

NAVY MEDICINE



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THE ALMANAC | 2014

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NAVY MEDICINE ALMANAC is the annual professional magazine of the U.S. Navy Bureau of Medicine and Surgery. Its purpose is to educate its readers on Navy Medicine missions and programs. This magazine will also enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

The opinions and assertions herein are the personal views of the authors and do not necessarily reflect the official views of the U.S. Government, the Department of Defense, or the Department of the Navy.

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Please send correspondence and submissions to Lisa Johnson (valisha.johnson@med.navy.mil).

Navy Medicine Magazine printed its last quarterly publication in late 2013 and launched an online version in October. The online magazine highlights the work of the more than 63,000 Navy Medicine professionals who provide the highest quality care to our Sailors, Marines and their families.

Navy Medicine Magazine online submission requirements:

Articles must be between 600-1,000 words.

All information must be present tense/active voice.

Photos must be minimum 300 dpi.

Photos showing action are preferred.

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

Subjects considered:

News: News stories about activities at MTFs and the field. Any new processes and/or research and development news. Anything that improves the quality of care for our patients. Any articles showing how Navy Medicine is utilizing the electronic age. Any Navy Medicine support to military operations including everything from combat support to Humanitarian Relief/Disaster Response.

I Am Navy Medicine: Highlighting our Navy Medicine personnel.

Features: Feature stories about items of interest in Navy Medicine.

A Look Back: Historical stories featuring events and people from our Navy Medicine past.

Navy Medicine in Focus: Photos from across Navy Medicine.

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

Feedback Welcome
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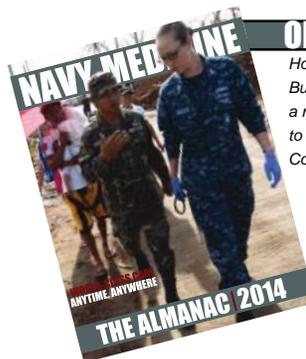
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CONTENTS

SPECIAL ISSUE

- 4 | Admiral's Call
- 8 | Navy Medicine 101
- 10 | Bureau of Medicine and Surgery
- 12 | Navy Medicine East
- 15 | Navy Medicine West
- 18 | Navy Medicine Education and Training Command
- 20 | Navy Medicine Locations Map
- 22 | Naval Medical Research Center
- 25 | Navy and Marine Corps Public Health Center
- 26 | Afloat Medical Capabilities
- 30 | Medical Corps
- 31 | Dental Corps
- 32 | Nurse Corps
- 33 | Medical Service Corps
- 34 | Hospital Corps
- 36 | Global Health Engagement
- 38 | Medical Home Port
- 39 | Wounded Warrior Care
- 41 | Mental Health Capabilities



ON THE COVER

Hospital Corpsman 1st Class Leia Dibiasie, right, assigned to the Arleigh Burke-class guided-missile destroyer USS Mustin (DDG 89), talks with a member of the Armed Forces of the Philippines to offer medical aid to affected citizens in support of Operation Damayan. (Photo by Mass Communication Specialist 3rd Class Mackenzie P. Adams)

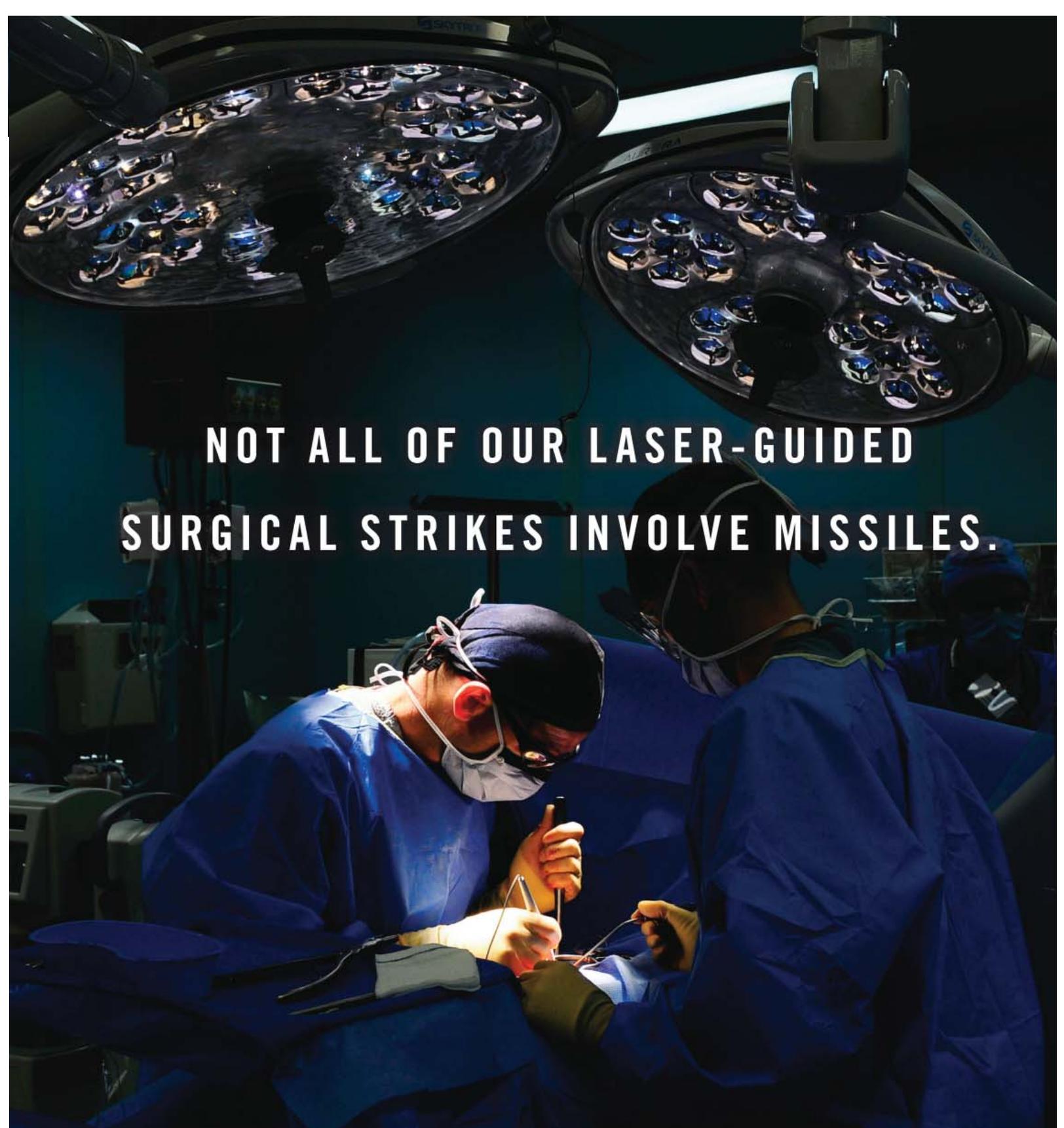
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A photograph of surgeons in an operating room, illuminated by large overhead surgical lamps. The surgeons are wearing blue scrubs and masks, and are focused on their work. The scene is dimly lit, with the primary light source being the surgical lamps.

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The ability to zero in on a target and destroy it. It's just as important in an operating room as it is on the battlefield. America's Navy has thousands of highly skilled physicians who are making a difference in the lives of those less fortunate every day. To learn more about full-time or part-time careers, visit navy.com or call 1-800-USA-NAVY.

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ADMIRAL'S CALL

Your Navy Medicine journey begins here! Welcome to the 2014 edition of our annual almanac! What an honor it is to share with you the great things our Navy Medicine team does around the globe, every day. Within these pages you'll gain insight into how we ensure our Navy and Marine Corps warfighters are prepared to be effective in a multitude of missions, anywhere and at any time.

Our Navy is deployed around the world, maintaining sovereignty of the seas and partnering with our Marine Corps, whose hallmark is 'ready to fight tonight.' The men and women of Navy Medicine persistently provide the highest quality care to those Sailors, Marines and their families. We understand that we're in this job to take care of those who rely on us and that will always remain our top priority.

One of the things I find the most professionally satisfying about Navy Medicine is that we operate across the entire dynamic -- in the air, on and below the sea, and on land. There is no other organization that provides medical care across all those unique dynamic environments.

Navy Medicine has a well-defined strategy focused on readiness, value and jointness. These priorities will continue to serve us well as we look to the future.

The hallmark of our Navy is readiness. The world and its citizens expect us to be ready and available whenever



needed, and it's Navy Medicine's responsibility to ensure that happens. Keeping Sailors and Marines healthy and fit to fight at home and abroad is our first priority. Just as important is ensuring our own medical personnel are ready to go when called upon to support the warfighter.

We must make sure we are razor sharp in our quality of care, our efficiency and our value. Our Medical Homeport implementation continues to yield praise from patients and the operational forces. We have started to reduce what we spend in the private sector by providing more care in our



Vice Adm. Matthew L. Nathan speaks during an admiral's call at Capt. James A. Lovell Federal Health Care Center. Nathan spent the day touring the facilities and speaking with employees throughout the campus. (Photo by Mass Communication Specialist 2nd Class Darren M. Moore)



Vice Adm. Matthew L. Nathan, jokes with U.S. Army Maj. James Ryals, en route critical care nurse with Charlie Company, 3rd Battalion, 10th Mountain Combat Aviation Brigade, 10th Mountain Division, on the flight line of Bagram Air Field in Parwan province, Afghanistan. (Photo by Spc. Mark VanGerpen)

own medical treatment facilities, and I expect us to continue on that trajectory. The next step is to build upon these successes and improve the standardization of care. We must continue to look intently at the value of what we provide.

This will result in improved patient satisfaction and create an even more efficient and responsive care structure.

Jointness is paramount as we move toward a more collaborative and plugged-in world across the Military Health System. With the standup of the Defense Health Agency and the establishment of multi-service markets, jointness initiatives are all around us. By partnering with our sister services and other federal health care institutions, non-governmental organizations, the private sector and our academic partners, we are becoming stronger. We're building a better team together using the synergy of each of our strengths.

As we embark upon this next year, remaining on our steady course, we will need all hands to help keep us on track. I am certain that -- although it is impossible to foresee or fully comprehend all the challenges of the future --

through your hard work, dedication, and collaboration, we can maintain our standards of readiness, jointness and value.

“One of the things I find most professionally satisfying about Navy Medicine is that we operate across the entire dynamic - in the air, on and below the sea, and on land.”

I am incredibly proud of the Navy Medicine military and civilian team that makes good on our promise to provide world class care --anytime, anywhere.

Navy Medicine's complete mission and vision including the strategy map and accompanying documents is available online at: <http://www.med.navy.mil/Pages/MissionandVision.aspx>.

--Vice Adm. Matthew L. Nathan

Use your Smart Phone to view Vice Adm. Matthew L. Nathan's leadership video by downloading a QR Code reader and scanning the QR Code.





Cpl. Jorge Salazar, assigned to the Wounded Warrior Battalion-West of Naval Medical Center San Diego (NMCSD), walks toward an MH-60S Sea Hawk helicopter assigned to the Blackjacks of Helicopter Sea Combat Squadron (HSC) 21. HSC-21 is based at Naval Air Station North Island and provided eight wounded, ill and injured service members and four Marine Corps staff members the opportunity to fly along during scheduled flight operations. (Photo by Mass Communication Specialist Seaman Justin W. Galvin)



NAVY MEDICINE 101



Dr. Keitaro Nakamoto, one of six physicians in U.S. Naval Hospital Yokosuka's Japanese National Physician Graduate Medical Education Program listens to a baby's heart during a routine checkup. (Photo by Tim Jensen)

Priorities, Goals, and Looking to the Future

Since becoming the Navy surgeon general in November 2011, Vice Adm. Nathan's focus remains in alignment with Navy and Marine Corps leadership as Navy Medicine supports the defense strategic guidance. To fulfill its mission, he has outlined three strategic priorities for the Navy Medicine enterprise: readiness, value and jointness.

Readiness: Keeping Sailors and Marines fit and healthy is what we do and why Navy Medicine exists. Navy Medicine must stay ready so that its personnel are always ready to respond to needs to support everything from humanitarian assistance to disaster response missions. Readiness is the hallmark of Navy Medicine.

Value: Navy Medicine provides exceptional value to those it serves by

ensuring full and efficient utilization of its services, highest quality care through best health care practices and best use of resources.

Jointness: Navy Medicine strives for jointness by working side by side with our sister services and non-government private sector organizations and our academic partners. The synergy of creating efficiencies, removing redundancies and allowing transparency will elevate care and reduce costs.

Regardless of the location, the men and women of Navy Medicine will continue to do what they have always done -- provide world-class care ... anytime, anywhere.

What We Do Force Health Protection

The foundation of Navy Medicine is force health protection and direct

support to our Navy and Marine Corps forces. We are in the readiness business – operating forward and being globally engaged, regardless of the challenge. Whether it is on, above or below the sea, on the battlefield or on the homefront, Navy Medicine enables Sailors and Marines to complete 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 corpsmen serving in submarines, or to the Navy corpsmen embedded with Marines or special forces; we enable the warfighter. Wherever a Sailor or Marine goes, Navy Medicine is there.

In executing our mission, the 63,000 active duty, reservists, government civilians and contractors are engaged in all aspects of expeditionary medical

operations. The care we provide includes all dimensions of physical and mental well-being. Nowhere is our commitment more evident than in our active engagement in global military operations. As our involvement in overseas contingency operations have evolved, we have experienced a burgeoning demand to provide expeditionary combat casualty care in support of joint operations. Our Navy Medicine teams of physicians, nurses, corpsmen, dentists and mental health providers work 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 team members.

Warfighter Support

Caring for our Sailors and Marines at home and abroad is our first mission, but there is no greater honor than the opportunity to provide care to our wounded, ill, and injured. These brave men and women are heroes and we, who are fortunate enough to care for them, do not take this responsibility lightly.

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.

Global Health Engagement

Navy Medicine is truly a “global force for good,” when it comes to our global health engagement initiatives. Whether we are providing medical care through humanitarian assistance efforts, partnering with local ministries of health and NGOs, or conducting disease research and surveillance at one of our labs around the world, we are making a significant impact on operational forces and global health worldwide, ensuring our national security.

This commitment was most noteworthy in the recent show of support to

the Republic of Philippine government in the aftermath of super Typhoon Haiyan during Operation Damayan. This is just another example of how Navy Medicine serves the international community as a global leader in humanitarian assistance and disaster relief (HA/DR).

