DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMEDINST 3090.1
BUMED N03/N04
13 Nov 2024

BUMED INSTRUCTION 3090.1

From: Chief, Bureau of Medicine and Surgery

Subj: MARITIME OPERATIONS CENTER CONDITIONS AND TRANSITION

Ref: (a) NTTP 3-32.1 (NOTAL)
       (b) OPNAVINST 5450.215F
       (c) BUMEDHQINST 5430.9 (NOTAL)

1. Purpose. To provide policy, guidance, and responsibilities for Bureau of Medicine and Surgery (BUMED) activity during the Maritime Operations Center (MOC) Steady State, Elevated, and Crisis Response readiness conditions.

2. Cancellation. BUMEDINST 3301.3B.

3. Scope and Applicability. This instruction applies to BUMED headquarters (HQ) and informs subordinate commands on MOC function. Naval Medical Forces Atlantic, Naval Medical Forces Pacific, and Naval Medical Forces Development Command will develop their own procedures to effectively support and align with BUMED.

4. Background. Director, Maritime Operations (BUMED-N04) is responsible for the MOC, and for planning and executing BUMED support of maritime and joint operations. Per reference (a), a MOC is scalable with capability and capacity that can be increased or decreased to support mission accomplishment. The BUMED MOC operates in Steady State, Elevated, or Crisis Response conditions to ensure the appropriate levels of MOC readiness and scalable support to the Commander's Decision Cycle.

5. Policy. The MOC must utilize the Steady State, Elevated, and Crisis Response conditions to ensure BUMED maintains the ability to plan, direct, monitor, communicate, and coordinate in various situations and to enable a level of efficiency during routine activities. Specific standards for each condition are listed in subparagraphs 4a through 4c of this instruction:

    a. Condition III – Steady State. Steady State is the default MOC condition kept during normal operations. The primary focus of the MOC is routine command and control of Naval Medical Forces type commands. MOC staff maintains general situational awareness, monitors ongoing BUMED support of operations, provides directions to subordinate commands, and ensures staff completes BUMED mission, functions, and tasks, per reference (b). During Steady State, the MOC staff should conduct routine communication checks, perform MOC condition change exercises, review intelligence reports, and maintain current operational plans. The battle rhythm (BR) during Steady State condition is based on a monthly cycle.

b. <u>Condition II – Elevated</u>. The Elevated condition is implemented when there is an urgent requirement, for example a large request for forces, or when a situation requires a higher level of staff readiness to support the Commander's Decision Cycle. During elevated condition, the MOC staff must maintain steady communication with higher, adjacent, and subordinate commands, and conduct frequent situation updates. The MOC may increase frequency of required boards, bureaus, centers, cells, and working groups (B2C2WG), and establish new cross functional teams (CFT). The MOC must support accelerated planning and decision making. This condition may be supported through the activation of the command center staffed by a battle watch captain (BWC) and assistant battle watch captain (ABWC). The BR during Elevated condition may be accelerated to a weekly or daily cycle and include extended working hours.

c. <u>Condition I – Crisis Response</u>. The Crisis Response condition is implemented in a large-scale emergency or contingency response. During this condition, MOC staff must take immediate actions to protect BUMED resources and effectively direct activities to accomplish the mission. The MOC staff will proactively plan and execute operations, provide frequent situational updates to BUMED leadership, higher, adjacent, and subordinate commands. The MOC staff should be ready to develop plans and direct actions in a rapidly changing environment. The BR during crisis response condition is a 24-hour cycle, including the command center, BWC, and ABWC positions.

6. <u>Responsibilities</u>

a. <u>BUMED Condition III – Steady State</u>

(1) Director, Maritime Headquarters (BUMED-N03) and BUMED-N04 support the Surgeon General of the Navy in the execution of mission, functions, and tasks following the Standard Organization and Regulation Manual, per reference (c).

(2) BUMED-N04

(a) Oversee the day-to-day operations of the MOC, ensuring functions, BR, and B2C2WGs are running effectively.

(b) Direct plans development related to BUMED operations following SG guidance and intent.

(c) Monitor and evaluate BUMED performance, streamline processes, and enhance overall effectiveness of subordinate activities.

(d) Provide guidance to MOC personnel including the MOC director (MOC-D), watch standers, administrators, and support staff, and ensure availability of adequate resources to perform necessary duties.

(e) Oversee BUMED N-Code directorates with emphasis on:

<u>1</u>. <u>Director, Operations, Plans, and Policy (BUMED-N3N5)</u>. Serve as MOC-D to oversee operations and planning and coordinate externally with subordinate commands as necessary to execute operational support.

