

Chapter 2

MEDICAL CORPS

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Section I. ESTABLISHMENT

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2-1. Establishing Legislation

(1) The Medical Corps was the first corps to have duties relating to medical and sanitary matters for the Navy. The subsequent establishment of other corps with related medical duties indicated that the Medical Corps was a part of the Medical Department as described in 10 U.S.C. 6-27 and article 1-1.

2-2. Mission

(1) The mission of the Medical Corps is to safeguard and promote the health of Navy and Marine

Corps and other Federal uniformed services personnel. This includes medical care and treatment of sick and injured active duty personnel and their dependents and retired members and their dependents; training programs for Medical Department personnel; continuing programs of medical research; prevention and control of diseases and injuries; promotion of physical fitness; medical care for on-the-job injuries and illnesses of Federal civilian employees and others as authorized by law.

Section II. ORGANIZATION

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2-3. Medical Corps Division of BUMED

(1) The Medical Corps Division of BUMED is responsible to the Assistant Chief for Professional Development for the programs and policies established for the Medical Corps.

(2) The Division has a Director and Deputy Director who provide the management and direction of all functions of the Division. The Director develops and implements policy; provides liaison with NAVMILPERSCOM; and monitors recruitment, training, and retention of Medical Corps officers.

(3) The Division is comprised of the following branches whose responsibilities are described:

(a) The Program and Analysis Branch provides staff assistance on administrative policies and

procedures; monitors personnel policies impacting on the Medical Corps; develops a force structure which is responsive to changing requirements; and accomplishes Medical Corps special studies.

(b) The Human Resource Inventory and Accounting Branch prepares correspondence and personnel actions; develops budgets and cost projections for VIP and COPAY; develops Medical Corps strength and promotion plans; and accomplishes personnel actions.

(c) The Procurement Programs and Accessions Branch establishes liaison with the Navy Recruiting Command; and administers selected accessions programs.

Section III. MEDICAL CORPS OFFICERS

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2-4. Grades and Strength

(1) Title 10 U.S.C. 5404 provides that the total authorized number of commissioned officers of the Medical Corps shall be sixty-five one-hundredths of one per centum of the sum of the total authorized number of commissioned officers of the Navy and Marine Corps (exclusive of commissioned warrant officers), the total authorized number of enlisted personnel of the Navy and Marine Corps, the total authorized number of midshipmen at the Naval Academy, the actual number of commissioned warrant officers and warrant officers on the active list of the Navy and Marine Corps, and the actual number of midshipmen on active duty for flight training. The Act further requires that the Secretary of the Navy shall make computations to determine the authorized strength of the Medical Corps as of January 1 of each year and the number of officers so determined shall be considered the authorized number of officers for the corps until a subsequent computation is made for the next year. This authorized strength of the Medical Corps represents a maximum strength. The number actually on the active list and on active duty varies from year to year in accordance with the allocation of funds available in the annual appropriations acts for the Navy. This number on an annual basis constitutes the "appropriated strength."

(2) Officers of the Medical Corps shall be distributed in various grades in that corps but the number of rear admirals in the Medical Corps shall not exceed five-tenths of one per centum of the officers in that corps serving on active duty at any one time. Further, except in time of war or national emergency, the number of rear admirals in the Medical Corps on active duty may not exceed 15.

2-5. Appointments

(1) *Applications*.—Applications for appointment in the Medical Corps of the Regular Navy or the Naval Reserve from civilian physicians or members of the Inactive Reserve are submitted to the Navy Recruiting Command in accordance with current instructions.

(2) *Original Appointments*.—Under 10 U.S.C. 5574, original appointments to the active list of the

Navy Medical Corps may be made from persons who are at least 21 and under 32 years of age who have been examined and found qualified by a board of Medical Corps officers convened by the Secretary of the Navy. Further, the Secretary of the Navy may prescribe regulations for appointments from among doctors of medicine and doctors of osteopathy.

(3) *Temporary Appointments*.—Under 10 U.S.C. 5599, only the President is authorized to make appointments for temporary service in the Medical Corps.

2-6. Promotions

(1) *Eligibility*.—An officer in the Medical Corps shall become eligible for consideration by a selection board for promotion to the next higher grade when the medical officer's running mate of the line becomes eligible for such selection, except that an officer in the grade of lieutenant (junior grade) or lieutenant shall not be eligible for such selection unless the medical officer is in the promotion zone in such grade or is senior to officers in the promotion zone in the grade in which the medical officer is serving.