Excellence in Research and Development

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

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



Hospital Corpsman 2nd Class Devin Pluchino assigned to Helicopter Sea Combat Squadron 28 performs aircrew duties in an MH-60S Knighthawk helicopter during a replenishment-at-sea. (Photo by Mass Communication Specialist Seaman Hunter S. Harwell)

BUREAU OF MEDICINE AND SURGERY

The Navy Bureau of Medicine and Surgery (BUMED) is the headquarters for Navy Medicine. Under the leadership of Navy Surgeon General, Vice Adm. Matthew L. Nathan, Navy Medicine provides high-quality health care to beneficiaries in wartime and peacetime.

Highly trained Navy Medicine personnel deploy with Sailors and Marines worldwide – providing critical mission support aboard ship, in the air, under the sea and on the battlefield. At the same time, Navy Medicine’s military and civilian health care professionals are providing care for uniformed services’ family members and retirees at military treatment facilities around the globe. Every day, no matter what the environment, Navy Medicine is ready to care for those in need, providing world-class care anytime, anywhere. BUMED is responsible for all medical support for the U.S. Marine Corps and the U.S. Navy.

BUMED develops the policies and direction for Navy Medicine to ensure its 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 oversees support commands and their subordinate commands that are not involved with direct patient care but are important contributors to Navy

and Marine Corps readiness, including the Navy Medicine Education and Training Command, Navy and Marine Corps Public Health Center and Naval Medical Research Command.

BUMED headquarters has nine departments that develop policy for a wide range of topics for our subordinate commands to execute.

The nine departments are:

- M1: Manpower and Personnel— Total Force
- M2: Research and Development
- M3: Medical Operations
- M4: Installations and Logistics
- M5: Strategy and Innovation
- M6: Information Technology
- M7: Education and Training
- M8: Comptroller and Resource Management
- M9: Wounded, Ill and Injured

A Brief History

BUMED was established as part of the Department of the Navy by an Act of Congress on Aug. 31, 1842. It is the centralized administrative organization of the Medical Department, located at the Defense Health Headquarters (DHHQ) in Falls Church, Va. As such, it is the guardian of health care for the Navy and U.S. Marine Corps.

BUMED moved to its current location at the DHHQ in June 2012 as part of the 2005 Base Realignment and Closure Commission. The DHHQ is also home to the surgeons general from our sister services and the TRICARE Management Activity (TMA.) Outstanding care for the sick and injured, international contributions to the sciences of medicine and dentistry, and personal sacrifices and valor of its personnel in peace and combat, continue to earn the Navy Medical Department a prominent place in the historical pages of the Navy.

Use your Smart Phone to view highlights of Navy Medicine capabilities by downloading a QR Code reader and scanning the QR Code.



DEFENSE HEALTH AGENCY

The Defense Health Agency (DHA), established in October 2013, brings together the Army, Navy and Air Force medical communities in order to create an even more integrated system of care. The DHA manages the execution of policy issued by the Assistant Secretary of Defense for Health Affairs and oversees ten shared support functions in an enterprise-focused organizational structure and manages common business and clinical processes across the Military Health System. The DHA supports Navy Medicine and helps ensure the health status and readiness of our population.



Vice Adm. Matthew L. Nathan, left, Cmdr. Peter Shumaker, chairman of Dermatology, and Vietnamese delegates observe a procedure in Naval Medical Center San Diego's Bioskills Simulation Training Center. (Photo by Mass Communication Specialist 2nd Class Zachary Bell)



Capt. Jeffrey W. Paulson, director of Surface Medicine Navy Bureau of Medicine and Surgery (BUMED), U.S. Fleet Forces Command, speaks to new interns at Naval Medical Center San Diego during the annual BUMED Operational Roadshow. (Photo by Mass Communication Specialist Seaman Pyoung K. Yi)

NAVY MEDICINE EAST



Lt. Cmdr. Ian Fowler, a pain medicine physician, points out a structure in the shoulder of an actor portraying a chronic pain patient during the Ultrasound Guided Chronic Pain Skills Course. (Photo by Rebecca A. Perron)

Navy Medicine East (NME) is composed of 18 military treatment facilities and their many branch clinics. The region has more than 24,000 Sailors, civilians, contractors and volunteers working across three continents.

NME is anchored by Naval Medical Center Portsmouth (NMCP), Va., a premier academic multi-specialty teaching hospital, and the three Family Medicine teaching hospitals at Camp Lejeune, N.C., Jacksonville, Fla., and Pensacola, Fla.

In 2013, NME and its commands totaled more than 19,000 active duty, reserve and civilian personnel and had approximately 5.2 million patient encounters.

On July 31, Navy Medicine National Capital Area was disestablished and its assets – Naval Health Clinic (NHC) Annapolis, Md.; NHC Patuxent River, Md., and NHC Quantico, Va. – were consolidated under NME to reduce overhead and streamline efficiencies.

The realignment under NME provides more than 375,000 annual patient visits to the region. NME now includes all Navy medical treatment facilities (MTF) on the East Coast, Gulf Coast, Great Lakes and Europe.

Naval Medical Center Portsmouth

Its nickname, “First and Finest,” refers to NMCP’s status as the Navy’s first hospital and its excellent care to patients. Seven branch clinics and two TRICARE Prime Clinics support the 296-bed main hospital.

In 2013, NMCP staff totaled nearly 7,000 active duty, reserve, civilian and volunteer personnel and had more than one million patient encounters.

Integration among the service branches is a big part of the future of military medicine, hence the creation of six enhanced Multi-Service Markets (eMSM). Locally, NMCP, McDonald Army Health Center, and Air Force Hospital Langley are joining forces to

create one entity: the Tidewater eMSM. The three hospitals will become one market with the goal of recapturing patients sent to civilian doctors, or those going to an emergency room for non-emergencies, and ensuring all available appointment slots are being used.

Naval Health Clinic Annapolis

NHC Annapolis provides clinical and support services at Hospital Point, U.S. Naval Academy’s Bancroft Hall, Branch Health Clinics Earle and Lakehurst, N.J., Mechanicsburg, Pa., and Philadelphia. Hospital Point and Bancroft Hall are physically located at the U.S. Naval Academy within the National Capitol Region eMSM.

In 2013, NHCA had more than 117,000 medical and dental patient encounters with a staff of nearly 350 active duty, civilian and contract personnel.

Naval Hospital Beaufort

Naval Hospital Beaufort (NHB)

opened in 1949 and is a 10-bed community hospital providing general medical, surgical and emergency services.

NHB is the parent command for two branch health clinics located at Marine Corps Air Station Beaufort and Marine Corps Recruit Depot Parris Island, which processes and trains all incoming recruits for the Marine Corps' eastern recruiting region.

In 2013, NHB had more than 280,000 patient encounters with a staff of more than 800 active duty and civilian personnel.

Naval Hospital Camp Lejeune

Naval Hospital Camp Lejeune (NHCL) has six branch clinics aboard Marine Corps Base Camp Lejeune and Marine Corps Air Station New River. To meet the needs of our growing population, NHCL added 110,000 square feet of facility space. NHCL also added a Level II Special Care Nursery and an Intrepid Spirit Concussion Recovery Center, both of which are a first in Navy Medicine and eastern North Carolina.

NHCL had more than 500,000 outpatient encounters and a staff of more than 2,000 in 2013.

Captain James A. Lovell Federal Health Care Center

The Captain James A. Lovell Federal Health Care Center (FHCC) is the nation's first fully integrated VA and DoD medical facility. The FHCC consists of 88 hospital beds, 124 nursing home care beds, 125 domiciliary beds and 18 Mental Health Psychosocial Residential Rehabilitation Treatment Program beds.

Lovell FHCC covers a 16-state regional area for active duty and reserve members in addition to providing comprehensive medical care for all eligible DoD beneficiaries living near North Chicago.

Naval Health Clinic Charleston

Naval Health Clinic Charleston (NHCC) continues to set the standard in the delivery of high quality, patient-centered care. NHCC's staff of nearly

400 active duty, civilian and contract personnel provided primary, specialty, ancillary and occupational health services during more than 118,000 patient encounters in 2013.

Naval Health Clinic Cherry Point

Naval Health Clinic Cherry Point (NHCCP) offers a wide range of primary, specialty, ancillary and occupational health care services and houses Navy Medicine's only stand alone Ambulatory Procedures Unit. NHCCP successfully launched the vanguard Warrior Wellness and Readiness Clinic, a Marine Centered Medical Home model of health care delivery, transforming garrison care.

During a typical month, the staff has more than 8,000 outpatient medical encounters.

Naval Health Clinic Corpus Christi

Naval Health Clinic Corpus Christi's (NHCCC) core facility is located aboard Naval Air Station Corpus Christi, Texas. NHCCC's branch health clinics are located at NAS Kingsville and Joint Reserve Base Fort Worth, Texas.

The command's NHCCC detachment is located at Fort Sam Houston in San Antonio, and it provides primary care services to our Navy students at the Medical Education and Training Command at Fort Sam Houston, and case management services and medical board management to our Navy and Marine Corps Wounded Warriors at Brook Army Medical Center.

NHCCC's staff comprises more than 500 active duty, civilians, contractor personnel and had nearly 77,000 annual patient encounters.

Naval Hospital Jacksonville

Naval Hospital Jacksonville is composed one Naval hospital and five branch health clinics in Florida (Jacksonville, Key West and Mayport) and Georgia (Albany and Kings Bay). NH Jacksonville has a total staff of more than 2,400 military, civilian and contract per-

sonnel and had approximately 578,000 patient encounters.

Naval Health Clinic New England

Naval Health Clinic New England (NHCNE) comprises command headquarters in Newport, R.I., and three branch health clinics in Groton, Conn.; Portsmouth, N.H.; and Saratoga Springs, N.Y. NHC Newport provides care for 35 tenant commands on Naval Station Newport.

BHC Groton provides care for 70 tenant commands and 18 submarines homeported at Naval Submarine Base New London, Conn. BHC Portsmouth provides care for the Portsmouth Naval Shipyard. BHC Saratoga Springs supports the medical and dental needs of the Naval Nuclear Power Training Unit in Ballston Spa, N.Y.

In 2013 NHCNE sites provided approximately 280,000 patient encounters.

Naval Health Clinic Patuxent River

NHC Patuxent River and its three Naval Branch Health Clinics (Indian Head, Dahlgren and Naval Air Facility Washington) provide ambulatory health care services. NHC Patuxent River provided approximately 120,000 medical and dental patient encounters in 2013.

Naval Hospital Pensacola

Naval Hospital Pensacola (NHP), established in 1826, is one of the oldest Naval medical facilities. It is a community-sized teaching hospital composed of 34 beds with 10 branch health clinics spanning five states: Florida, Indiana, Louisiana, Mississippi and Tennessee. NHP staff is comprised of more than 2,000 military and civilian personnel.

Naval Health Clinic Quantico

NHC Quantico provides health care and dental services to Marine Corps Base Quantico, the "Cross Roads" of the Marine Corps, because every officer new to the Marine Corps begins their career at The Officer Candidate School and The Basic School.

There are five clinics attached to

NAVY MEDICINE EAST

NHCQ supporting operations in West Virginia; Washington, D.C.; and Virginia. NHCQ also provides health care support to the Pentagon, Drug Enforcement Agency, Naval Criminal Investigative Service, the Federal Bureau of Investigation, Foreign Service officers, and the veterinary clinic. NHCQ staff comprises nearly 600 personnel and has more than 160,000 annual patient encounters.

U.S. Naval Hospital Guantanamo Bay

U.S. Naval Hospital Guantanamo Bay (USNH GTMO) has the reputation for sustaining one of the highest patient satisfaction rates providing the highest quality health care to the base residents on U.S. Naval Station GTMO.

The staff at USNH GTMO is also responsible for preparing for and providing disaster and humanitarian health care in the Caribbean region.

USNH GTMO staff comprises nearly 300 active duty, civilian, foreign national and contractor personnel and had approximately 28,000 medical and dental patient encounters.

U.S. Naval Hospital Naples

U.S. Naval Hospital Naples (USNHN) comprises the main hospital in Gricigiano, a branch health clinic at Capodichino, and a detachment at Landstuhl Regional Medical Center in Germany. USNHN's staff is comprised of more than 530 active duty, civilian, contractor, and local national personnel, houses seven in-patient beds (expandable to 29) and had more than 50,000 patient encounters in 2013.

U.S. Naval Hospital Rota

U.S. Naval Hospital Rota (USNHR) was originally founded as a base dispensary in 1956, and later commissioned as an MTF in 1967. USNHR comprises more than 400 active duty, civilian and contractor personnel and had nearly 27,000 patient encounters in 2013.



A hospital corpsman hands a surgeon a requested instrument during a surgery at Naval Hospital Pensacola. (Photo by Mass Communication 1st Class James Stenberg)

U.S. Naval Hospital Sigonella

U.S. Naval Hospital Sigonella, Italy is a 22-bed community hospital with one satellite clinic in Sicily and two branch health clinics located in the Kingdom of Bahrain and on the island of Crete. The facilities support personnel assigned to NAS (Naval Support Activities) Sigonella, NAS Souda Bay and Bahrain, headquarters staff of U.S. Naval Forces Central Command as well as ships transiting the 5th and 6th Fleets Areas of Operation. The hospital is also a medevac receiving and staging area for the eastern Mediterranean Sea and the Middle East.

The hospital and clinics comprise a staff of more than 500 military, civilians and local nationals.

2d Dental Battalion /Naval Dental Center Camp Lejeune

2d Dental Battalion/ Naval Dental Center Camp Lejeune is composed of five branch dental clinics and six dental annexes located onboard Marine Corps Base Camp Lejeune, Marine Corps Air Station Cherry Point, and Marine Corps Air Station New River. There are also six state-of-the-art mobile dental units. The facilities provide a wide range of general dentistry services, as well as prosthodontics, periodontics, endodontics and oral surgery specialty care. They are comprised of nearly 500 active duty and civilian personnel who had nearly 160,000 patient encounters in 2013.

NAVY MEDICINE WEST

Navy Medicine West's (NMW) mission is to lead a functionally integrated regional health system known for its readiness, responsiveness, and reliability. NMW provides oversight and program guidance for integrated health care delivery, military treatment facility (MTF) performance, human resource strategy, system optimization and innovation, contingency response and future strategies. NMW is comprised of 12 commands (10 MTFs and two Naval Dental Centers).

NMW is staffed by more than 16,000 active-duty Sailors, civilians, contractors and local national personnel who provide outstanding health services to more than 768,000 patients with approximately 3.8 million patient encounters each year.

Naval Medical Center San Diego

Naval Medical Center San Diego's (NMCS D) mission is to deliver top-quality patient-centered health care, to prepare and deploy military personnel in support of Combatant Commander requirements and to shape the future of military medicine through education, training, and research.

