



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 3000.1
BUMED-N3
1 Feb 2023

BUMED INSTRUCTION 3000.1

From: Chief, Bureau of Medicine and Surgery

Subj: NAVAL EXPEDITIONARY HEALTH SERVICE SUPPORT OPTIMIZED FLEET
RESPONSE PLAN

Ref: (a) OPNAVINST 3000.15A
(b) OPNAVINST 3000.16
(c) COMUSFLTFORCOM/COMPACFLTINST 3000.15B
(d) Memorandum of Agreement between PEO USC and BUMED dated 7 October 2021

1. Purpose. To provide policy, guidance, and structure responsibilities for the execution of the Naval Expeditionary Health Service Support (NEHSS) Optimized Fleet Response Plan (OFRP).

2. Scope. This instruction applies to all NEHSS units under administrative control (ADCON) of Chief, Bureau of Medicine and Surgery (BUMED).

3. Background. Over the last decade, there has been an increased demand for agile and ready medical forces to respond to combatant commander (CCDR) requirements. These increased requirements have demonstrated the need for an optimized process to ensure continuous availability of manned, trained, equipped, and certified NEHSS forces capable of surging forward on short notice with long-term sustainability, as noted in references (a) through (c). These guidelines align with Chief of Naval Operations (CNO) to balance the CCDRs' forward presence requests with Sailors' quality of life and support enduring sustainability of the force.

a. The OFRP is a 36-month cycle built around maintenance and training, with a sustainment period in which Navy assets could deploy or surge forward on short notice.

b. The OFRP is a disciplined approach, repeatable, and predictable, yet flexible enough to provide options to the national command authority. This instruction creates roles and responsibilities for BUMED and subordinate commands to develop, implement, and execute the OFRP for medical units.

c. The BUMED OFRP supports unit readiness, building on the success of every individual by refining knowledge, skills, and abilities. This ensures unit sustainability and interoperability into Joint Warfighting requirements.

4. Action. The NEHSS OFRP will follow references (a) through (c) in creating an operational framework with maintenance, basic, advanced or integrated, and sustainment phases that

integrate with the Fleet. The OFRP is designed to optimize the return on investment regarding training and maintenance, maintain Sailor quality of service, and ensure units and forces are certified in defined progressive levels of employable and deployable capability.

a. The NEHSS OFRP results in:

- (1) Predictable, flexible, and scalable force generation cycles.
- (2) Improved maintenance, modernization, and training for maximized force employability.
- (3) Standardized chain of command for units in OFRP cycle.
- (4) Established manning by the beginning of the Basic Phase.
- (5) Force Modernization that supports warfighting integration and interoperability.
- (6) Equipment, supplies, and transportation plan to support training and operations no later than at the beginning of the Basic phase.
- (7) Established best practices for force development, force generation, and force deployment.
- (8) Alignment of Naval Medical Research Center, including expeditionary scope of practice, in support of OFRP cyclic demands.
- (9) Consolidated and streamlined inspections, certifications, and assessments.
- (10) NEHSS Forces trained to standards that support operational requirements.

b. The phase timelines are estimated but may change depending on the Deployable Medicine platform. The maintenance phase begins the NEHSS OFRP cycle with a timeline to be developed to support each NEHSS system. The listed phases are:

(1) Maintenance Phase. All NEHSS deployable elements have a maintenance phase. During the maintenance phase, units focus on appropriate manning with identified personnel qualifications and required schools. Noted shortfalls in personnel, equipment, supply, and training are identified for resolution and mitigation. The maintenance phase is for force reconstitution and platform modernization and is required to support individual training requirements and operations no later than at the beginning of the basic phase. In addition to the timely completion of the maintenance package, units must complete appropriate inspections, assist visits, and continue to focus on individual training, while maintaining a solid foundation of readiness.

(2) Basic Phase (unit level training). The Basic Phase focuses on development of unit core capabilities and skills defined by unit required operational capabilities and projected operational environment and Naval Medical Forces Atlantic (NAVMEDFORLANT) and Naval Medical Forces Pacific (NAVMEDFORPAC). These are monitored through the completion of basic-level inspections, visits, certifications, and training requirements, as well as achieving required levels of personnel, equipment, and supply readiness. Demonstrating proficiency and establishing a culture of self-assessment are the focus of unit level training. Units that complete the basic phase are ready for more complex, advanced, or integrated training events, or appropriate tasking as described below. Units completing the basic phase will receive basic phase certification and be recommended for the advanced or integrated phase. These units may be tasked with independent operations in support of shaping and deterrence operations, homeland security, humanitarian assistance and disaster relief, or other specific, focused tasks.

(a) Type commanders (TYCOMs) are responsible for assessing forces in the basic phase and certifying a unit's mission readiness for tasking (TYCOM certification). Forces that have completed all basic phase requirements and have achieved TYCOM certification are capable of unit-level operations and are ready to commence advanced training.

