



NAVY MEDICINE *FAST FACTS*

August 2024

ONE NAVY MEDICINE

Medical Corps + Hospital Corps + Nurse Corps + Dental Corps
Medical Service Corps + Civilian Corps



ACTIVE DUTY + RESERVE + CIVILIAN

SUPPORTING 2 SERVICES

OPERATING ABOVE, ON, AND BELOW THE SURFACE



MISSION

As a Maritime Medical Force, we develop and deliver **manned, trained, equipped, maintained, and certified** medical forces that force develop, generate, and preserve the Naval human weapons system.

NAVAL SURFACE WARFARE MEDICAL INSTITUTE (SWMI)

WHERE THE THE PINNACLE OF OPERATIONAL MEDICINE BEGINS



- SWMI — established **April 3, 1998** — as a detachment of the Naval Operational Medical Institute (later NMOTC). It is located in San Diego, California.
- It serves as a **Center for Excellence in education**, providing global medical support to the Department of Defense and the Fleet and Fleet Marine Forces by developing Navy healthcare professionals with the **character, competence, and connectedness** required for global assignments in various operational platforms.

10 COURSES OFFERED

Total Students Trained / Year: **700+**

1. Surface Force Independent Duty Corpsman (**SFIDC**) School
2. SFIDC Refresher Training Center (**REFTRA**)
3. Surface Warfare Medical Department Officer Indoctrination Course (**SWMDOIC**)
4. Surface Force Medical Indoctrination Course (**SFMIC**)
5. Commander, Amphibious Task Force - Surgeon Course (**CATF-S**)
6. Navy Drug and Alcohol Counselor School (**NDACS**)
7. Medical Regulating Course (**MEDREG**)
8. Operational Medicine Symposia (**OPMED**)
9. Dental Operational Forces Management Training (**DOFMT**)
10. Physician Assistant Program Phase II Course (**PAPP II**)

Surface Force Independent Duty Corpsman (SFIDC) School

Navy Drug & Alcohol Counselor School (NDACS)

12 months Length of the SFIDC School
(9 months of classroom / 3 months clinical rotation)

58 credits

of college credits students receive through USU's College of Allied Health Sciences after graduating SFIDC

- Graduates of SFIDC School receive a Navy Enlisted Classification (NEC) of either: **Surface Force IDC (HM-8425)** or **Deep Sea Diving IDC (HM-8494)**.

- Intense **11-week course**, where students learn the full range of services for **treating substance use disorders**, including:
 - clinical evaluation
 - treatment planning
 - service coordination
 - individual and group counseling
 - referral services and ethics

89%

Percentage of NDACS students who completed **Alcohol & Drug Counselor Level I or Level II Certification** in CY23

In CY 2023, **52%** students received their Bachelor's Degree upon graduation from the SFIDC School.

DYK In FY24, NDACS was opened to all enlisted rates in the Navy



NAVY MEDICINE *FAST FACTS*



THE HISTORY AND DEVELOPMENT OF FLEET SURGICAL TEAMS



- Fleet Surgical Teams (FSTs) are designed to provide **role 2 medical capabilities** and **augment already established organic medical department with a surgical capability**.
- FSTs provide **surgical support, expanded lab and blood bank services, intensive care, and ward care** on Casualty Receiving and Treatment Ships (CRTS) including amphibious assault ships (LHAs/LHDs) and amphibious transport docks (LPDs).
- As Fleet assets, FSTs fall under the administrative control of Commander, Naval Surface Forces Atlantic (CNSL) or Commander, Naval Surface Forces Pacific (CNSP).
- The **history of FSTs** are rooted in the development and deployment of **shipboard surgical teams aboard LSTs** (landing ship, tanks) and **LCPs** (landing craft, tanks) in **World War II** to **oversee evacuation and emergency medical treatment of casualties**.
- These **first augmented surgical teams** were typically composed of **3** physicians (general surgeon, anesthesiologist, and orthopedic surgeon) and **10** hospital corpsmen. Surgical teams supported battles across the Pacific and European Theaters and were later used in the Korean War.

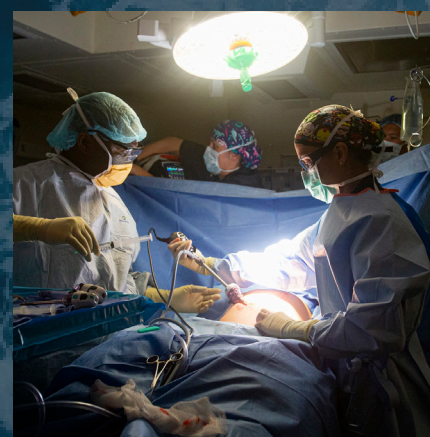


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FST
Medical
complement
(standard)

1 OIC, Commander, Amphibious Task Force - Surgeon; **1** CRNA; **1** Family Medicine / Internal Medicine; **1** Psychiatrist; **1** Perioperative Nurse; **1** Critical Care Nurse or En Route Care Nurse; **1** Perioperative Nurse; **1** Medical Regulating Control Officer (MRCO) / Administrator; **1** Leading Chief Petty Officer; **2** Surgical Technicians; **2** Advanced Laboratory Technicians; **1** Respiratory Therapy Technician; **2** General Duty Hospital Corpsmen; **1** Radiology Technician; and **1** Behavioral Health Technician.

- On **December 27, 1955**, BUMED issued the **first formal guidance on the “designation, organization and administration” of surgical teams**.
- In 1955, BUMED organized **10** surgical teams at Navy medical treatment facilities (MTFs). Additional teams were formed in 1963.
- In **1980**, surgical teams were reorganized under Mobile Medical Readiness Augmentation Teams (MMARTs), deployable “**rapid response**” medical assets comprised of specialized units complementing a “**surgical platoon cadre unit**” (the new name for the surgical team platform).
- In **1988**, the Navy Medical Blue Ribbon Panel (BRP) recommended the adoption of Fleet Surgical Teams (FSTs) as an alternative to the larger MMARTs. Unlike MMARTs or the surgical teams of the 1950s and 1960s, FSTs were to be billeted for **full-time personnel** and placed under operational control of the Fleet CINCs to meet routine amphibious ready group (ARG) deployment requirements.



LOCATIONS

- **FST 1** San Diego, California (CNSP) — Established in 1989
- **FST 2** Norfolk, Virginia (CNSL) — Established in 1989
- **FST 3** San Diego, California (CNSP) — Established in 1989
- **FST 4** Norfolk, Virginia (CNSL) — Established in 1989
- **FST 5** San Diego, California (CNSP) — Established in 1992
- **FST 6** Norfolk, Virginia (CNSL) — Established in 1992
- **FST 7** Okinawa, Japan (CNSP) — Established in 1996
- **FST 8** Norfolk, Virginia (CNSL) — Established in 1996
- **FST 9** San Diego, California (CNSP) — Established in 1996

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**Rapid
Response
Teams**