NMCS D is a 272-bed multi-specialty hospital and ambulatory complex, with a staff comprised of more than 6,500 personnel. The hospital and its branch health clinics treat more than 95,000 enrolled beneficiaries from Miramar to El Centro, Calif.

NMCS D celebrated the grand opening of two new branch health clinics—BHC Eastlake and Rancho Bernardo in April. The clinics each have 13 examination rooms. NMCS D is the amputee center of excellence for the Western Pacific caring for Marines assigned to Wounded Warrior Battalion West, Soldiers assigned to Warrior Transition Unit, and Sailors assigned to the medical transition company. In January, NMCS D commemorated its 25th anniversary of the current facility in celebration of the hospital's dedication in 1988.



Hospital Corpsman 2nd Class Resieliyn Jose instructs Hospital Corpsman Rosanna Torres on how to ensure a syringe is free of air bubbles during a Hospitalman Skills Basic Course at U.S. Naval Hospital Yokosuka. (Photo by Mass Communication Specialist 2nd Class Josh Curtis)

Naval Hospital Bremerton

Naval Hospital Bremerton (NHB) is a community-based acute care and obstetrical hospital, offering expert primary care, emergency care and a broad range of medical and surgical specialties.

NHB is the parent command for three branch health clinics located at Puget Sound Naval Shipyard, Naval Base Kitsap Bangor and Naval Station Everett, as well as the Puget Sound Family Medicine Residency Program. NHB and its clinic staff consist of more than 1,400 military, civilian, contract and volunteer personnel.

Naval Hospital Lemoore

Naval Hospital Lemoore (NHL) is a 16-bed community hospital located onboard Naval Air Station (NAS) Lem-

moore approximately seven miles west of Lemoore, Calif., in the central San Joaquin Valley. Under the NHL command umbrella are two branch health clinics: Naval Branch Health Clinic (NBHC) in Fallon, Nev., and branch dental clinic (BDC) in Monterey, Calif., as well as Naval Medical Administration Unit (NMAU) also in Monterey, Calif.

U.S. Naval Hospital Yokosuka

U.S. Naval Hospital Yokosuka (USNH Y) is a 47-bed hospital in Yokosuka, Japan, near Tokyo. Branch health clinics are located in Sasebo, Iwakuni, Atsugi, Camp Fuji, and Yokohama in mainland Japan; Chinhae, Korea on the southern tip of South Korea; and Diego Garcia in the Indian Ocean. NH Y comprises more than 1,200 personnel and

NAVY MEDICINE WEST

had approximately 26,000 medical and dental patient encounters throughout the western Pacific.

U.S. Naval Hospital Guam

U.S. Naval Hospital Guam (USNHG), a 38-bed community hospital with full-scope primary care, emergency services and limited specialty services, is comprised of the main hospital in Agana Heights and two branch health and dental clinics on Naval Base Guam. USNHG's staff is comprised of more than 700 active duty, civilian and contractor personnel.

U.S. Naval Hospital Okinawa

U.S. Naval Hospital Okinawa (USNHO) is the largest overseas military treatment facility in the Navy. Commissioned in 1977, USNHO has been providing quality medical care to the U.S. military community on Okinawa and throughout the region for more than 35 years. In March, the hospital moved to a newly constructed facility located on Camp Foster in Ginowan City, Okinawa.

nawa.

The 82-bed facility is staffed with nearly 1,500 active duty personnel from all branches of service, U.S. and Japanese civilians, contractors and American Red Cross volunteers and had more than 300,000 patient encounters. USNHO operates branch health clinics on Camp Kinser, MCAS Futenma, Camp Foster, Camp Courtney, Camp Hansen, and Camp Schwab.

3d Dental Battalion U.S. Naval Dental Center Okinawa

3d Dental Battalion/U.S. Naval Dental Center (3D DENBN/USNDC) Okinawa, Japan provides care to a patients in 11 different specialties; comprehensive dentistry, endodontics, exodontics, general dentistry, dental hygiene, operative dentistry, oral surgery, orthodontics, pedodontics, periodontics and prosthodontics. 3D DENBN/USNDC Okinawa consists of more than 350 personnel assigned to both the headquarters and 11 dental facilities; eight of which are located on Okinawa,

one in Iwakuni, Japan and two in Kaneohe Bay, Hawaii.

Naval Hospital Camp Pendleton

Naval Hospital Camp Pendleton (NHCP) is a new 500,000 sq. foot, four-floor facility on a 70-acre site near the main gate of Marine Corps Base Camp Pendleton. The \$456 million construction project is the largest American Recovery and Reinvestment Act of 2009 project in the Department of the Navy. The hospital was delivered six months ahead of schedule and \$100 million under budget. The hospital contains 42 inpatient beds, provides outpatient and inpatient care for active duty, retired personnel, and family members.

1st Dental Battalion/Naval Dental Center Camp Pendleton

1st Dental Battalion/Naval Dental Center Camp Pendleton (1ST DENBN/NDCCP) provides dental treatment and support for the Marines and Sailors assigned to I Marine Expeditionary



U.S. Naval Hospital Okinawa opened for business in March at its new location on Camp Foster, beginning a new chapter in the history of the largest overseas medical facility in the Navy. (Photo courtesy of U.S. Naval Hospital Okinawa)



The front view of the replacement Naval hospital aboard Marine Corps Base Camp Pendleton, Calif. (Photo by Douglas Allen)

Force, Marine Corps Base Camp Pendleton, Marine Corps Air Station Miramar, Marine Air Ground Task Force Training Command Twentynine Palms, Calif. and Marine Corps Air Station Yuma, Ariz. The scope of services provided include oral diagnosis, preventive dentistry, comprehensive and general dentistry, endodontics, prosthodontics, periodontics, and oral and maxillofacial surgery. 1ST DENBN/NDCCP is comprised of more than 400 active duty, civil service, and contract personnel who staff 14 dental treatment facilities and four mobile dental units.

Naval Hospital Oak Harbor

Naval Hospital Oak Harbor (NHOH) is a 12-bed hospital located on Naval Air Station, Whidbey Island, Wash. The hospital is a TRICARE Prime facility that serves active duty and family members, as well as eligible retired military personnel and their families.

Naval Hospital Twentynine Palms

Naval Hospital Twentynine Palms provides exceptional health care to eligible beneficiaries working and living in the Combat Center, the Naval Air Weapons Station China Lake, and the Marine Mountain Warfare Center Bridgeport, Calif.

Naval Health Clinic Hawaii

The Naval Health Clinic Hawaii (NHCH) team is committed to operational readiness and accessible, coordinated, compassionate and patient-centered care. NHCH is comprised of two large clinics,

Makalapa at Joint Base Pearl Harbor-Hickam (JBPHH) and Kaneohe Bay at Marine Corps Base Hawaii. Other smaller clinics are located at Camp H.M. Smith, Wahiawa, and Barking Sands on the island of Kauai.



Lt. Cmdr. Melanie Johansson, of Naval Hospital Bremerton's Emergency Medicine Department, engages in the intubation of '3G', the new adult mannequin of NHB's Simulation Lab during a recent 'mock' code blue (cardiac/respiratory arrest) drill. (Photo by Douglas H. Stutz)

NAVY MEDICINE EDUCATION AND TRAINING COMMAND

Navy Medicine Education and Training Command (NMETC) is the single point of accountability for Navy Medicine's formal education and training services.

The NMETC command headquarters is located on board historical Fort Sam Houston in San Antonio, Texas, the hub of military medical education and training. NMETC directly supports the Navy Surgeon General's priorities of readiness, value and jointness through its 21 commands, activities and detachments located across the United States. The command manages and executes medical and operational training for Navy, joint and allied military personnel.

Examples of NMETC readiness, value and jointness include managing Navy Medicine's Modeling/Simulation standardized training scenarios and equipment purchase, helping ensure Navy Medicine personnel have the tools to meet their mission of providing health

care and maintaining a healthy and fit force. NMETC Academics maintains oversight of curricula at Navy Medicine Learning Centers and the tri-service Medical Education and Training Campus (METC), which provides education and training programs for Navy, Army and Air Force medical personnel.

NMETC has a 70-person Reserve Unit in Jacksonville, Fla. that supports Reserve component training around the world.

NMETC also has three subordinate commands – Navy Medicine Operational Training Center (NMOTC) in Pensacola, Fla.; Navy Medicine Training Support Center (NMTSC) at Fort Sam Houston in San Antonio, Texas; and Navy Medicine Professional Development Center (NMPDC) at Bethesda, Md.

Navy Medicine Operational Training Center

NMOTC provides professional, technical and consultative services in operationally related fleet and Fleet Marine Force medical matters worldwide by training approximately 23,000 Navy and Marine Corps personnel, and more than 150 international students annually. NMOTC also performs 35,000 aeromedical physical and psychological evaluations, 9,600 Aviation Selection Test Batteries, as well as up to 250 medical evaluations for Navy, Marine Corps, Army and Air Force repatriated Prisoners of War each year.

Through its oversight of six detachments and nine training centers across the U.S., NMOTC conducts education and training programs for medical department personnel in the various operational medical disciplines, by managing, coordinating and providing selected operational programs (aviation physicals



Navy students in the Basic Medical Technician Corpsman Program (BMTCP) treat a "patient" in distress while training in the Nurse Synthesis Lab at the Medical Education and Training Campus located at Joint Base San Antonio-Fort Sam Houston, Texas. (Photo by Lisa Braun)



Dr. Nancy Reeves looks at digital images for dental restoration during the digital dentistry course at Navy Medicine Professional Development Center. (Photo courtesy of Navy Medicine Professional Development Center)

Navy Medicine Professional Development Center

NMPDC educates, trains, and supports medical department personnel to enable readiness, wellness, and health care to Sailors, Marines, their families and all others entrusted to Navy Medicine, be it on land or sea. NMPDC manages Navy Medicine's graduate professional educational programs, dental residency and fellowship programs, post-graduate education programs, officer corps graduate programs and continuing education, officer commissioning programs for MSC and NC, board certification and maintenance reimbursement, scholarly research, and leadership and professional development courses. NMPDC actions that directly impact Navy Medicine's readiness, value and jointness priorities include maintaining collaborative relationships with more than 100 military and civilian activities, and training approximately 3,000 personnel from the federal uniformed services, civilian employees, and allied foreign military members annually.

and survival training) and services in direct support of the operating forces. More than 600 personnel support 63 instructional programs within aviation, surface and undersea warfare, expeditionary forces, and special operations.

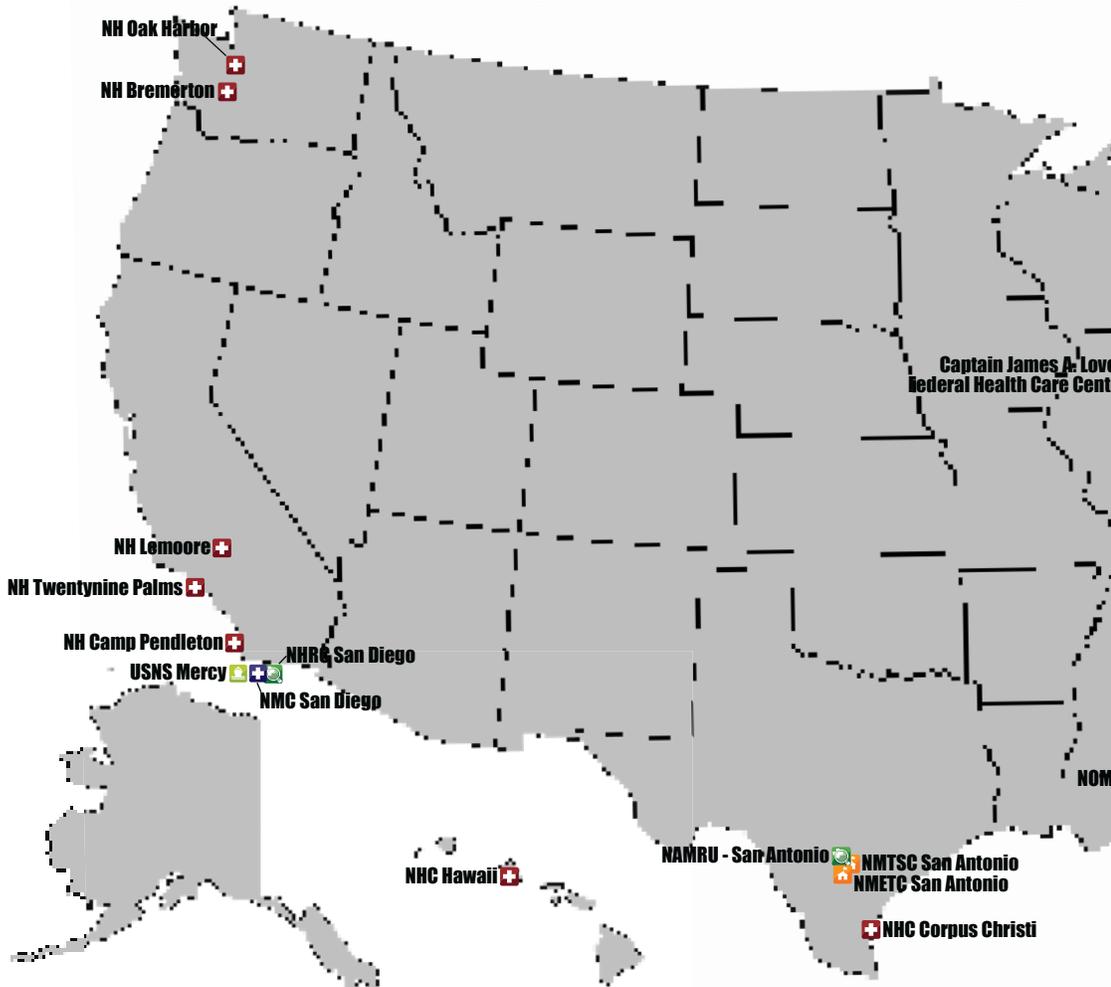
Navy Medicine Training Support Center

NMTSC provides support to the fleet and Navy Medicine by serving as the homeport for health care professionals associated with the San Antonio medical training pipelines. NMTSC serves as the Navy component command to the Medical Education and Training Campus (METC) and other medical programs in the San Antonio area, providing administrative and operational control over Navy staff and students. At any given time, NMTSC has over 2,500 students and over 500 instructors and support staff onboard. Additionally, NMTSC has two detachments (Naval Medical Center San Diego and Naval Medical Center Portsmouth) supporting clinical phases of advanced Corpsman schools.