<u>a</u>. <u>Deputy Director, Operations (BUMED-N3B)</u>. Oversee the Current operations (COPS) and the future operations (FOPS) cells.

(<u>1</u>) COPS cell oversees and coordinates execution of BUMED support to operational commanders and ensures alignment of those activities with the Surgeon General of the Navy's intent. The COPS cell maintains situational awareness, reports changes to the execution of missions, and communicates current events across the command. COPS can conduct limited assessment and crisis action planning. The COPS cell seven-minute drill outlines the cell's composition.

(<u>2</u>) FOPS cell conducts mid-term planning and aligns BUMED capabilities to support future tasking. FOPS manages branch planning for plans not progressing as anticipated. It develops products that require significant coordination with internal and external elements. FOPS cell transition plans to COPS cell with MOC-D approval. The FOPS cell seven-minute drill outlines the cell's composition.

<u>b</u>. <u>Deputy Director, Plans and Policy (BUMED-N5B)</u>. Coordinate with other BUMED N-Codes for long-term planning. Provide planning experts to support MOC operations and contribute to campaign plans, concepts of operations, and related directive development.

<u>2</u>. The Crisis Action Team (CAT) includes the BUMED-N03, BUMED-N04, Director, Commander's Action Group (BUMED-N00Z), and necessary BUMED N-Code directors. Other members are added as needed and may include representatives from Public Health, Logistics, Manpower and Personnel, and Staff Judge Advocate and Office of the General Counsel. The CAT is activated by the BUMED-N04 to provide rapid assessment, determine requirements, and make recommendations to modify MOC conditions.

<u>3</u>. <u>Director, Clinical Operations, Policy, and Standards (BUMED-N10)</u>. Ensure clinical and subject matter expertise supports required BR events or provides a CFT lead as required.

(3) Support from BUMED-N03 to BUMED-N04 in Steady State condition includes:

(a) <u>BUMED-N03</u>. Lead support activities across BUMED staff in support of the SG's direction, guidance, and priorities.

(b) <u>Director, Manpower and Personnel (BUMED-N1)</u>. Be prepared to establish a Staff Reception and Integration Cell to onboard staff augments, and support deployment of liaison officers (LNO).

(c) <u>Director, Reserve Policy and Integration (BUMED-N1R)</u>. Be prepared to incorporate Reserves into the staff. Be prepared to establish a Staff Reception and Integration Cell to onboard staff augments, and support deployment of Reserve Component LNOs.

(d) <u>Director, Logistics, Supply, and Support (BUMED-N4)</u>. Be prepared to transition into a Logistic Readiness Center (LRC). The LRC supports the Commander's Decision Cycle by providing the requisite visibility of logistics requirements, capabilities, and assigned priorities. This visibility enables the commander to make decisions regarding the effective allocation of scarce, high-demand resources.

(e) <u>Director, Communication and Information Systems (BUMED-N6)</u>. Be prepared to support increased Secure Internet Protocol Router Network (SIPRNET) secure video teleconference demand and staff augments.

(f) <u>Director, Resource Management (BUMED-N8)</u>. Be prepared to support short-fused staff travel and additional costs associated with staff augmentation.

(g) <u>Director, Requirements and Capabilities (BUMED-N9)</u>. Be prepared to provide support to Expeditionary Medical System related CFTs and long-range planning.

(4) <u>Director, Headquarters Operations and Commander of Troops (BUMED-N01B)</u>. Manages overall staff and HQ administration matters in coordination with BUMED-N04 and BUMED-N03, with the primary BR event being the HQ Board.

(5) <u>BUMED Liaison Officer to Defense Health Agency (DHA) (BUMED-N02LNO)</u>. Acts as interface between BUMED and DHA for military health and military medical treatment facility issues and support to DHA. Coordinate with BUMED-N04, BUMED-N03, BUMED-N00Z, and BUMED Military Health Systems Governance Liaison Officer (BUMED-N02MGO).

(6) <u>BUMED-N00Z</u>. Handles high-priority projects and other SG directed matters with attention focused on issues at the Office of the Chief of Naval Operations and Secretary of the Navy levels. BUMED-N00Z coordinates with BUMED-N04, BUMED-N03, BUMED-N02MGO, and BUMED N-Code directors, but priorities are set independently by SG and Deputy SG.

(7) <u>B2C2WG</u>. Boards will direct functionally focused efforts and CFTs will operate and meet per their respective seven-minute drill.