(2) *Examinations Required*.—To be eligible for promotion, medical officers must pass such professional, moral, mental, and physical examinations that the Secretary of the Navy may prescribe. Failure to pass the physical examination shall not exclude from promotion any medical officer:

(a) Who would otherwise be entitled to such promotion.

(b) Whom a board of medical examiners may find not physically qualified for duties at sea as a result of wounds received in the line of duty.

(c) Whose physical disqualifications do not incapacitate the officer for other duties in the grade for which the officer is being considered for promotion.

(3) *Professional Examinations*.—When professional examinations for advancement in grade are prescribed by the Secretary of the Navy, the nature and scope of such examinations will be in accordance with current directives.

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2-7. Duty Assignments

(1) Medical Corps officers may be assigned to: shore establishments, training duties, or operational duties in aerospace, undersea, surface, or Fleet Marine Force.

2-8. General Responsibilities (Regulatory)

(1) All officers of the Medical Corps are charged with responsibility for the treatment of sick and injured personnel, and for prevention and control of disease.

(2) In addition, the medical officer will be responsible, under the commanding officer, for maintaining the health of the personnel of the command, making inspections incident thereto, and advising the commanding officer with respect to hygiene, sanitation, safety, and environmental conditions effecting the command.

(3) The head of a medical department of a command or other activity will direct, administer, and supervise the services of subordinates requiring of them a proper and efficient performance of their duties.

2-9. Care of the Sick and Injured (Regulatory)

(1) The medical officer will provide for the sick and injured the most careful professional attention and care consistent with the highest standards of modern medical practice. Arrangements will be made for the proper messing of patients, the proper stowage and safeguarding of patients' effects, and attentiveness to the patients' well-being at all times.

(2) The medical officer will be responsible for the overall supervision of the treatment of patients and require of all members

of the medical department strict compliance with orders that are written for patients. The medical officer will require that no deviation is made from orders given by the medical officer in charge of a patient except in emergency, or by order of higher authority, or by order of another officer of the Medical Corps having temporary charge of the patient.

(3) The medical officer will require that daily reports of the sick be submitted following articles 23-51 and 23-52.

(4) In complicated situations, the medical officer will consult with other Navy Medical Corps officers and provide information concerning diagnosis, treatment, and patient management.

2-10. Health Standards (Regulatory)

(1) The responsibility of the medical officer in matters of health extends into fields under the cognizance of other departments. Nutritional adequacy; food handling and food preparation; environmental controls; housing; insect, pest, and rodent control; water supply; and waste disposal all have a direct bearing on the health of naval personnel. The medical officer, because of special qualifications, must assume the initiative in maintaining health standards in these spheres. The medical officer must assure adequate provision, including spaces, for the care of the sick. The medical officer's responsibility in preventive medicine is discussed in chapter 22.

(2) The medical officer will recommend to the commanding officer that drugs, devices, and other medical items not be sold in Navy or Marine Corps exchanges or ship's stores when considered to be medically susceptible to inappropriate use.

2-11. Physical Fitness of Personnel (Regulatory)

(1) The medical officer will make appropriate recommendations to the proper authority for the promotion of health and the physical fitness of personnel. OPNAV Instruction 6110.1 series provides policy and procedure for the Physical Readiness Program. The physical and mental benefits derived from athletics, recreation, and other measures to improve or maintain a satisfactory state of physical fitness should be emphasized.

(2) The medical officer will, with the approval of the commanding officer, conduct or direct examinations of personnel of the command whenever there is reason to believe that diseases are being concealed. During such examinations the physical condition and personal hygiene of personnel will be observed.

2-12. Directives (Regulatory)

(1) The medical officer, subject to the orders of the commanding officer, will prepare and maintain the necessary directives for the organization and operation of the Medical Department.

2-13. Medical Journal (Regulatory)

(1) Each medical activity will utilize a BUMED-approved automated log, i.e., SAMS, AHLTA, etc., or an electronic log mandated by their respective Fleet Commander/Type Commander (TYCOM) directives, i.e., ship's deck logs, etc., to record events concerning the Medical Department and those command evolutions that require Medical Department input. For any unusual event requiring documentation, a "Memorandum for the Record" as defined by the Correspondence Manual, SECNAVINST 5216.5 series, will be utilized and routed through the appropriate chain of command.