Ensign Cris Forero, a student at Naval Survival Training Institute, lights a night flare after a day-long water survival course. (Photo by Mass Communication Specialist 1st Class Bruce Cummins)

NAVY MEDICINE LOGO



California

- NMC San Diego
- NH Twentynine Palms
- NH Camp Pendleton
- NH Lemoore
- NHRC San Diego
- USNS Mercy

Connecticut

- NSMRL Groton

Florida

- NH Jacksonville
- Navy Drug Screening Lab Jacksonville
- NH Pensacola
- NMOTC Pensacola
- NOMI Pensacola

Hawaii

- NHC Hawaii

Illinois

- Captain James A. Lovell Federal Health Care Center

Maryland

- Walter Reed NMMC, Bethesda
- NMRC Silver Spring
- NHC Annapolis
- NMPDC Bethesda
- NHC Patuxent River

North Carolina

- NH Camp Lejeune
- NHC Cherry Point
- 2nd Dental Battalion

Ohio

- NAMRU Dayton

Rhode Island

- NHC New England

South Carolina

- NH Beaufort
- NHC Charleston

Texas

- NAMRU - San Antonio

- NMTSC San Antonio
- NMETC San Antonio
- NHC Corpus Christi

Virginia

- BUMED Headquarters
- NMCPHC Portsmouth
- NMC Portsmouth
- USNS Comfort
- NOSTRA Yorktown
- NHC Quantico

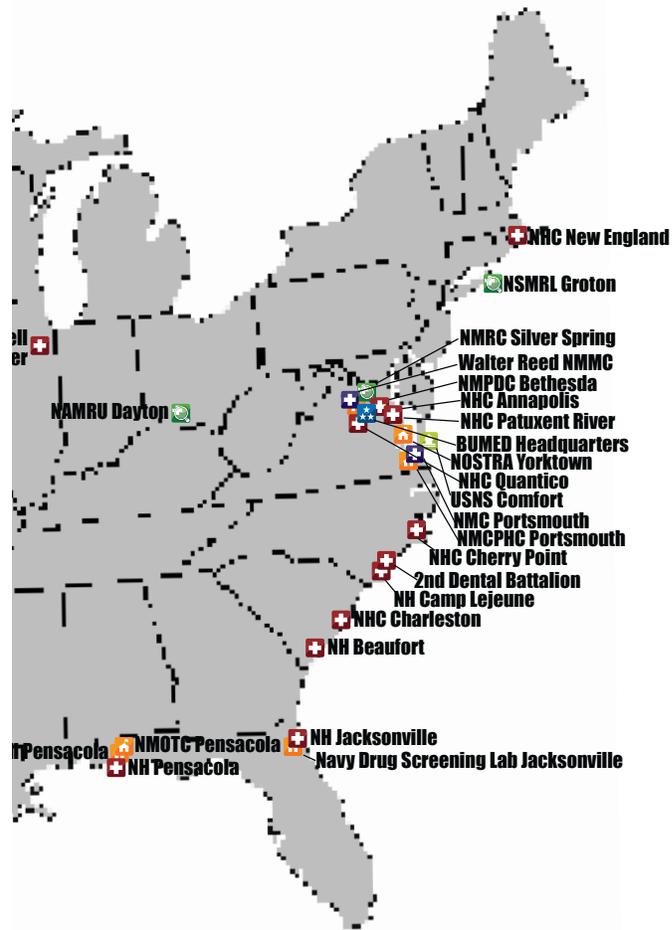
Washington

- NH Bremerton
- NH Oak Harbor



**MILITARY SEALIFT
COMMAND
HOSPITAL SHIPS**

LOCATIONS

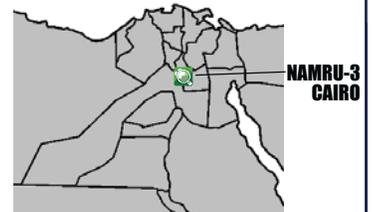


OVERSEAS LOCATIONS

CUBA



EGYPT



GUAM



PERU



JAPAN



ITALY



SPAIN



AFGHANISTAN



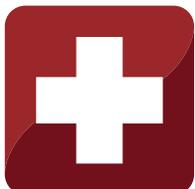
SINGAPORE



SYMBOLS



**REGIONAL
MEDICAL
CENTERS**



**NAVAL
HOSPITALS/
HEALTH CLINICS**



**NAVY MEDICINE
RESEARCH
UNITS**



**NATO ROLE 3
HOSPITAL**



**NAVY MEDICINE
SUPPORT UNITS**

ABBREVIATIONS

BUMED - U.S. Navy Bureau of Medicine and Surgery
 NAMRU - Naval Medical Research Unit
 NH - Naval Hospital
 NHRC - Naval Health Research Center
 NMC - Naval Medical Center
 NMCPCPC - Navy and Marine Corps Public Health Center
 NMETC - Navy Medicine Education and Training Campus

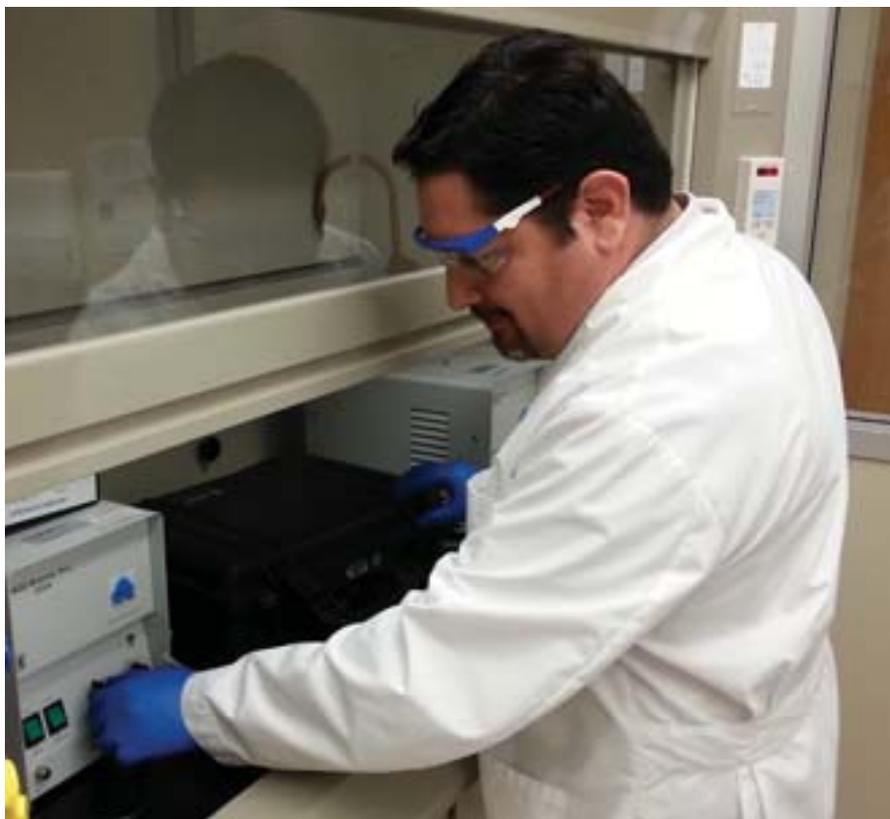
NMMC - National Military Medical Center
 NMPDC - Navy Medicine Manpower, Personnel, Training and Education Command
 NMRC - Naval Medical Research Center
 NOMI - Naval Operational Medicine Institute
 NSMRL - Naval Submarine Medical Research Laboratory
 USNS - United States Navy Ship

NAVAL MEDICAL RESEARCH CENTER

The Naval Medical Research Center (NMRC), in Silver Spring, Md., is a global enterprise conducting health and medical research, development, testing, evaluation and surveillance to support DoD personnel worldwide. With a cadre of scientific leadership and technical expertise focusing on force health protection and enhancing deployment readiness, the NMRC team represent years of experience in science, medicine and the military. In support of the Navy, Marine Corps, and joint U.S. warfighters, researchers study infectious diseases; biological warfare defense; combat casualty care; operational dental needs; environmental health concerns; bone marrow transplantation; aerospace and undersea medicine; medical modeling, simulation and operational mission support; warfighter performance; and epidemiology and behavioral science. NMRC has an outstanding network of national and international research partnerships along with cooperative agreements with strategic security partners and host nations to meet the mission of supporting the warfighter.

CONUS and OCONUS Labs

The main areas of study for the NMRC, are infectious diseases, operational and undersea medicine, bone marrow research, and biological defense research. Scientists are conducting research on infectious diseases considered to be significant threats to deployed warfighters. Researchers are working to minimize the impact of these diseases by preventing infection or clinical disease, and in most cases the best approach is the development of new vaccines. Researchers are developing novel strategies to prevent and treat combat casualties with early, far forward interventions. Other researchers are developing new technologies and interventions to improve performance and reduce injury to



Dr. Luis Martinez adjusting the output from the ozone generator during sterilization testing. (Photo courtesy of Naval Medical Research Unit-San Antonio)

Navy submariners and military divers. In the area of biological defense, researchers are discovering ways to protect military personnel from biological attack by developing agent-specific identification assays, vaccines and therapeutics.

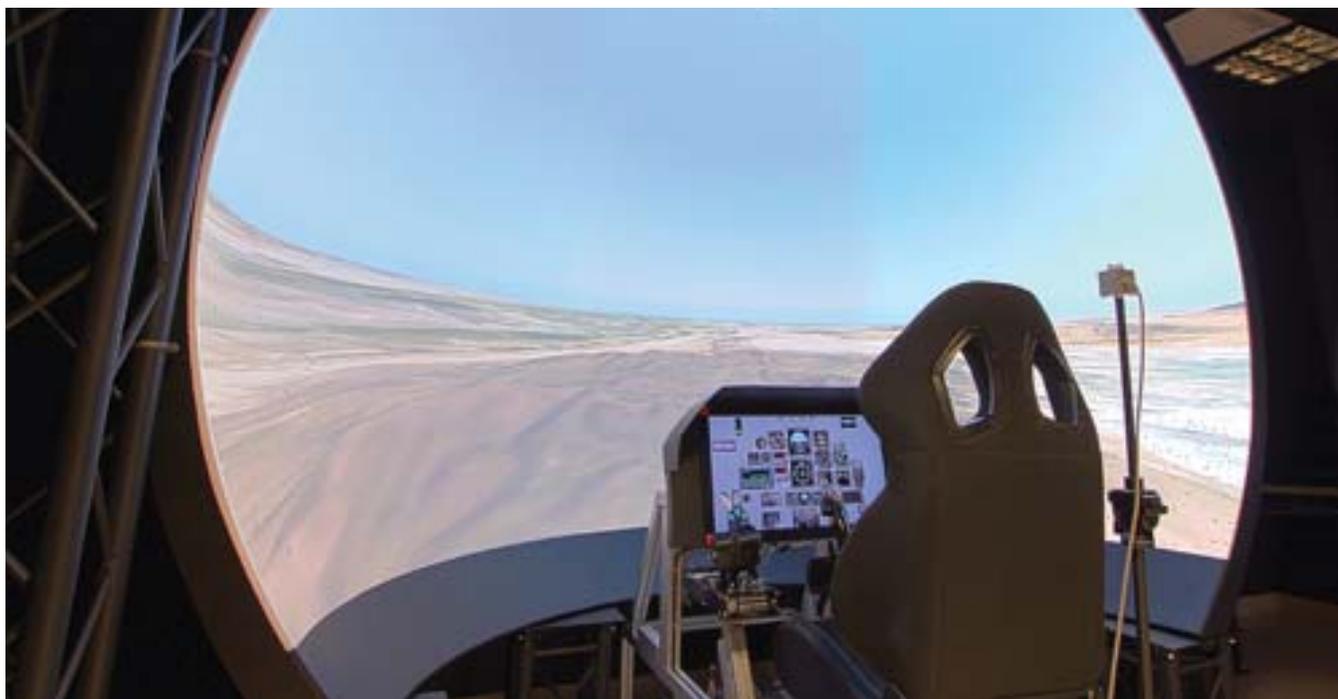
Naval Health Research Center

Naval Health Research Center (NHRC), located in San Diego, is meeting the expeditionary operational medicine needs of the Navy, Marine Corps, as well as Army and Air Force personnel. NHRC works closely with operational units to conduct medical modeling and simulation analysis; monitor the effects of combat exposure on psychological health; manage career-span deployment health and readiness programs, improve

warfighter performance, and assist in the implementation of military-specific HIV prevention programs around the world.

Naval Submarine Medical Research Lab

Naval Submarine Medical Research Laboratory (NSMRL), located at New London Submarine Base, Groton, Conn., conducts research into submariner wellness, psychological fitness, shipboard health and performance, underwater bioeffects and submarine survival and escape, and human systems. Researchers work with many partners including the Naval Undersea Warfare Center, Navy Experimental Diving Unit, Army Research Institution of Environmental Medicine and others.



Spatial Disorientation Dome at the Naval Medical Research Unit - Dayton, Spatial Disorientation (SD) Laboratory. (Photo Courtesy of Naval Medical Research Unit-Dayton)

Naval Medical Research Unit — San Antonio

Naval Medical Research Unit San Antonio (NAMRU-SA), located at Joint Base San Antonio, Fort Sam Houston, San Antonio, Texas, conducts medical, craniofacial, and directed energy biomedical research focused on enhancing the health, safety, performance, and operational readiness of Navy and Marine Corps personnel and addressing their emergent medical and oral/facial problems in routine and combat operations.

NAMRU-SA is comprised of two directorates: Combat Casualty Care and Operational Medicine (CCC&OM) and Craniofacial Health and Restorative Medicine (CH&RM). The CCC&OM directorate has three departments: Expeditionary and Trauma Medicine, Immunodiagnosics and Bioassay Development, and Directed Energy Bioeffects and Human Systems Integration. The CH&RM directorate also has three departments: Epidemiology and Biostatistics, Biomaterials and Environmental Surveillance, and Maxillofacial Injury

and Disease. In addition, the command has a Veterinary Sciences department that supports both directorates in executing their science mission.

Naval Medical Research Unit — Dayton

The research efforts of Naval Medical Research Unit Dayton (NAMRU - Dayton), located at Wright-Patterson Air Force Base, Dayton, Ohio, focus on maximizing warfighter performance and survivability through aeromedical and environmental health research to deliver solutions to the field, the Fleet and for the future. Researchers conduct aerospace-relevant basic and applied research in the biomedical and acceleration and sensory sciences. Devices such as the Reduced Oxygen Breathing Device, the Disorientation Research Device, and the Neuro-Otologic Test Center (NOTC) provide unique capabilities for research. Researchers in the Environmental Health Effects Directorate assess the toxicities of chemicals and materials via various routes of exposure at the mo-

lecular, cellular, organ and whole-body levels, all leading to derivation of state-of-the-science health protective exposure standards for our military and civilian populations. Our unique capabilities include extensive inhalation facilities, in vitro cell laboratories, and the development and use of physiologically based pharmacokinetic (PBPK) models and their application in risk assessment.