(8) <u>Command Duty Officer (CDO)</u>. The CDO facilitates situational awareness, communication, and coordination for BUMED-N01B, BUMED-N04, and BUMED-N03. During Steady State (Condition III), the CDO performs some BWC functions from Conditions I and II. Examples of CDO support to MOC include maintaining an understanding of the ongoing activities and operations, incident reporting, and information gathering from external activities. During MOC Conditions I and II, the BWC will perform most CDO functions and the CDO watch may be suspended or used to fill other requirements.

   b. <u>BUMED Condition II – Elevated</u>

     (1) BUMED-N04 and BUMED-N03

       (a) Address requirements and tasks associated with the shift in MOC condition. BUMED-N04 and BUMED-N03 serve as integrators of staff actions and communicate priorities and new tasks for all directorates.

       (b) Adjust BR to support accelerated decision cycle and focus on emergent issues.

       (c) Stand up CAT or Operational Planning Teams to support planning requirements.

     (2) BUMED-N04

       (a) Oversee operational support planning and CAT, to ensure those activities are aligned with the SG's latest guidance and intent.

       (b) Oversee medical force readiness.

       (c) Activate the command center and BWC and ABWC positions located in BUMED secure spaces at 2NW138-2NW163. The command center serves as a nexus of activity, focusing on the immediate assessment, response, and situation management.

       (d) Oversee BUMED N-Code activities listed in subparagraphs 5b(2)(d)<u>1</u> through 5b(2)(d)<u>3</u> of this instruction, to ensure support of the MOC:

         1. <u>BUMED-N3N5</u>. As MOC-D, coordinate the required expansion of directorate personnel to include COPS, FOPS, and Future Plans cells. Positions could include additional watch officers and subject matter experts. Coordinate directly with BUMED-N02LNO. Oversee command center operations and the BWC.

           (a) <u>BUMED-N3B</u>. Direct daily synchronization working group with FOPS and COPS cells. Issue directives to echelon 3 commands as required. Other BUMED-N3B functions may be reduced to support MOC operations during Elevated conditions.

(1) <u>COPS Cell</u>. Establish working groups with required participants and frequency to support COPS cell functions and effective updates to BUMED-N3N5 or BUMED-N04.

(2) <u>FOPS Cell</u>. Be prepared to support CAT planning or establish Operational Planning Teams.

(3) <u>Operational Readiness and Exercise Integration (BUMED-N37)</u>. Be prepared to increase training and readiness reporting.

(b) <u>BUMED-N5B</u>. Support planning and assessments cell activities to address new requirements resulting from MOC condition shift. Other BUMED-N5 activities may be delayed to support priority MOC operations.

2. <u>BUMED-N10</u>. Ensure subject matter expertise is available to CAT, COPS, FOPS or other CFTs as required by the situation.

3. <u>CAT</u>. Produce recommendations, courses of action, or plans as directed by the SG or BUMED-N04. Initial CAT activities may transition into COPS, FOPS or other CFT with the CAT standing down and returning to an on-call status.

(3) Support from the BUMED-N01B to BUMED-N04 during Elevated condition could include:

(a) <u>BUMED-N03</u>. Coordinate BUMED-N1, BUMED-N1R, BUMED-N4, BUMED-N6, BUMED-N8 and BUMED-N9 activities including the personnel center, resource center, and LRC. Supports BUMED-N04 and MOC driven activities.

(b) <u>BUMED-N1</u>. Support augment staff reception and LNO deployment.

(c) <u>BUMED-N1R</u>. Support activation of Reserve personnel to augment staff.

(d) <u>BUMED-N4</u>. Consider establishing the LRC with BUMED-N04 oversight at the SG's direction.

(e) <u>BUMED-N6</u>. Coordinate with BUMED-N3N5 and MOC-D to support command center communication requirements.

(f) <u>BUMED-N8</u>. Support short-fused staff travel and additional costs of staff augments as required. Resources and Requirements Board frequency of meetings may increase to address and coordinate emergent Budget Submitting Office 18 funding issues.

(g) <u>BUMED-N9</u>. Be prepared to support Expeditionary Medical System related CFTs and long-range planning.

(4) <u>BUMED-N01B</u>. Assist BUMED-N04 in directing staff support to B2C2WG activities and coordinate with N1 and N1R on BUMED HQ personnel augments. Provide HQ space management.

(5) <u>BUMED-N02LNO</u>. Coordinate with BUMED-N04 on DHA activities that impact the MOC support requirements.

(6) <u>BUMED-N00Z</u>. Manage high-priority projects and assume lead of the CAT at the direction of the Surgeon General of the Navy.

(7) <u>B2C2WGs</u>. Adjust frequency and products as required.

(8) <u>BWC</u>. The BWC normally operates within the command center and supports command and control for situations requiring significant classified communication or activity beyond routine staff support. The BWC leads the command center and is the primary conduit to direct and oversee operations, decisions, and communications. The BWC, with the support from AWBC, will:

(a) Act as single point of entry for higher HQ tasking, requests for support, requests for forces, readiness status, and requests for information.

