



MEDICAL POWER FOR INTEGRATED NAVAL SUPERIORITY

Jan 2020

This is a transformational time for military medicine. The great power competition presents our Naval Medical Force with the urgent need for an integrated operational approach across the distributed maritime domain to ensure the warfighter is medically ready; our medical forces are manned, trained, and equipped to meet the operational mission; and we increase the survivability of those who go in harm's way. This applies to all domains and specialties within **One Navy Medicine**.

As your Surgeon General, I reflect upon the changes I've witnessed in military medicine over the past three decades, and I am confident that our One Navy Medicine team is the right one to take us into the future. We are swiftly moving from a focus on the provision of healthcare benefit delivery within our military treatment facilities and battlefield medicine in Iraq and Afghanistan to a pointed focus on the operational requirements of the warfighter and supporting operational medical capabilities required for distributed maritime operations. This is a new paradigm, and uncomfortable for some; however, it's the right direction for Navy Medicine and for our integrated Naval Forces.

It is my responsibility as Surgeon General to man, train, equip, and recruit medical forces in support of the current and future operations of the Naval Force. As our legacy systems evolve, organizational structures change and new capabilities are fielded requiring our medical forces to be better trained and prepared than ever before. I will look at these challenges through the lens of appreciative inquiry, identifying what has worked well within our organization, analyzing why it is working well, and then doing more of it. Our newly established Navy Medicine Readiness and Training Commands (NMRTC) are a key component of our new organizational design that will operationalize many of these new initiatives. To the maximum extent, this will shape us moving forward.

As we look to the future, this document expands on my Day One Guidance that defined our priorities as **People, Platforms, Performance** and **Power** under a new Navy Medicine mission – **Navy Medicine provides well-trained medical experts, operating as high performance teams to project medical power in support of Naval superiority**. Specifically, the document provides an overview of near- to mid-term objectives that will be accomplished in the coming year in support of these priorities.

PEOPLE – Our military and civilian workforce is our greatest strength

End State: Active, reserve and civilian medical forces are organized, trained, and equipped to support the integrated Naval Force. To ensure the forces are optimally manned and trained, Navy Medicine will have an enterprise-wide human capital strategy and an associated realigned professional education system to meet its integrated Naval Force requirements. Navy Medicine is a leader in the Navy's Culture of Excellence – a culture that emphasizes signature behaviors over compliance. **Mutual respect is our baseline and excellence is our habit.**

To do this we will:

- ❖ **Develop an enterprise-wide Human Capital strategy.** The Human Capital strategy will define active, reserve and civilian manpower (billet) requirements; manpower authorizations and appropriate force shaping strategies to meet the Naval Force's requirements, including non-traditional platform

requirements (see Platforms). To meet these new requirements, career ladders and milestone positions will be updated. The strategy will propose a reallocation of active and reserve manpower authorizations in support of defined requirements and identify any funding shortfalls when these manpower requirements cannot be met with current resources.

- ❖ **Realigned professional education system.** Professional education of our people is our **industrial base** and to this end, we will reevaluate what infrastructure and course work, whether internal or external to Navy Medicine, is required to assure production of specialties that support operational needs, other uniformed requirements (e.g., OCONUS NMRTCs), and those specialties that support our educational programs. Additionally, we will develop a new operationally-focused leadership curriculum to better prepare our staff for its readiness mission, as well as enhance training and skills sustainment and operational deployment platform training.
- ❖ **Culture of Excellence.** The Navy's Culture of Excellence (CoE) campaign is an enterprise-wide change effort that moves beyond our military and civilian Sailors' compliance of minimal behavior standards to focusing on using signature behaviors that are aligned with our Core Values of Honor, Courage and Commitment. Navy Medicine will coordinate efforts to improve the strength and resilience required of all staff and empower our Navy families through the initiatives under the current version of the Navy Family Framework.

PLATFORMS – Our equipment and capability sets required by our warfighters

End State: Navy Medicine will have modern and maintained program of record equipment sets and appropriate platform training in place that will provide the capabilities necessary to support the warfighter. Additionally, non-traditional "platform" requirements to support Combatant Commander's (e.g., Global Health Engagement) and installation commander's (e.g., Safety and Occupational Medicine) requirements will be defined and resourced to the maximum extent possible.

To do this we will:

- ❖ **Modernize and maintain operational platform equipment and training.** To ensure speed, flexibility and interoperability, Navy Medicine will define and program for necessary current and future platform requirements and their associated training costs, while also activating a Program Management Office to support program wholeness and lifecycle management. This will be executed in concert with Navy and Marine Corps Resource Sponsors.
- ❖ **Develop non-traditional platform requirements.** Beyond historically manned platforms (e.g., TAH and EMF), Navy Medicine also supports Global Health Engagements, Special Psychiatric Rapid Intervention Teams (SPRINT), and installation support requirements – all in support of the operational or installation commander. Navy Medicine will define these non-traditional platforms and their manpower (Active, Reserve, or Civilian) requirements in order to determine if additional resourcing is required.
- ❖ **Develop a Crisis Action Capability/Medical Operations Center.** Navy Medicine will develop a centralized (or regional) capability to support crisis action planning, execution, and after-action reporting.