U.S. Naval Medical Research Unit — Asia

The relocation of U.S. Naval Medical Research Unit No. 2 (NAMRU-2) Pacific from its temporary location in Pearl Harbor to a new location in Singapore was completed in late 2013 and is now known as Naval Medical Research Center – Asia (NMRC-Asia). NMRC-Asia and the NAMRU Phnom Penh laboratory conducts basic and applied biomedical research to prevent, mitigate, and control infectious diseases of military relevance in Southeast Asia and supports U.S. interests in the Pacific Theater. NMRC-Asia implements a

NAVAL MEDICAL RESEARCH CENTER

variety of classical, modern and next generation scientific methods sustainable in low-resource environments. Researchers form partnership with regional governments (Cambodia, Lao People's Democratic Republic, Singapore, and Vietnam), international health organizations, and U.S. government agencies to completed the laboratory's testing capacity, surveillance networks and scientific investigations of infectious diseases.

U.S. Naval Medical Research Unit - No. 3

U.S. Naval Medical Research Unit No. 3 (NAMRU-3), located in Cairo, Egypt, with a detachment in Accra, Ghana, studies, monitors and detects emerging and re-emerging disease threats of military and public health importance in the Middle East, Africa, Southwest Asia, and Eastern Europe. Researchers develop mitigation strate-

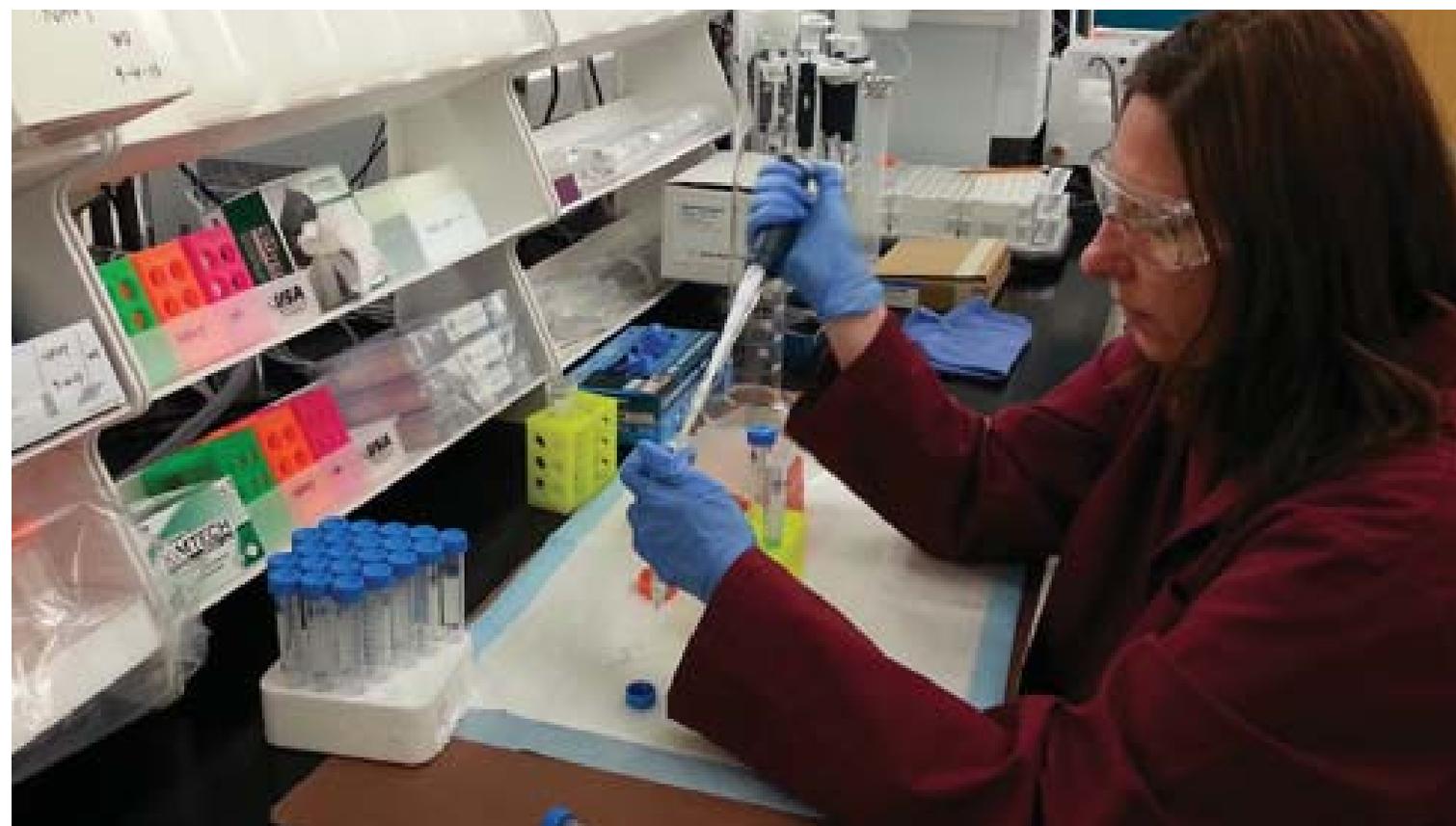
gies against these threats in partnership with host nations and other international and U.S. agencies. NAMRU-3 works closely with the World Health Organization (WHO) and the Center for Disease Control. It is committed to collaboration for capacity building with the Egyptian Ministry of Health and Population. NAMRU-3 is also a WHO collaborating center for emerging and re-emerging diseases and a reference laboratory for rotavirus, malaria and avian influenza.

U.S. Naval Medical Research Unit - No. 6

U.S. Naval Medical Research Unit No. 6 (NAMRU-6), located in Callao, Iquitos, and Puerto Maldonado, Peru, conducts research on infectious diseases in Central and South America, with an emphasis on those with the potential to affect military operations. Today

NAMRU-6 partners with host nation military organizations, government agencies, and academic institutions throughout Latin America. NAMRU-6 established productive relations with the Ministries of Health of several countries and collaborates closely with numerous U.S. universities and non-governmental organizations. NAMRU-6 focuses research and surveillance on infectious diseases of military and public health significance in the region, including malaria and dengue fever, yellow fever, viral encephalitis, leishmaniasis, Chagas' disease, and enteric diseases such as shigellosis and typhoid fever. NAMRU-6 is the only U.S. military command in all of South America.

For more information on the Naval Medical Research Center, <http://www.med.navy.mil/sites/nmrc/Pages/index.htm>.



Dr. Amber Nagy titrating buffers for Ph calibration. (Photo courtesy of Naval Medical Research Unit-San Antonio)

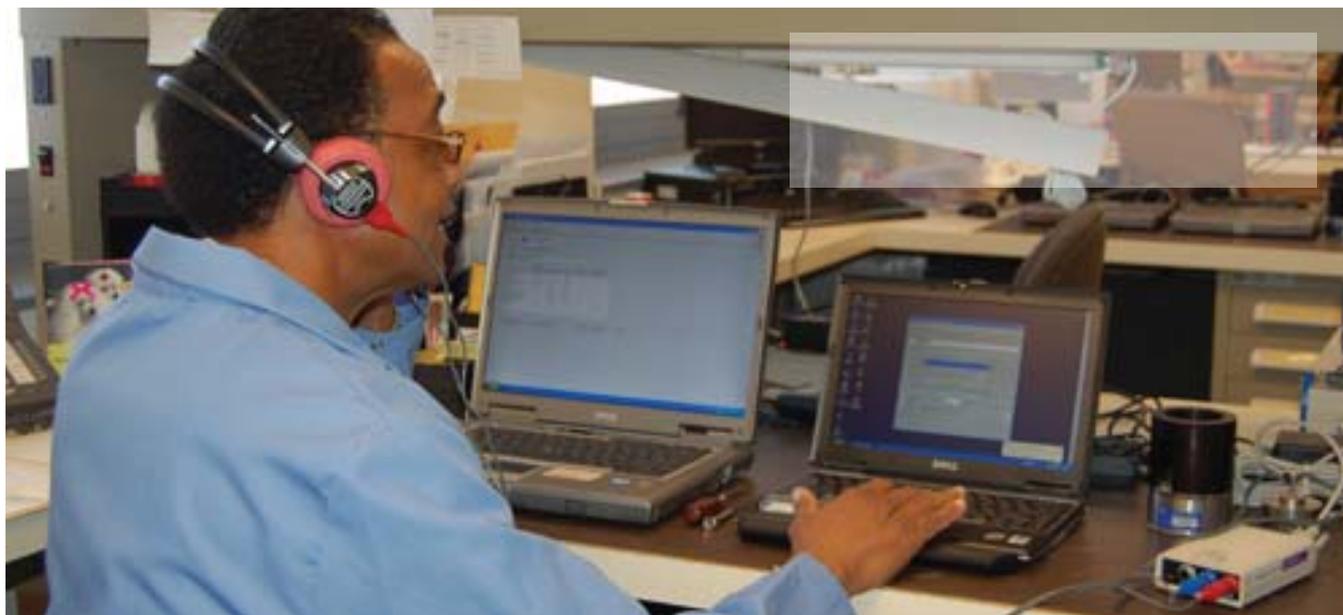
NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

Navy and Marine Corps Public Health Center (NMCPHC) is the Navy and Marine Corps' center for public health services. NMCPHC is headquartered in Portsmouth, Va. It provides leadership and expertise in the development of policy and guidance in occupational and environmental medicine, disease surveillance, monitoring prevention, public health emergencies, and risk communication. Its core product lines are: Deployment Health, Disease Prevention, Public Health Response, Health Promotion and Wellness, and Health Information Management.

Ten field activities provide further depth to our services through the Naval Dosimetry Center, Navy Bloodborne Infection Management Center, Navy Preventive Medicine Units (Norfolk, San Diego, and Hawaii; and the newly re-established unit in Rota Spain), Navy Drug Screening Laboratories (Great Lakes, Ill., San Diego, and Jacksonville, Fla.) and the Navy Entomology Center of Excellence.



Chief Cryptologic Technician Danielle Gent, right, assigned to the U.S. Pacific Command Joint Intelligence Operation Center, receives information about health and nutrition from Tracy Navarette, a health promotion coordinator from the Naval Health Clinic Hawaii, while conducting a visit in the Wellness Vehicle. (Photo by Mass Communication Specialist 2nd Class Jerine Lee)



Emmanuel "Joe" Hawks, is one of the Navy and Marine Corps Public Health Center employees responsible for the testing and calibration of audiometric, hearing conservation and industrial hygiene equipment Navy-wide. (Photo courtesy of Navy and Marine Corps Public Health Center)

AFLOAT MEDICAL CAPABILITIES

AMPHIBIOUS ASSAULT SHIP (LHD, MULTI-PURPOSE)

LHDs are the largest and most versatile amphibious assault ship. The LHD is capable of transporting approximately 1,800 troops, along with helicopters, boats and amphibious vehicles. LHDs have the largest medical capability of any amphibious ship currently in use. LHDs are capable of receiving casualties from helicopter and waterborne craft and are designed to function as primary casualty receiving and treatment ships in amphibious operations.

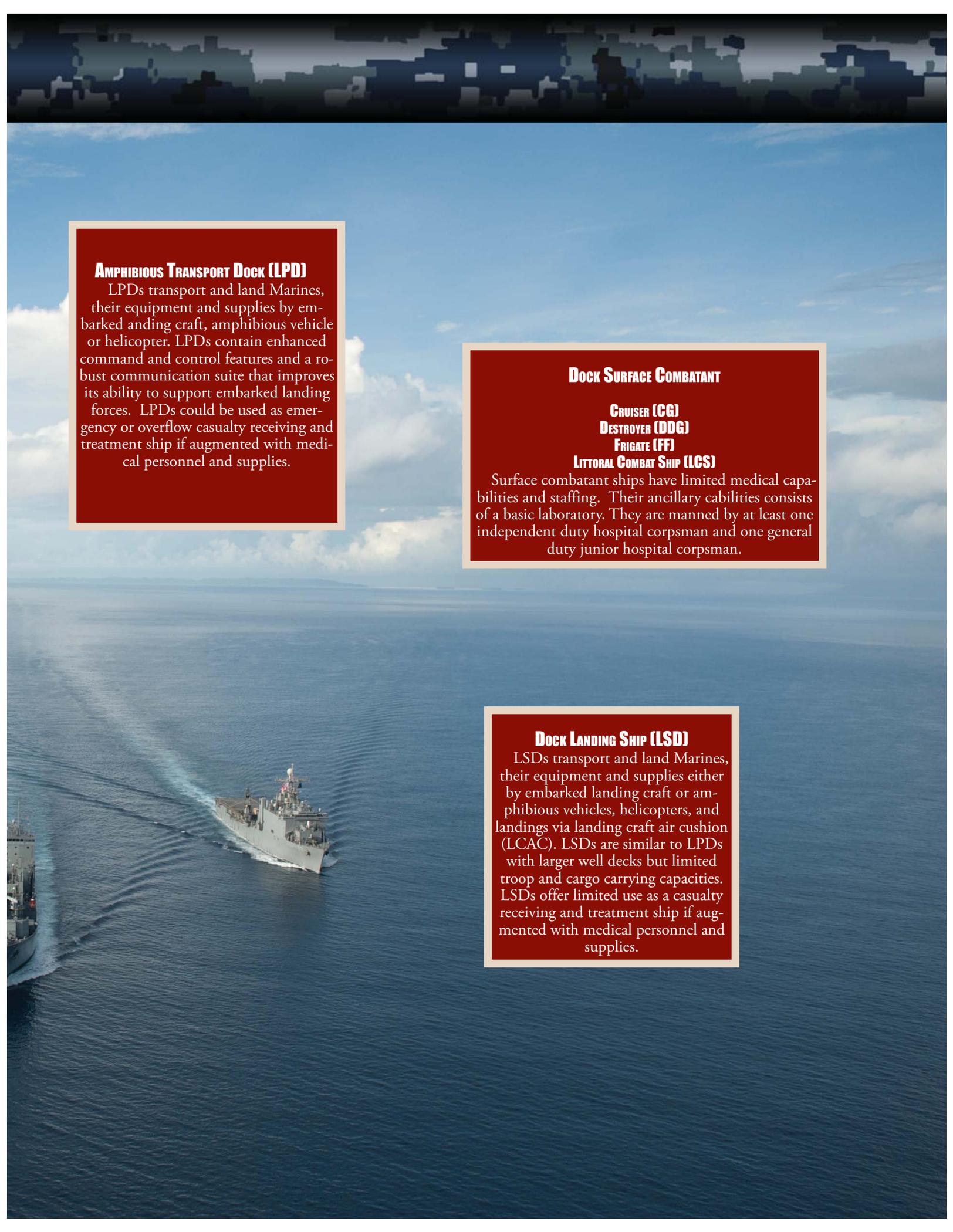
AMPHIBIOUS COMMAND SHIP (LCC)

LCCs serve as command centers for amphibious operations. They are equipped with sophisticated electronic and communications equipment and normally serve as the flagship of both the strike group. LCCs have adequate medical facilities to care for embarked personnel but limitations preclude use as a casualty and receiving treatment ship.