(b) Forces that have achieved TYCOM certification may be employed for surge or contingency operations with employment certification.

(c) Upon completion of the basic phase, the deployable medical unit meets or exceeds operational assessment standards to perform tasks specified within the unit mission essential task list and can transition to the advanced or integrated phase of the Fleet Response Training Plan. Immediate superiors in command will report basic phase completion and request BUMED designation as an independent unit ready for tasking via a naval message. Designation as an independent unit ready for tasking signifies the deployable medical unit is available for advanced phase training events or independent operational tasking in support of Homeland Security, Defense Support to Civil Authority, Humanitarian Assistance and Disaster Recovery, or other specific focused operations.

(3) Advanced Phase. The advanced phase applies to NEHSS units that will deploy independently rather than as part of a group, such as an Expeditionary Strike Group or Carrier Strike Group. The goal of the advanced phase is to conduct advanced core and mission specific training to meet CCDR or Naval component commander requirements. Units will complete NAVMEDFORLANT or NAVMEDFORPAC directed training, assist visits, inspections, certifications, and achieve requisite levels of personnel, equipment, supply, and training readiness. Units will attain proficiency in all required mission areas and may include core integration capabilities, completion of mission-specific training, and integrated training as required. Forces will be certified to deploy upon completion of the advanced phase by respective operational Fleet commanders or designated commands.

(a) Commander U.S. Second Fleet (COMSECONDFLT) and Commander U.S. Third Fleet (COMTHIRDFLT) will ensure forces designated by Commander U.S. Fleet Forces

Command (COMUSFLTFORCOM) or Commander U.S. Pacific Fleet will execute both advanced phase and integrated phase prior to deployment certification. Designated forces that are not expected to operate with a group such as the Carrier Strike Group, Expeditionary Strike Group, Amphibious Ready Group, Surface Action Group, etc., may be certified for deployment or employment upon completion of the advanced phase and when resource levels are at deployment standards. Forces will have successfully demonstrated proficiency in leading and executing required missions, and capabilities under realistic, high-end threat conditions as defined by COMSECONDFLT or COMTHIRDFLT.

(b) The required mission and capabilities, at a minimum, include all required operational capabilities and other abilities, as required, and will be completed by the appropriate training organization.

(c) TYCOMs will recommend a unit's certification to COMUSFLTFORCOM and COMTHIRDFLT when the unit does not require integrated phase training. The deployment or employment certification will be issued by TYCOMs via record message and will document any outstanding requirements identified as "training incomplete." The certification recommendation message will identify any appropriate mitigation requirements with a pathway to resolution. For units not requiring an Integrated Phase and upon COMUSFLTFORCOM or COMTHIRDFLT designation of that unit's deployment or employment certification, the unit will transition from the advanced phase to sustainment phase.

(4) Integrated Phase. The purpose of an integrated phase is to combine individual unit skill sets into a single cohesive medical group capable of operating within a challenging, multi-warfare joint multinational and interagency environment. The integrated phase provides a sufficient block of time to complete required training, assist visits, inspections, and certifications, and to achieve the requisite levels of personnel, equipment, supply, and training readiness defined by the TYCOM. This phase provides an opportunity to build on individual and unit skills and to conduct multi-unit training under high-end threat conditions. The integrated phase may be adapted to provide targeted training to support CCDR requirements. For deployment certification, units will certify to deploy upon completion of the integrated phase by respective operational Fleet commanders or designated commands.

(5) Sustainment Phase. The sustainment phase begins upon completion of the advanced phase or integrated phase, continues throughout the post-deployment period, and ends with the commencement of the next maintenance phase. Deployments may be conducted within the sustainment phase. Sustainment consists of a variety of training evolutions designed to sustain and enhance warfighting readiness as a group or unit. In addition to unit level training, sustainment phase training events may exercise aggregated units and staffs in complex, multi-mission planning and execution in joint and coalition environments. Sustainment training ensures that proficiency is achieved in all the units' Navy mission-essential tasks to maintain deployable readiness. The extent of sustainment phase evolutions will vary depending on the

unit's length of time in a surge-able status, as well as the anticipated tasking and available funding. Deployments in support of CCDR requirements may occur within the sustainment phase.

5. Policy. The OFRP construct will be executed for all NEHSS units.

6. Roles and Responsibilities

a. Chief, BUMED

(1) BUMED-N3, in coordination with BUMED-N5, establish, coordinate, and evaluate the effectiveness of NEHSS OFRP for all NEHSS units under BUMED ADCON.

(2) BUMED-N3, in coordination with BUMED-N5, develop and direct NEHSS unit OFRP plans, including phase requirements. Adjudicate and approve all cross-phase encroachments between the Maintenance, Basic, and Integrated or advanced phases.