(b) Record significant events and pending actions.

(c) Maintain common operational picture.

(d) Monitor medical forces and force readiness.

(e) Track commander critical information requirements, execute appropriate pre-planned responses, and make required decision recommendations.

(f) Maintain situational understanding.

(g) Coordinate with COPS or CAT on subparagraphs 5b(8)(g)<u>1</u> through 5b(8)(g)<u>3</u> of this instruction.

<u>1</u>. Synchronize and coordinate medical support operations across Budget Submitting Office 18 activities.

<u>2</u>. Draft and issue operational orders and daily intentions messages.

<u>3</u>. Prepare required daily morning update briefings.

(h) Assist with sensing and detecting health-related events.

c. BUMED Condition I – Crisis Response

(1) BUMED-N01B and BUMED-N04

(a) Execute Crisis BR to support accelerated decision cycle.

(b) Shift personnel to or from Maritime Headquarters or MOC activities as required.

(2) BUMED-N04

(a) Provide direction and guidance to critical operations and planning efforts.

(b) Ensure BR and critical B2C2WG can support 24-hour cycle and alignment of echelon 3 subordinate commands. Integrate Reserve support throughout the MOC and supporting activities.

(c) Monitor activities related to ongoing mission support, direct subordinate commands, and ensure tasks are complete per the SG's guidance and intent.

(d) Ensure medical force readiness and deployable status across the enterprise.

(e) Oversee BUMED N-Code activities listed in subparagraphs 5c(2)(e)1 through 5c(2)(e)3 of this instruction, to ensure their support of the MOC:

1. BUMED-N3N5. As MOC-D, shift command center to 24-hour operations with expanded functional representation at BR events.

a. BUMED-N3B oversee a daily synchronization meeting with FOPS and COPS cells and issue directives to echelon 3 commands.

(1) COPS Cell. Add subject matter experts to COPS cell to support management of near time horizon activities.

(2) FOPS Cell. Coordinate with planning elements and supporting staff. Cell meets daily and communicates with external commands, and ensures plans have execution level detail.

(3) BUMED-N37. Provide real-time training and readiness reporting.

b. CAT. During Crisis Response condition, supported efforts initially managed by CAT may be absorbed within standing B2C2WG or COPS. The CAT resets and serves as a reserve staff response element. Planning moves to FOPS and Future Plans cells.

c. BUMED-N5B. Support planning and MOC operations. Coordinate BUMED support to external planning.

2. Director, Education and Training (BUMED-N7). Provide real-time integration of training and readiness reporting.

3. BUMED-N10. Be prepared to establish clinically focused CFT.

(3) Support from the BUMED-N01B to BUMED-N04 includes:

(a) BUMED-N03. Coordinate BUMED-N1, BUMED-N1R, BUMED-N4, BUMED-N6, BUMED-N8, and BUMED-N9 activities including the Personnel Center, Resource Center, and LRC. Support BUMED-N04 and MOC driven activities.

(b) BUMED-N1. Support augment staff reception and LNO deployment.

(c) BUMED-N1R. Support activation of Reserve personnel to augment staff.

(d) BUMED-N4. Oversee the LRC.

(e) BUMED-N6. Coordinate with MOC-D and BUMED-N3N5 to maximize helpdesk support for the 24-hour BR.

(f) BUMED-N8. Redirect resources as required by the situation or plans.

(g) BUMED-N9. Be prepared to support accelerated incorporation of medical capabilities into planning and operations.

(4) BUMED-N01B. Assist BUMED-N04 in directing staff support to B2C2WG activities and coordinate with BUMED-N1 and BUMED-N1R on BUMED HQ personnel augments. Provide HQ space management.

(5) BUMED-N02LNO. Serve as MOC interface to DHA.

(6) BUMED-N00Z. Manage high-priority projects and may assume lead of the CAT at the SG's direction.

(7) B2C2WG. Adjust frequency and products as required.

(8) BWC. The BWC roles and responsibilities during Crisis Response Condition include those in Condition I, with an increased tempo and volume. The command center will be manned 24 hours a day.

7. <u>Records Management</u>

　　a.　Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-InformationManagement/Approved%20Record%20Schedules/Forms/AllItems.aspx.

　　b.　For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

8. <u>Review and Effective Date</u>.　Per OPNAVINST 5215.17A, BUMED-N01B and BUMED-N04 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9.　Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

9. <u>Information Management Control</u>.　Reports required in paragraph 6 of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.

D. K. VIA

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via Navy Medicine Web site, https://www.med.navy.mil/Directives/