AMPHIBIOUS ASSAULT SHIP (LHA, GENERAL PURPOSE)

LHAs can transport approximately 1,900 troops, along with helicopters, boats and amphibious vehicles. LHAs are capable of receiving casualties from helicopter and waterborne craft and are designed to function as primary casualty receiving and treatment ship in amphibious operations.





AMPHIBIOUS TRANSPORT DOCK (LPD)

LPDs transport and land Marines, their equipment and supplies by embarked landing craft, amphibious vehicle or helicopter. LPDs contain enhanced command and control features and a robust communication suite that improves its ability to support embarked landing forces. LPDs could be used as emergency or overflow casualty receiving and treatment ship if augmented with medical personnel and supplies.

DOCK SURFACE COMBATANT

CRUISER (CG)

DESTROYER (DDG)

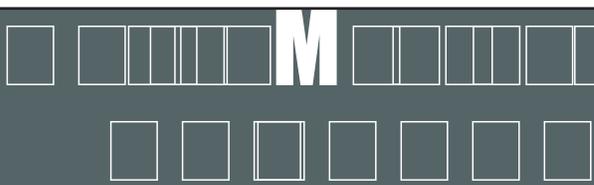
FRIGATE (FF)

LITTORAL COMBAT SHIP (LCS)

Surface combatant ships have limited medical capabilities and staffing. Their ancillary capabilities consists of a basic laboratory. They are manned by at least one independent duty hospital corpsman and one general duty junior hospital corpsman.

DOCK LANDING SHIP (LSD)

LSDs transport and land Marines, their equipment and supplies either by embarked landing craft or amphibious vehicles, helicopters, and landings via landing craft air cushion (LCAC). LSDs are similar to LPDs with larger well decks but limited troop and cargo carrying capacities. LSDs offer limited use as a casualty receiving and treatment ship if augmented with medical personnel and supplies.



HOSPITAL SHIP (T-AH)

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



Dietitian Lt. Cmdr. Brandee Oppelt gives a lending hand to a local hospital staff member with passing out food to the pediatrics ward during a U.S. 4th Fleet medical subject matter expert exchange with Honduran medical professionals. (Photo by Mass Communication Specialist 2nd Class Adam Henderson)



Capt. Kevin Knoop, second from right, commanding officer of the Military Sealift Command hospital ship USNS Comfort (T-AH 20), inspects a Honduran patient with Shellsea Portillo, right, a medical student, at a hospital in Puerto Cortes, Honduras. (Photo by Mass Communication Specialist 2nd Class Adam Henderson)

AIRCRAFT CARRIER (CVN)

CVNs operate offensively in a high density, multi-threat environment as an integral member of a carrier strike group (CSG). CVNs provide credible, sustained forward presence, conventional deterrence, and support aircraft attacks in sustained operations in war. CVNs' supportive missions, including medical support of the crew members on board, are facilitated by a self-sufficient carrier hospital, which is a 52-bed facility. The carrier's medical department also serves as a consultative and primary MEDEVAC facility for the other vessels in the CSG, which may consist of another 2,000 crewmembers.



Sailors carry stretchers in response to a mass casualty drill on the flight deck of the aircraft carrier USS Nimitz (CVN 68). (Photo by Mass Communication Specialist 3rd Class Raul Moreno Jr.)



USS George Washington (CVN 73) joined in the relief effort in the aftermath of the devastation caused by super Typhoon Haiyan. (Photo by Mass Communication Specialist 2nd Class Trevor Welsh)

MEDICAL CORPS

A Brief History

On March 3, 1871, the 41st Congress enacted the Appropriations Act which established the Medical Corps as a separate entity and as a Staff Corps of the Navy. However, the term “Medical Corps” and the existence of Navy physicians, long pre-date this Congressional Act. Early in 1798, the first physicians were awarded commissions in the Navy as “Surgeons” and “Surgeons Mates.” Their mission was simple: provide medical care aboard ships and shore stations.

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

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

Primary Responsibility of Medical Corps Officer

The Navy Medical Corps is currently comprised of more than 3,800 active duty and approximately 540 Reserve



“I trained at a civilian medical school and residency program then joined the Navy. My experiences having served at sea, on land, in CONUS and OCONUS have been above and beyond my imagination.”

- Capt. Mae M. Pouget,
BUMED, chief diversity officer

physicians who are practicing or training in dozens of medical and surgical specialties with over 200 subspecialties.

Areas of Specialties

- Family Medicine
- Internal Medicine
- Pediatrics
- General Surgery
- Orthopedics
- Otolaryngology
- Ophthalmology
- Emergency Medicine
- Radiology
- Psychiatry
- Obstetrics/Gynecology
- Preventive Medicine
- Occupational Medicine
- Aerospace Medicine
- Undersea Medicine
- Plastic & Reconstructive Surgery
- Neurosurgery
- Neurology

- Anesthesiology
- Urology
- Pathology
- Physical & Rehabilitative Medicine
- Dermatology
- Over 200 subspecialties

Possible Duty Stations

Navy physicians are stationed at medical treatment facilities, medical education institutions, clinics, and hospitals located within the United States and various overseas locations, at research units, and in various joint commands. Navy physicians are assigned as operational medical officers providing direct support to Navy and Marine Corps commands, squadrons, battalions and units. Navy physicians deploy in support of combat operations, disaster relief, and humanitarian assistance missions, providing patient care ashore and afloat.

DENTAL CORPS

“Serving my country while doing what I’m passionate about and highly trained to do are the fundamental reasons why I love my job as a Dental Corps officer.

The mentorship and quality of care provided within the military health care system is second to none.”

- Cdr. Karen Stokes, Comprehensive Dentistry T2 chief resident, Naval Postgraduate Dental School



A Brief History

The Navy Dental Corps was established as a unique staff corps on 12 August 1912, when President William Taft signed a bill into law authorizing the Secretary of the Navy “to appoint not more than 30 acting assistant dental surgeons to be part of the Medical Department of the United States Navy.” This legislation held that all Navy dentists appointed must be “trained in several branches of dentistry, of good moral character, of unquestionable professional ability” and “shall pass a satisfactory physical and professional examination.” Just over one year later, the Surgeon General reported to the Secretary of the Navy that the Medical Department now had the ability to provide dental care that would allow the Navy to accept re-

cruits who would otherwise be rejected for defective teeth.

Dental Corps officers have been active in every wartime engagement since World War I. World War I saw the first deployment of dentists with Marine Corps units. World War II saw the Navy Dental Corps swelling to its highest levels ever – ultimately reaching 7,000 dental officers and 11,000 dental technicians by war’s end. The Korean War saw new approaches to frontline dental care with the use of Mobile Dental and Dental Laboratory Units. In the Vietnam War, Dental Companies deployed in support of Marine Ground and Air Combat Units; in addition to caring for Marines, dental personnel participated in many civic action programs rendering humanitarian aid to Vietnamese

civilians. In the aftermath of the Beirut Marine Barracks Bombing (1983), two dental officers ashore took initiative in setting up triage and providing support for blast survivors. During the Gulf War, dental personnel served aboard two hospital ships, three fleet hospitals, and 21 dental clinics in three countries. Today, the Dental Corps continues to maintain high operational readiness for operations in worldwide, while it trains for all contingencies. Navy dentists deploy routinely with Marine expeditionary units and aboard ships, where beyond their dental duties they assume roles in triage and surgical support at Marine Battalion Aid Stations and Battle Dressing Stations.

Dental personnel continue to play a significant role in peace keeping and nation building through humanitarian assistance and disaster relief missions in third world countries. As impressive as their past was, the Dental Corps continues to improve on all fronts. Proud in uniform, outstanding in performance, the Navy Dental Corps is always dedicated to providing the best for our Sailors and Marines.

Primary Responsibility of Dental Corps Officer

The Navy Dental Corps comprises more than 1,000 active duty and nearly 270 Reserve dentists who ensure dental readiness while optimizing dental health.

Possible Duty Stations

Navy dentists are stationed at medical treatment facilities, with Marine battalions, clinics, and hospitals located within the United States and various overseas locations. Navy dentists are provide direct support to Navy and Marine Corps commands, squadrons, battalions and seabee detachments. Navy dentists deploy in support of combat operations, disaster relief, and humanitarian assistance missions, providing patient care ashore and afloat.

NURSE CORPS

A Brief History

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

Since then, active duty and Reserve Navy nurses have advanced steadily in military and professional standing. Navy nurses have served worldwide; flying with the wounded from battle-torn areas, working in the fleet on large vessels and hospital ships, establishing native nursing schools, clinics, and small hospitals in remote areas of the world, and practicing, teaching, supervising, administering or commanding Navy medical treatment facilities of all sizes.

A primary mission of the Navy Nurse Corps is to teach and develop the hospital corpsmen. Nurse Corps officers can function in positions ranging from staff nurse to commanding officer, from quality improvement coordinator to nurse researcher, and as primary health care providers such as nurse practitioners, nurse anesthetists, and nurse midwives. They serve aboard sea-going vessels, pierside, on deployments or humanitarian missions, and at clinics or inpatient facilities.

Primary Responsibility of Nurse Corps Officer

The Navy Nurse Corps is currently

"As a Navy nurse, your opportunities for professional growth and development are limitless... you'll be given opportunity to work in a variety of specialties, progressing from the role of novice to expert nurse. I can't imagine a more exciting, fulfilling nursing career."

- Capt. Iris Boehnke,
Naval Hospital Bremerton director for
Nursing Services



comprised of approximately 3,000 active duty and more than 1,200 Reserve nurses who provide care or support either through direct patient care at the bedside or as a provider, in an administrative role, as an instructor, recruiter, quality management manager, or researcher.

Areas of Specialties

- Medical-Surgical
- Manpower
- Education and Training
- Nursing Researcher
- Maternal/Infant
- Pediatrics
- Public Health
- Mental Health
- Mental Health Nurse Practitioner
- Emergency Room/Trauma
- Perioperative
- Critical Care

- Certified Nurse Anesthetist
- Pediatric Nurse Practitioner
- Family Practice Nurse Practitioner
- Women's Health Nurse Practitioner
- Nurse Midwife

Possible Duty Stations

Navy nurses are stationed at medical treatment facilities, medical education institutions, clinics, recruiting centers, hospital corps school, expeditionary medical facilities, forward operating bases fleet surgical teams, aircraft carriers and various overseas locations and joint commands. Navy nurses are assigned to unique settings ranging from expeditionary medical facilities to Marine Corps medical battalions and surgical support teams. Navy nurses deploy in support of combat operations, disaster relief, and humanitarian assistance missions, providing patient care ashore and

MEDICAL SERVICE CORPS

A Brief History

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

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

Since 1991, the Reserve component of the Medical Service Corps has continued to work alongside active duty personnel to administer and provide quality health care throughout the world.

Primary Responsibility of Medical Service Corps Officer

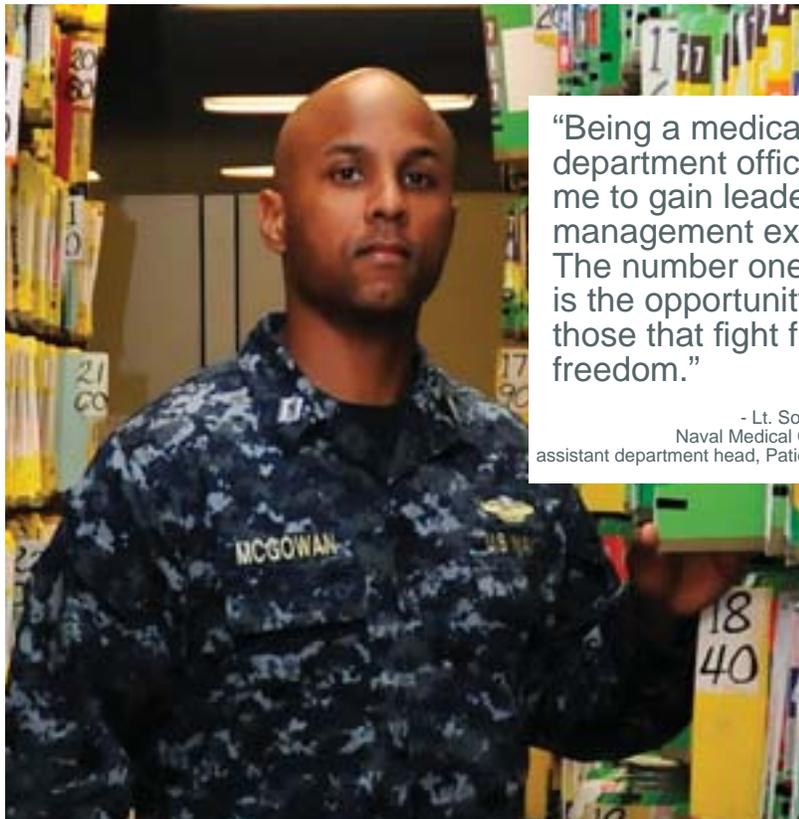
The Medical Service Corps comprises approximately 2,700 active duty and more than 300 Reserve officers who support Navy Medicine's readiness and health benefits mission. MSC is one of many specialties meeting today's needs and tomorrow's challengers.

Areas of Specialties

The Medical Service Corps, the most diverse corps within Navy Medicine, is comprised of 31 subspecialties, organized under three major categories:

Healthcare Administrators :

- Financial Management



“Being a medical department officer allows me to gain leadership and management experience. The number one benefit is the opportunity to serve those that fight for our freedom.”