PERFORMANCE – Our performance is measured by our support to our warfighters

End State: Navy Medicine will have programs in place to ensure our active duty personnel meet and exceed their operationally-focused knowledge, skills and abilities (KSA). Further, high value performance will be gained through the principles of high reliability, appreciative inquiry, artificial intelligence, partnerships and data driven decision making.

To do this we will:

- ❖ **Establish operationally-relevant partnerships to develop knowledge, skills, and abilities.** Navy Medicine will continue to develop operationally-focused medical partnerships with external healthcare systems when knowledge, skills, and abilities are unattainable within the military treatment facility. Navy Medicine will catalogue and centralize oversight of the patchwork of KSA-related, command-level agreements that are currently in place to ensure each is maximally value added.
- ❖ **Develop standardized enterprise-wide readiness performance metrics.** These metrics will align with current readiness metric development actions, as well as those measures tracked by higher authority and the Readiness Performance Plan (RPP). Navy Medicine will improve Defense Medical Human Resources System internet (DMRSHi) data collection using available automation.
- ❖ **Leverage high performance principles and practices.** Rapid cycle feedback based on rigorous analysis is the hallmark of a high reliability organization. Navy Medicine will leverage the data we collect, identifying opportunities available to produce readiness; particularly, the readiness of our medical personnel, our equipment, and how we contribute and fit into the overall readiness of the Naval Force. Specific implementation steps include implementing recommendations set forth in the Navy Medicine Enterprise High Reliability Organization Model Alignment to the Operational Medical Force Recommendations Report and codifying the Operational Medicine Quality and Safety Council.
- ❖ **Align capabilities and solutions to Fleet and Fleet Marine Forces.** Navy Medicine will coordinate across Chief of Naval Operations (OPNAV), Headquarters Marine Corps, Fleet/Fleet Marine Force Commanders, and Bureau of Medicine and Surgery (BUMED) and its subordinate commands to develop a strategic level analysis and war-gaming strategy. Navy Medicine will continually apply high velocity learning principles to determine capability requirements for future years. We will conduct studies, wargames, and exercises to understand program gaps in operational concepts of operations (CONOPS) in order to better define resource requirements to mitigate identified gaps.

POWER – Medical power projection will increase survivability

End State: All elements of Navy Medicine, including its personnel, equipment, infrastructure, and analytical capabilities are harnessed to produce medically ready forces and a ready medical force.

To do this we will:

- ❖ **Exploit analytical capabilities.** BUMED will expand its Combat Information Center (CIC) analytical capabilities across Navy Medicine to improve speed of decision making.
- ❖ **Increase warfighter deployability.** Continue to aggressively improve on timeline requirements within the

Disability Evaluation System, expand the use of the Health Readiness Common Unfit List Evaluation System (HERCULES), optimize operational screening processes, and develop an overall mental health strategy in support of our Naval Forces.

- ❖ **Leverage Phase Zero power.** Phase Zero operations are executed continuously with the intent to enhance international legitimacy and gain multinational cooperation. Navy Medicine has tremendous assets to project power in Phase Zero in support of Component Commanders. Notably, Navy Medicine's contributions to global health engagement missions; command relationships between its overseas Naval Medical Readiness and Training Commands; and research and development laboratories and their host nation's governments and militaries. Navy Medicine will collaboratively work with Component Surgeons to develop an enterprise-wide plan to further maximize these capabilities.
- ❖ **Further integration of the Navy Medicine Research and Development (NMR&D) enterprise.** The NMR&D enterprise delivers world-class research and development to the Department of Defense. To ensure this continues, Navy Medicine will work with higher-authorities to develop and maintain a baseline funding model enabling the NMR&D enterprise to be dynamic and responsive to the warfighters needs.

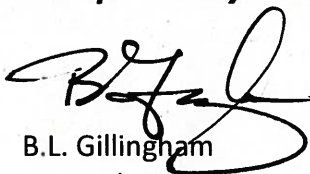
CONCLUSION

Navy Medicine will increase survivability and maritime superiority through personnel training and skill sustainment, agile platforms, performance that is second to none, and power projection in all phases of operations. Achieving the above near- to mid-term actions, aligned with our four priorities, will ensure we meet these objectives in an urgent and focused fashion.

To document the progress and achievement of each action, I have directed Navy Medicine leadership to develop a separate plan of action and milestone document ensuring these actions are accomplished in a prescribed timeframe. This document will be continually updated as we progress.

Now is the time for Navy Medicine to make the changes necessary to support our Naval Forces operational medicine requirements. I am absolutely confident that we have the right team to make this happen as there is no obstacle too great to overcome when our health care team shares a common understanding of the desired end state and collectively works towards it.

Projecting Medical Power for Maritime Superiority... Anytime, Anywhere



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