(3) BUMED-N4, in coordination with BUMED-N8, develop resource programming methodologies and infrastructure to implement, align and expand application of the NEHSS OFRP to support joint integrated operations by providing future years' defense program long range planning projections

(4) BUMED-N4, in coordination with Navy Medical Readiness and Logistics Command, develop supply management policy and procedures, and ensure materiel is available to resource NEHSS OFRP requirements.

(5) BUMED-N4, identify assets and establish resourcing processes to support the modernization plans to ensure execution within established timelines to support on time commencement of the Basic Phase.

(6) BUMED-N5, ensure lessons learned related to NEHSS OFRP are captured and applied to improve unit readiness and individual readiness

(7) BUMED-N5, collate, review, and publish NAVMEDFORLANT and NAVMEDFORPAC lessons learned data into the Joint Lessons Learned Information System. Application should reinforce materiel improvements and enhanced knowledge, skills, and abilities through updates to the Navy Health Research Center. Plan, develop, execute effective joint training events, and evaluate joint training audience performance utilizing Joint Training Information Management System.

(8) BUMED-N7, develop performance measures for evaluating NEHSS OFRP. Define and collect metrics to assess required readiness.

(9) BUMED-N7, develop measures of effectiveness for execution efforts of NAVMEDFORLANT and NAVMEDFORPAC TYCOM functions to sustain training and certification requirements necessary to implement and execute application of the OFRP.

(10) BUMED-N8, develop master schedules supporting program objective memorandum.

b. NAVMEDFORLANT and NAVMEDFORPAC

(1) Oversee all aspects of readiness for ADCON NEHSS units.

(2) Develop platform-specific resource requirements to implement and execute the NEHSS OFRP.

(3) Complete required inspections, assessments, and certification of all units to meet mission timelines in alignment with OFRP cycles.

(4) Conduct basic phase certification for all ADCON NEHSS units.

(5) Support NEHSS Fleet Response Training Plan production and development and Training and Exercise Employment Plan integration.

(6) Ensure all units have the infrastructure to support NEHSS OFRP related training.

(7) In coordination with BUMED N codes and Naval Sea Systems Command Program Manager, Ship, Expeditionary Missions (PMS 408) and Naval Sea Systems Command Program Manager, Ship, Maritime Missions (PMS 385), ensure maintenance and modernization is planned within established timelines to support “On-Time” commencement of basic phase.

(8) Ensure deploying NEHSS units embark operationally assigned platforms to support basic phase requirements and remain assigned until completion of post-deployment.

(9) Identify, prioritize, report, and actively facilitate the resolution of readiness issues that affect NEHSS OFRP execution.

(10) Coordinate, develop, and schedule training plans with representative fleet organizations to support NEHSS OFRP cycle and unit level certifications.

(11) Ensure units maintain accurate and up-to-date Defense Readiness Reporting System-Strategic reporting.

(12) Submit post deployment lessons learned through the operational chain of command with copies to the respective Fleet Surgeon, respective Navy Medicine echelon 3 and Chief,

BUMED, through the Navy Lessons Learned System, Navy Medical Lessons Learned Program, and Naval Operational Medical Lessons Learned System, for eventual submission to the Joint Lessons Learned System by BUMED within 30 days post deployment.

(13) NAVMEDFORLANT to ensure Navy Medical Readiness and Logistics Command provides logistics support services, coordinates materiel deliveries, contracts for supplies and services, and provides materiel management and warehousing services to support NEHSS units until completion of the OFRP cycle.

c. Naval Medical Forces Support Command (NAVMEDFORSUPCMD)

(1) Provide the right training to the right Sailor at the right time to meet NEHSS OFRP manning requirements.

(2) Ensure all schoolhouse curricula are relevant, current, and aligned to latest NEHSS-validated training requirements and funded via the resource sponsor.

(3) Direct Naval Expeditionary Medical Training Institute capabilities and available resources as required to support NAVMEDFORLANT and NAVMEDFORPAC OFRP cycles with unit training and certification.

7. Coordination. In coordination with BUMED N codes, Naval Facilities Engineering and Systems Command, and Program Manager, Ship, Expeditionary Missions (PMS 408), ensure maintenance and modernization is planned within established timelines to support “On-Time” commencement of basic phase. Per reference (d), request PMS 408 and Naval Facilities Engineering and Systems Command to address:

a. Development and life cycle management of maintenance and modernization processes, procedures, and products that ensure the NEHSS OFRP is fully supported.

b. Provide necessary support to maintain the material condition of NEHSS forces.

c. Identify manpower, personnel, equipment, supply, table of allowance, training, and education requirements traceability in support of new and modernized capabilities in the form of a Navy training systems plan.

8. Records Management

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 Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/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 Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

9. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N3 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, 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.

10. Information Collection Management. Reports required in subparagraphs 4b(2)(c), 6b(9), and 6b(11) of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.



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Releasability and distribution:

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