- Lt. Sonny L. McGowan,
Naval Medical Center San Diego
assistant department head, Patient Administration

- Education/Training Management
- Patient Administration
- Health Care Info Systems
- Manpower, Personnel
- Healthcare Facility Planning
- Operations Analysis
- Plans, Ops, & Med Intel
- Healthcare Administration
- Material Logistics
- Industrial Hygiene
- Medical Technology
- Aerospace Physiology
- Aerospace Exp Psych
- Research Psych
- Radiation Health
- Physiology
- Microbiology
- Biochem/Toxicology

Clinicians:

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

Scientists:

- Entomology
- Environmental Health

Possible Duty Stations

MSC officers are stationed at medical treatment facilities, clinics, and hospitals located within the United States and various overseas locations, at research units, and in various joint commands. MSC officers provide direct support to Navy and Marine Corps commands, squadrons, battalions and seabee detachments. MSC officers deploy in support of combat operations, disaster relief, and humanitarian assistance missions, providing patient care ashore and afloat.

HOSPITAL CORPS

A Brief History

Established by Congressional Law on June 17, 1898, the Hospital Corps is the only enlisted corps in the military. They are the most decorated singular group of enlisted men and women with 22 Medals of Honor, 174 Navy Crosses, 31 Distinguished Services Medals, 946 Silver Stars, and 22 ships named in their honor. In the early 1900's the Hospital Corps numbered less than 2,000, but that is stark contrast to the more than 26,000 of today, honorably serving in support of the Navy and Marine Corps. The essence of a hospital corpsmen is the honor they carry of the sacred trust of treating their fellow injured and ill service members, the unspoken bond.

The HM rating is the largest and most diverse in the Navy. Because of the broad spectrum of Navy enlisted classifications (NEC) available to a hospital corpsman, the performance of their duties span from the special operation environments of Afghanistan, under the sea, to most advance hospitals in the world utilizing the most advanced technology and sciences, and scores of other environments. Where ever there are Sailors and Marines, a Navy corpsman will be there.

All corpsmen attend boot camp for 10 weeks and then HM 'A' School for 14 weeks. After completion of A school,



“Corpsmen take care of the Navy’s most valuable resource -- people! I am entrusted with the care and well-being of every Sailor on the submarine.

- Hospital Corpsman 1st Class (SS/SW) Cody McNeely

corpsmen may go directly to Fleet, or medical treatment facilities, or Field Medical Training Battalion (eight weeks) for duty with the Fleet Marine Force. Within the rating, there are 38 occupational specialties, which require further technical training via C-schools. Most specialty training is long and intense; many are at least one year in length. Some of the most demanding specialties, such as independent duty corpsmen, go through a series of schools as their career progresses. One of the specialties, morticians,

requires civilian licensing prior to entry into the Navy.

The HM rating has 26,462 on active duty, 639 Full Time Support and 4,526 Selective Reservists. There are more than 500 hospital corpsmen supporting Health Service Augmentation Program and Individual Augmentee missions and more than 7,500 serving in Type 2 or 4 Sea Duty on ships, submarines, SEA-BEE and other operational platforms. At any given time, there are more than 2,700 in training.

Fleet Marine Force Reconnaissance Corpsman/Independent Duty Corpsman HM 8427/8403

Fleet Marine Force Reconnaissance Independent Duty Corpsman (IDC) provide medical and operational services for Marine Reconnaissance personnel engaged in direct action and reconnaissance operations, independent of a medical officer. They perform paramedical skills, minor surgical procedures, and routine and emergency medical health care as well as instruct personnel in measures for prevention of illness and treatment of injuries associated with any operational environment, swimming, open and closed circuit SCUBA diving, military freefall and amphibious operations. Also referred to as Special Amphibious Reconnaissance Corpsmen (SARC), they understand diving physics and use of decompression tables, how to recognize signs and symptoms of all types of diving injuries as well as perform duties as hyperbaric chamber operators and inside tenders. The SARC's advanced skills in combat trauma and dive medicine has recently led to duty assignments with the United States Special Operations Command proving that they continually live up to their motto of: “THE DIFFICULT ANYTIME, THE IMPOSSIBLE BY APPOINTMENT ONLY”



“As a corpsman you are guaranteed an opportunity for career options and experiences. Medical is an asset that is always needed.”

- Hospital Corpsman 1st Class (FMF/NAC/AW/CAC) Jason Eusebio

Medical Laboratory Technician 8506

Medical lab techs perform and/or supervise the application of basic and advanced laboratory procedures such as: collecting, processing and analyzing biological specimens and other substances; clinical diagnostic laboratory tests in one or more areas of the laboratory following prescribed procedures; monitor results, and make corrections within predetermined guidelines; assist in obtaining and processing specimens used in clinical laboratory analysis; Perform preventive and corrective maintenance of equipment and instruments; utilize computer systems to perform and verify laboratory results; perform and monitor quality control within predetermined limits. Becoming a medical lab tech requires individuals with a sharp intellect, strict attention to detail and a high level of dedication to fulfill a role that is critical to the success of Navy Medicine in treating patients in various medical treatment facilities and Marine units around the world.

The specialties listed below exemplify the diversity of the HM community.

- | | |
|---|--|
| HM-0000 - Hospital Corpsman Basic | HM-8467 - Occupational Therapy Tech |
| HM-8401 - SAR Medical Tech | HM-8482 - Pharmacy Tech |
| HM-8402 - Submarine IDC | HM-8483 - Surgical Tech |
| HM-8403 - Recon IDC | HM-8485 - Behavior Tech |
| HM-8404 - Fleet Marine Force | HM-8486 - Urology Tech |
| HM-8406 - Aerospace Medicine Tech | HM-8489 - Orthopedic Castroom Tech |
| HM-8407 - Radiation Health Tech | HM-8493 - Dive Medicine Tech |
| HM-8408 - Cardiovascular Tech | HM-8494 - Dive IDC |
| HM-8409 - Aviation Physiolog | HM-8496 - Morticians |
| HM-8410 - Biomedical Equipment Tech | HM-8503 - Histology Tech |
| HM-8416 - Nuclear Medicine Tech | HM-8506 - Medical Laboratory Tech |
| HM-8425 - Surface Force IDC | HM-8541 - Respiratory Therapy Tech |
| HM-8427 - Recon Corpsman | HM-8701 - Dental Assistant |
| HM-8432 - Preventative Medicine Tech | HM-8702 - Advanced Dental Asst. |
| HM-8434 - Hemodialysis Tech | HM-8708 - Dental Hygienist |
| HM-8452 - Radiographer | HM-8752 - Basic Dental Lab Tech |
| HM-8454 - Electronneurodiagnostic Tech | HM-8753 - Advanced Dental Lab Tech |
| HM-8463 - Optician | HM-8765 - Maxillofacial Tech |
| HM-8466 - Physical Therapy Tech | |

GLOBAL HEALTH ENGAGEMENT

Navy Medicine's reach can be found around the globe through its many global health engagement initiatives. Whether we are providing medical care through one of our yearly humanitarian assistance efforts, partnering with local ministries of health and non-governmental organizations (NGOs), or conducting disease research and surveillance at one of our labs around the world, we are making a significant impact on operational forces and global health worldwide, ensuring our national security.

A key piece in Navy Medicine's global health engagement mission are its three overseas infectious disease research and surveillance activities; the Naval Medical Research Unit Three (NAMRU-3), Cairo, Egypt, with a major field site in Accra, Ghana; Naval Medical Research Unit Six (NAMRU-6), Lima, Peru, with a field laboratory in Iquitos, Peru; and Naval Medical Research Unit Two (NAMRU-2/NMRC Asia), located in Singapore with a field site in Phnom Penh, Cambodia. Navy Medicine's two labs in the U.S., Naval Medical Research Unit San Antonio and Naval Medical Research Unit Dayton, Ohio, also provide support to the overseas labs and conduct groundbreaking medical and environmental health research. The NAMRUs are all unique and invaluable forward deployed extensions of the Department of Defense's (DoD) infectious disease research and public health preparedness network. They also play a key role in national defense by addressing emerging and re-emerging infectious disease threats; evaluate new DoD sponsored drugs, vaccines, and diagnostics, and respond to combatant command interests.

Navy Medicine laboratories around the globe conduct training with academic partners, NGOs, and subject matter experts. In fiscal 2013 our overseas labs conducted more than 14,000 days-worth of laboratory, epidemiology and research ethics training to foreign national personnel. This year, Navy Medicine saw the groundbreak-



Lance Cpl. Xavier L. Cannon and members of the Philippine Armed Forces help civilians off a Marine Corps C-130 aircraft during humanitarian relief efforts after Typhoon Haiyan. (Photo by Lance Cpl. Anne K. Henry)

ing achievements in malaria vaccine research from the Naval Medical Research Center, who worked with federal and industry partners to provide force health protection against malaria in advancing a promising new vaccine. As a result, operational forces and those around the world potentially affected by malaria will have a greater chance of being immunized from this disease.

This year Navy Medicine also saw the outstanding and compassionate work that its personnel, NGOs, and forces from 10 countries conducted onboard USS Pearl Harbor (LSD-52) during Pacific Partnership 2013 (PP13). PP13 went to Samoa, Tonga, Papua New Guinea, Marshall Islands, Kiribati and the Solomon Islands, providing humanitarian assistance and strengthened disaster response preparedness throughout the Indo-Asia Pacific re-

gion. The work that was done there is truly remarkable and life changing for those who received care and for those who went on the mission. In terms of jointness, Navy Medicine also has two medical officers who are assigned to the World Health Organization (WHO) in Geneva, Switzerland, and the WHO European Regional Office in Copenhagen, Denmark. Having these two officers at the WHO is a great example of our interoperability between Navy Medicine and the WHO in joining forces together for global health efforts. Presence does matter in our global health engagement efforts. Navy Medicine is unique in that it doesn't need an address to operate when America dials 911. Navy Medicine can respond at a moment's notice and provide care ... anytime, anywhere.



Pacific Partnership 2013 personnel help deliver boxes of donated medical supplies to the Gizo Branch of the Solomon Islands Red Cross during Pacific Partnership 2013. (Photo by Mass Communication Specialist 3rd Class Samantha J. Webb)

MEDICAL HOME PORT

The Navy's Medical Home Port (MHP) model transforms the delivery of primary care to an integrated, team-based approach offering a comprehensive suite of services. The MHP team offers a comprehensive suite of services to meet the needs of Navy Medicine's beneficiaries. The goal is to provide patient-centered care that protects the patients' relationship with their primary care manager and MHP team, improves access to health care services and quality of care, increases patient and staff satisfaction, while controlling the costs of healthcare. MHP ensures that beneficiaries have enhanced access to top-quality primary health care services including readiness, prevention, behavioral health, and disease management.

Focus on Team-Based Care, Provider Continuity, and Access

MHP teams work collaboratively to meet patient's needs. The core team is comprised of a provider, nurse, medical assistant or hospital corpsmen, and clerk. Based on patients' demand for health care services, MHP teams can also integrate behavioral health provider, pharmacist, case manager, or other integrated staff. The team structure allows members of the MHP team to operate at the top of their license and work more efficiently and effectively. Through standardized guidance, patients are scheduled to their assigned PCM and MHP team to ensure provider continuity.

Patients benefit from the team structure and provider continuity because it encourages the development of trusting, productive patient-provider relationships. Increased provider continuity positively correlates to patient's receptiveness of healthcare advice and treatment regimen compliance. The MHP team is better able to address the needs of their enrolled patient population, thereby improving patient access to care. The team also expands access by leveraging information technology tools such as Tri-Service Workflow to standardize documentation of care and secure mes-



Care delivered in Medical Home Port model includes, but is not limited to, readiness, prevention, wellness, behavioral health, and disease management. (Photo by Mass Communication Specialist 1st Class James Stenberg)

saging to provide patients virtual access to the MHP team. Military treatment facilities review key access and continuity performance measures to monitor MHP success.

Improving Access to Care

The MHP team leverages asynchronous secure messaging, a Web-based tool to communicate sensitive information between individuals and their healthcare teams. Secure messaging improves access to care by providing patients direct, virtual access to their MHP Teams 24/7.

Through secure messaging, patients can request appointments, referrals, test results, and refills. MHP teams can message patients about private health matters, including sending educational materials and appointment reminders in a secured, virtual environment.

Emphasis on Health

MHP aims to improve population health by emphasizing preventive care, proactive intervention, care coordina-

tion, and chronic disease management. MHP provides a wide array of health-care services, positioning them as a comprehensive clinic for patient's primary care needs. By integrating of behavioral health (BH) providers, an MHP team can address the unmet BH needs in primary care. BH providers can support the management of chronic medical and behavioral health conditions to improve health outcomes and control cost.

Goal of Decreasing Costs

MHP promotion of responsible use of the Emergency Room (ER) lowers costs. By ensuring patients' access to their PCMs and MHP teams, patients are less likely to visit the ER for primary care needs or use costly network care. Building the patient-MHP provider relationship has also reduced unnecessary ancillary tests, as well as, avoidable hospitalizations and specialty care visits. MHP teams can identify, diagnose, and treat conditions before it advances to a tertiary care state.

WOUNDED WARRIOR CARE



Lt. Orlando Cabrera (left) conducts a strength test on a patient experiencing muscle pain at the combined aid station on Camp Leatherneck, Helmand province, Afghanistan. (Photo by Cpl. Paul Peterson)

Traumatic Brain Injury

A traumatic brain injury (TBI) is defined as a blow or jolt to the head or a penetrating injury that disrupts brain function accompanied by new onset or worsening of at least one of the following: Alteration of Consciousness (AOC), Loss of Consciousness (LOC), Post-Traumatic Amnesia (PTA), neurological deficits, or an intracranial lesion. TBI is associated with blast exposures in combat, but can also occur aboard ships and in garrison, especially in training and sports environments. Approximately 85% of all DoD TBIs occur in garrison.

TBIs are classified as mild, moderate, severe, and penetrating, with mild TBI (mTBI), also known as concussion, being the most common (approximately 84%). The most common symptoms of mTBI are headaches, dizziness, fatigue and others like vision and memory problems and irritability.

Navy Medicine provides care for

patients with TBI at all levels of severity. Care for mTBI consists primarily of rest and education. The majority of Service members (approximately 85%) who experience mTBI fully recover with no residual symptoms. Individuals who sustain moderate or severe TBI require tailored and uniquely individualized therapies.

Navy Medicine has developed a TBI Enterprise Plan to provide comprehensive policy guidance and standards regarding TBI training, treatment, and reporting. In addition to Navy-unique TBI programs, Navy Medicine works closely with operational medical leaders and Army, Air Force, Veterans Affairs, Defense and Veterans Brain Injury Center, and Defense Centers of Excellence for Psychological Health and TBI.