(2) Medical Departments utilizing the Medical Department Journal as an inter-department watch turnover log may do so by following local directives.

2-14. Reports to the Officer of the Deck or Day (Regulatory)

(1) Injuries or death of personnel, damage, destruction, or loss of Medical Department property, and any important occurrence will be reported by the medical officer to the officer of the deck or day, or other proper official for entry in the log or journal of the command or activity.

(2) Patients in serious or very serious condition will be the subject of a report to the commanding officer or officer of the deck or day, together with the necessary information for the notification of next of kin.

2-15. Educational Measures (Regulatory)

(1) The medical officer, with the approval of the appropriate authority, will conduct health education programs, including the dissemination of information regarding the prevention of diseases and other subjects pertaining to hygiene and sanitation.

(2) The medical officer will supervise the instruction of personnel regarding sexually-transmitted diseases and advise them of the associated dangers. Information distributed by BUMED relative to social hygiene will be used.

(3) The medical officer, with the approval of the appropriate authority, will conduct a program of first aid instruction for officers and enlisted personnel attached to the command which will ensure knowledge and ability in the principles of first aid and basic life support.

(4) The medical officer will provide for the instruction of Hospital Corpsmen as set forth in Chapter 9 of this manual.

(5) The medical officer will make provisions for the indoctrination of personnel under the medical officer's charge in Navy and Medical Department regulations and administrative procedures.

2-16. Preparation for Emergency (Regulatory)

(1) The medical officer will ensure that the Medical Department is at all times prepared to meet medical emergencies.

2-17. Cooperation with Other Agencies (Regulatory)

(1) The medical officer will cooperate with the Public Health Service and other Federal, State, and local agencies for the collection of vital statistics, and for the prevention of disease and the reporting of communicable diseases following articles 22-17 through 22-21.

(2) The regional health directors in each of the Public Health Service regional areas will cooperate with naval authorities for the purpose of safeguarding the health of military personnel in extra military areas and may, if desired, act as the liaison between the naval activity and the State or local health agencies to solve community health problems of interest to the Medical Department of the Navy.

2-18. Compulsory Medical or Surgical Treatment (Regulatory)

(1) By authority delegated by the Secretary of the Navy, and with the approval of the commanding officer, the senior medical or dental officer, as appropriate, of a ship or station, after consultation with other medical or dental officers, if available, will, where in the medical officer's judgment the best interests of the individual or of the service require, take the following measures with or without the consent of the individual concerned:

(a) Emergency care required to preserve the life or health of the member.

(b) Care necessary to protect the life or health of a member who is considered by a psychiatrist to be mentally incompetent.

(c) Routine treatment for minor or temporary disabilities in time of war or in peacetime when the mission of the activity concerned would be severely hindered by failure to provide treatment.

(d) Isolation and quarantine in instances of suspected or proved communicable disease where medically indicated or required by law.

(e) Detention on closed wards where necessary to ensure proper treatment or to protect the member or others from harmful acts.

(2) Reference should be made to article 18-15 for guidance concerning the disposition of naval personnel who refuse medical, surgical, dental, or related diagnostic measures.

2-19. Medical Care of Civilians (Regulatory)

(1) The commanding officer or senior officer present may require officers of the Medical Department to provide care to persons not in the naval service when such aid is necessary and humanitarian, or when principles of international courtesy may be applicable.

(2) The services for civilian employees and other persons eligible for care at naval medical treatment facilities are given in chapter 15 and NAVMEDCOMINST 6320.3 series.

2-20. Dental Treatment (Regulatory)

(1) Except in an emergency, the medical officer of a command or activity having no officer of the Dental Corps attached will make an appointment in advance when it becomes necessary to send patients elsewhere for dental services.

(2) When the medical officer sends a patient to another command or activity for dental services, the medical officer will make the patient's Dental Record available to the dental officer of such command or activity. After the necessary entries have been made, the dental officer will return the Dental Record to the person having custody of the Health Record.

(3) The medical officer will notify the dental officer whenever a person suffering from syphilis or any other disease in a communicable stage is sent for dental treatment.

