and strategic alignment from headquarters to the treatment facility, battlefield, or ship is imperative.

As a result, we are engaged in executing a realignment plan for the Navy Medicine enterprise that will meet these requirements. The realignment is designed to enhance accountability, command and control, and ensure representation of Navy equities both across the enterprise and throughout the fleet.

This realignment is also closely linked to my strategic vision for Navy Medicine. We must concentrate on bringing more value and improving jointness while maintaining a high state of medical readiness for our Naval forces that our nation demands.

The biggest change occurred in July when Navy Medicine Support Command [NMSC] was re-scoped and renamed to Navy Medicine Education and Training Command [NMETC]. NMETC’s primary focus is on education and training. The command is headquartered in San Antonio, Texas, and has detachments in Jacksonville, Fla., and Bethesda, Md. NMETC will work closely with BUMED to ensure our medical personnel continue to be equipped with the best training military medicine can provide. They will also work closely with leadership at the Medical Education and Training Campus in San Antonio to ensure our Navy personnel are well-supported and that we maintain seamless and focused training for our corpsmen who keep our sailors and Marines medically fit and ready.

Many of NMSC’s former responsibilities will be absorbed by BUMED codes, with a number of lower echelon commands functionally realigned to codes within BUMED. The realignment also established two new codes; M2, which will manage all research and development, and M7, which will manage education and training.

In closing, Navy Medicine is an agile and powerful health care team because of our professional and dedicated shipmates, all of whom are working around the globe to provide outstanding health care and support services to our beneficiaries. As we turn the corner on a decade of war, our heroes are celebrated and our losses are mourned ... we have been all in, heavily deployed, and Navy Medicine remains strong, capable and mission-ready to deliver world-class care, anytime, anywhere. I have never been more proud of the men and women of Navy Medicine. In any corner of the world, or any sea state ... when you need them, they will deliver. ★