Concussion Restoration Care Center (CRCC)

Navy Medicine has worked closely

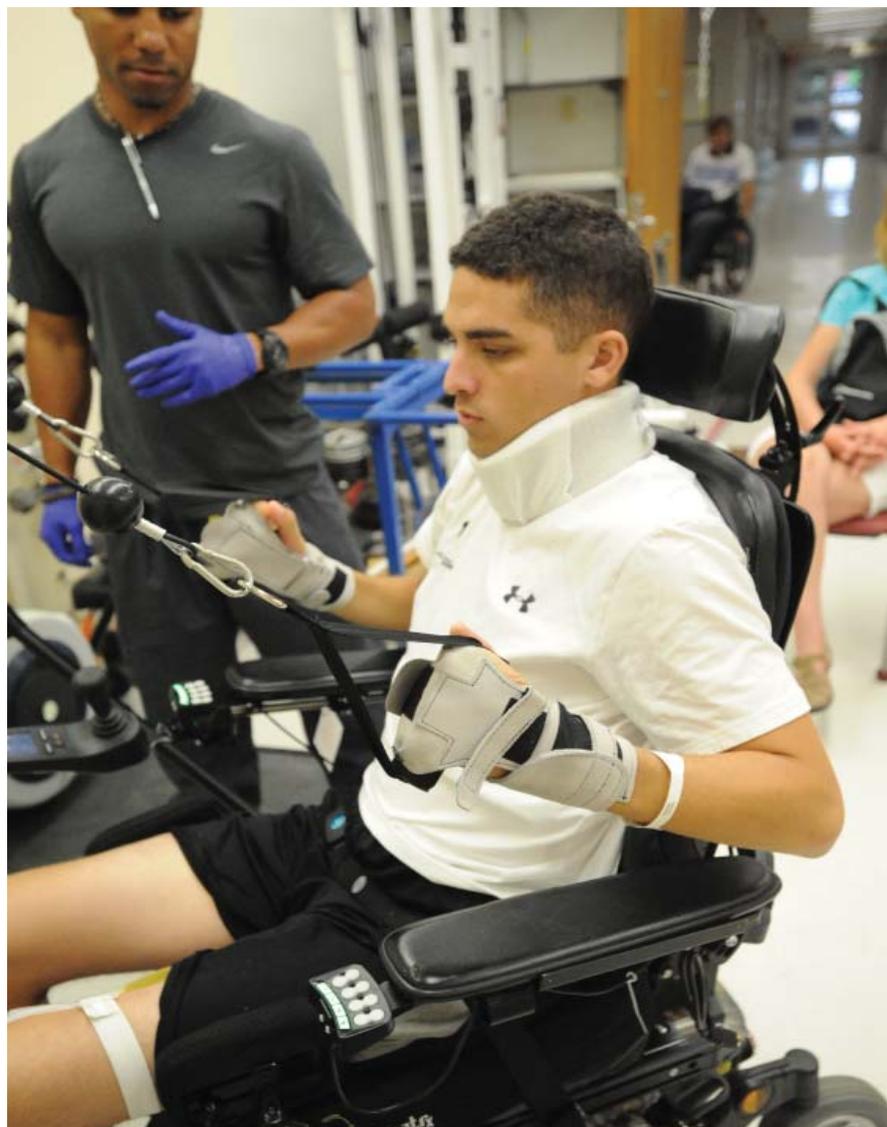
with the Marine Corps to staff and equip a Concussion Restoration Care Center (CRCC) at Camp Leatherneck, Afghanistan. The CRCC was created to provide musculoskeletal and post-concussion care in theater to service members who can likely return to duty after a short period of rehabilitative care, but whose injuries are not severe enough to require medical evacuation. The CRCC is staffed with a sports medicine family physician, physical therapist, occupational therapist, and a psychologist. This team augments the Combat Operational Stress Team and Marine medical staff attached to the Medical Battalion.

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

Navy Case Managers provide services to active duty service members, including Wounded, Ill & Injured (WII), and all other military beneficiaries. WIIs often face extensive treatment and rehabilitation for life-changing physical, psychological and cognitive injuries. The complexity of medical health care requiring multiple resources, treatment and providers in addition to the complexities of the military and VA health delivery systems can be overwhelming to the WII service members. This complexity necessitates the need for case manager as a key point of contact to coordinate care and support services. Navy Case Management's Lead Coordinator role allows for a medical or non-medical case manager to serve as the WII's primary point of contact and coordinate the care.

Navy Clinical Case Management along with Navy Safe Harbor and the U.S. Marine Corps Wounded Warrior Regiment working together, allows for a more holistic transition of the WII into the VA or civilian care systems by addressing both the medical and the non-medical needs concurrently to help reduce the stress and confusion of transition through the utilization of the Lead Coordinator concept.

WOUNDED WARRIOR CARE



2nd Lt. John Bobrousiecki, patient, Spinal Cord Injury and Disorders Center of Excellence, pulls weights during his kinesiotherapy session at the Hunter Holmes VA Medical Center. (Photo by Spc. Mark VanGerpen)

Comprehensive Combat and Complex Casualty Care

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

Comprehensive Combat and Complex Casualty Care (C5) is a program of

care that manages severely wounded, ill or injured patients from medical evacuation through inpatient care, outpatient rehabilitation, and eventual return to active duty or transition from the military.

My Ongoing Recovery Experience (MORE)

The online program called Navy MORE (My Ongoing Recovery Experience) program provides never-before-achieved continuity of care for military personnel, family members and retirees

in early recovery from. The program is a customized, interactive and confidential recovery tool. It is available free-of-charge to military personnel, family members and retirees who are in the Navy Substance Abuse and Rehabilitation Services program.

Project C.A.R.E. (Comprehensive Aesthetic Restorative Effort)

As a result of combat trauma and training accidents, a great number of service members suffer major life altering injuries, to include limb loss and severe disfigurement, which can lead to emotional distress and an altered self-image.

To help the traumatically wounded recover, both physically and emotionally, Project C.A.R.E. provides emotional support along with surgical and non-surgical care in an effort to improve appearance and restore function. It has been found that even the slightest improvement can dramatically increase self-esteem and quality of life. This treatment aids in the holistic approach to care and treatment for not just the injured, but their care takers as well.

Utilizing a team approach with multiple surgical, medical, and supportive services, each patient is individually evaluated and a treatment plan is formulated. Depending upon the circumstances, a combination of surgical and non-surgical treatments is planned, along with an emotional recovery plan to include support groups, mental health counseling, or both.

Use your Smart Phone to view this "Scrubbing In" video by downloading a QR Code reader and scanning the QR Code.



MENTAL HEALTH CAPABILITIES



units both in garrison and in field training evolutions as an organic resource to provide a variety of non-clinical support activities including psychological health surveillance, command liaison and consultation, preventative psychological health training, and coordination with external mental health services.

Special Psychiatric Rapid Intervention Team (SPRINT)

Special Psychiatric Rapid Intervention Teams (SPRINT) are Navy Medicine's primary response resource in providing rapid short term support following operational mishaps and critical events involving loss of lives. SPRINTs are located at Naval Medical Center Portsmouth, Va.; and Naval Medical Center San Diego. The mission of SPRINT is to provide individuals with educational and supportive services in group and individual settings designed to facilitate the normal recovery process and reduce the potential for future problems impacting operational readiness. SPRINT activation incidents include aviation mishaps, motor vehicle accidents with death resulting, natural disasters such as earthquakes, tornados, etc., and attacks on Navy vessels. A full team is typically comprised of a psychiatrist and/or psychologist, social worker, psychiatric nurse practitioner, chaplain, and neuropsychiatric technicians.

Navy Lt. Dennis White, a psychiatrist, and Petty Officer 3rd Class Allan Lee, a corpsman, both with the Regimental Combat Team 7 Observational Stress Control and Readiness Team, pose by a sign at Combat Outpost Hanson. (Photo by Sgt. Ned Johnson)

Operational Stress Control (OSC) Resources

The foundation of Navy Operational Stress Control (OSC) is the Stress Continuum Model that provides Sailors, leaders and family members a visual tool for assessing stress responses and practical steps to take to mitigate stress injuries.

The Naval Center for Combat and Operational Stress Control was created to improve the psychological health of Navy and Marine Corps forces through training, education, care system improvement and facilitating research and information distribution.

Operational Stress Control and Readiness (OSCAR) Teams

The Marine Corps, in collabora-

tion with Navy Medicine, has deployed the Operational Stress Control and Readiness (OSCAR) program. This model maintains the psychological mental health of the USMC by training Marines in the early identification and management of mental health issues in their peers. If the mental health problems that are identified cannot be handled in a peer-to-peer fashion, then Ground Combat Element Marines across all three Divisions can utilize their own uniformed mental health provider. OSCAR providers and Behavioral Health Technicians partner with Marines as well as other service partners organic to the Ground Combat Element such as medical officers and chaplains to generate early intervention and prevention support throughout all phases of deployment. They are embedded within

Overcoming Adversity and Stress Injury Support (OASIS)

The OASIS Program has developed and refined a model of treatment incorporating evidenced-based therapies, integrative treatment approaches and comprehensive psychiatric management of patients' medications. The program begins with treatment focused primarily upon developing effective coping skills. Trauma therapy approaches are gradually introduced over the first two weeks with progression as tolerated throughout the remainder of a ten week program. A "moral injury" treatment component has been introduced and has become a more integral component of treatment based

MENTAL HEALTH CAPABILITIES

upon positive patient feedback and staff assessments of effectiveness. Along with highly trained and experienced treatment staff, integrative approaches are provided by experienced community volunteers specializing in various practices, offering a comprehensive program to treat mind and body. OASIS operates within a military treatment setting that respects the patients' military identities and provides a familiar and secure structured environment

Behavioral Health Integration Program

The Behavioral Health Integration Program (BHIP) in the Medical Home is an innovative way to combine two best practices for behavioral health integration in the primary care setting. BHIP created three Medical Home Port (MHP) team members whose sole responsibility is to assist the MHP team in addressing the behavioral health needs of all patients. Internal Behavioral Health Consultants support the primary care manager in addressing the behavioral health needs of the population. The Care Facilitator, typically a nurse who provides care facilitation at the request of the PCM, focuses on patients with depression and/or PTSD. An External Behavioral Health Consultant also remains readily available to the MHP team for consultation.

USMC Wounded Warrior Clinical Services Staff

It is essential that wounded, ill and injured Marines and Sailors receive coordinated care for a successful recovery. Effective treatment programs for injured Marines and Sailors, assigned to Marine Corps units, are individualized and complex. The course of recovery can be long, may require multiple and repetitive needs assessments, complex documentation, and include medical and psychological health (PH)-related interventions as the injured Marine or Sailor makes the transition back to a functional and productive life, either back to military duty or to civilian life.



Lt. Larkin E. Magel, assistant program director for Naval Medical Center San Diego's residential PTSD program, OASIS, speaks with a Marine residential patient during a class that helps combat veterans more effectively communicate in their relationships. (Photo by Mass Communication Specialist Seaman Pyoung K. Yi)

Many specialists may be involved—including but not limited to trauma surgeons, mental health providers, physical therapists, occupational and vocational therapists, etc. The Marine Corps Wounded Warrior Regiment (WWR) is the one over-arching program that follows an injured Marine or assigned Sailor through this entire transition which often takes more than a year.

Currently, a total of 11 BUMED-contracted staff members support this comprehensive program world-wide at the WWR Headquarters, East and West Coast Battalions and their Detachments for injuries related to PH and TBI.

Currently, staff are assigned at Camp Lejeune, NC, Camp Pendleton, Ca., Marine Corps Base Hawaii and Quantico, Va. WWR staff, Marine Corps units and families are also provided support. Program objectives include increasing Marines and Sailors awareness of PH and TBI symptoms and resources and improving the continuity and coordination of care for the wounded Marines and Sailors transitioning back to mili-

tary duty or civilian life.

Reserve Psychological Health Outreach Program (PHOP)

The Psychological Health Outreach Program (PHOP) has 55 staff throughout CONUS--22 Outreach Coordinators and 33 Outreach Support Team Members, co-located with Reserve Commands in 11 regions--five Navy Reserve teams and six Marine Forces Reserve teams. These dynamic teams of licensed clinical professionals provide command consultation to reserve units and comprehensive Behavioral Health Screenings (BHS) to assess functioning on several levels including: psychological, physical, social, and family well-being.

After the initial screening, PHOP teams provide effective follow-up support which includes linking the client with "good fit" providers that can be military or community-based depending on the clients location, socio-economic status, and eligibility. In addition to psychological health services, the PHOP



Chief Personnel Specialist Tricia Carothers, assigned to Navy Region Northwest Reserve Component Command, right, and her spouse Jason, left, share a lighthearted moment during a briefs at the Returning Warrior Workshop held at the W Hotel in Seattle.
(Photo by Cmdr. Abdul Memon)

teams also assist with concrete service referrals, which can include, but are not limited to affordable mental health, housing, food and employment assistance.

Returning Warrior Workshops (RWWs)

Making a successful transition from the war zone to the home front is the focus of Returning Warrior Workshops (RWW). The workshops are expense-paid weekend events for about 200 service members and their spouses or significant others. In addition to presentations from senior military leaders who have been in combat, there are breakout sessions where participants discuss and learn to resolve stressful situations arising in deployment and reintegration. A number of support services are available at the workshops along with the with counselors, psychological health outreach coordinators and chaplains to assist service members in re-acclimating with their

families and to civilian life.

Project FOCUS

Project FOCUS (Families Over Coming Under Stress) is Navy Medicine's vanguard program on family psychological health and resiliency building which addresses family functioning in the context of the impact of combat deployments, multiple deployments and high-operational tempo for Navy, Marine Corps, Army and Air Force active duty and reservists. The application of a three tiered approach to care-community education, psycho education for families and brief-treatment intervention for families, has shown statistically significant outcomes in increasing family functioning and decreasing negative outcomes in both parents and children. The program takes a de-stigmatized approach to care and is integrated within the community context. The program is recognized at the highest levels of leadership as the model for prevention/inter-

vention psychological health services for military families. To date more than 400,000 service members, families, providers and community members have received FOCUS services at more than 23 locations.

Substance Abuse Rehabilitation Program

Navy Medicine's Substance Abuse Rehabilitation Program (SARP) provides substance use screenings for potential alcohol and drug problems among all active duty, retired, & qualified family members across the enterprise. SARP provides education, Intensive Outpatient (IOP) Substance Abuse Treatment and case manages addictions treatment. The program works closely with Navy Drug and Alcohol Program Advisors (DAPA), Marine Corps Substance Abuse Control Officers (SACO), and Coast Guard Command Drug & Alcohol Representatives (CDAR) to provide care.

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OFFICIAL BUSINESS