(4) When officers or enlisted personnel are ordered to a command or activity where the services of an officer of the Dental Corps are not available, the medical officer will refer such persons to an officer of the Dental Corps for examination and treatment prior to their departure.

(5) The medical officer will be guided by the recommendations of the dental officer concerning discharge or granting of liberty to dental patients on the sicklist.

(6) When the Health Record of an individual has been lost, the medical

officer may request the dental officer to prepare a new Dental Record.

(7) The medical officer of a command or activity having a dental department will send to the dental department the Dental Records of officers and enlisted personnel who arrive for duty or training.

(8) The medical officer, or other person who has custody of the Health Record, will be responsible for the inclusion of a current Dental Record when the Health Record is transferred.

(9) When officers of the Medical Corps record dental examinations on Dental Records or other forms, in the absence of officers of the Dental Corps they will be guided by the instructions concerning the Dental Record in chapter 6, section XV. When recording dental examinations on Standard Form 88, they will be guided by instructions in chapter 15.

2-21. Medical Intelligence (Regulatory)

(1) The medical officer of a command or activity, particularly if in a foreign port, will cooperate with the U.S. intelligence officers and furnish them such data as may be required from a medical standpoint.

(2) When at foreign stations or when cruising in waters outside of the United States, medical officers will contact U.S. naval attaches in foreign countries and Naval Intelligence Command officers in U.S. territories in advance for briefing with regard to medically-relevant intelligence in the area or areas to be visited.

2-22. Offices of Medical Affairs (Regulatory)

(1) With CNO's disestablishment of the offices of the commandants of naval districts (except NAVDIST WASH, DC), the Naval Medical Command designated certain of its medical facilities and NAVDIST WASH, DC to assume responsibilities formerly under the cognizance of district medical officers. These designated activities are referred to as offices of medical affairs (OMA).

(2) Each OMA is responsible for continued administration of:

(a) The nonnaval medical care program.

(b) The decedent affairs program.

(c) Medical cognizance of the sick and injured.

(d) Other medical administrative matters as assigned by COMNAVMEDCOM and delineated in NAVMEDCOMINST 6010.3.

(3) NAVMEDCOMINST 6320.1 series delineates the OMAs and their areas of responsibility.

Section V. PHYSICIAN'S ASSISTANT

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2-23. Establishing Legislation

(1) The Physician's Assistant (PA) Program of the Navy was originated to alleviate the shortage of physicians by the extension of health care delivery services. The Physician's Assistant (PA) warrant is described in 10 USC 5596(d).

2-24. Mission

(1) The fundamental objective of the PA is to extend the delivery of quality primary health care to more patients under the supervision of medical officers. The PA is not a physician surrogate.

2-25. Procurement

(1) PA's are procured from two sources. The civilian community and advanced hospital Corps personnel who are graduates of advanced hospital Corps technician or nuclear submarine medicine technician schools.

2-26. Appointments

(1) Upon completion of a formal course of instruction accredited by the American Medical Association and eligibility to take the National Certification exam, original appointments shall be as warrant officers of the Navy (WO2). All male inservice PA selectees are tendered a temporary warrant appointment. All other male and female selectees are given a permanent warrant appointment in accordance with 10 USC 555(b).

(2) Male warrant officers not previously appointed permanent status may apply for permanent status after completion of 3 years warrant service.

2-27. Promotion

(1) Warrant PA's shall become eligible for consideration by a selection board for promotion to the next highest grade when they have completed the required minimum time in grade and have been found physically, morally, and professionally qualified for promotion.

(2) The in zone promotion opportunity to Warrant Officer W-3 and W-4 is not less than 80 percent of all Navy warrant officers in the zone.

2-28. Program Strength

(1) The number of appointments to this program will be independent of appointments made under separate regulations governing the Regular Navy Warrant Officer Program. Warrant Officer Physician's Assistant billets will be provided from existing officer billets subject to the concurrence of the cognizant human resources claimant or as the Chief, Bureau of Medicine and Surgery makes provision for the fiscal process. Program strength will be established by the Commander, Naval Military Personnel Command upon recommendations made by the Chief, Bureau of Medicine and Surgery.

2-29. Utilization

(1) The policy guidelines concerning utilization of Navy physician's assistants are contained in BU MEDINST 6550.5 series.