

Navy Medicine

SPECIAL ISSUE

Official Magazine of the Navy and Marine Corps Medicine

**World-Class Care ...
Anytime, Anywhere**



*Owners' and Operators'
Manual 2012*

Navy Medicine

Official Magazine of U.S. Navy and

Marine Corps Medicine

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Navy Medicine is the professional magazine of the Navy Medical Department community. Its purpose is to educate its readers on Navy Medicine missions and programs. This magazine will also draw upon the medical department's rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

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SUBMISSION REQUIREMENTS:
Articles must be between 600-1,000 words.
All articles must be present tense/active voice.
Photos must be minimum 300 dpi.
Photos showing action are preferred.

All photos must be accompanied by a caption and photo credit.

Subjects considered:
Scuttlebutt: Stories about activities at MTFs and the field.

Photo Album: Action shots from across Navy Medicine.

Feature Articles: Stories featuring interesting contributions of Navy Medicine to military operations including everything from combat support to Humanitarian Relief/Disaster Response will be considered. Please contact Shoshona Piliip-Floreia (shoshona.piliip-floreia@med.navy.mil) for current theme of issue in progress.

R & D and Innovations: Any new processes and/or research and development news.

Quality Care: Anything that improves the quality of care for our patients.

IT, OA: Any articles showing how Navy Medicine is utilizing the electronic age.

Shippmates: Anything interesting about our shippmates working in the healthcare field in the Department of the Navy.

All submissions must be accompanied by complete contact information for author. In the event there is more than one author please assign one author to be primary correspondent.

Feedback Welcome

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ON THE COVER

Service members and civilians embarked on board USNS Comfort (T-AH 20) are transported by boat to the Killick Haitian Coast Guard Base surgical screening site in Port-au-Prince, Haiti during Continuing Promise 2011. (Photo by Mass Communication Specialist 2nd Class Eric C. Tretter)

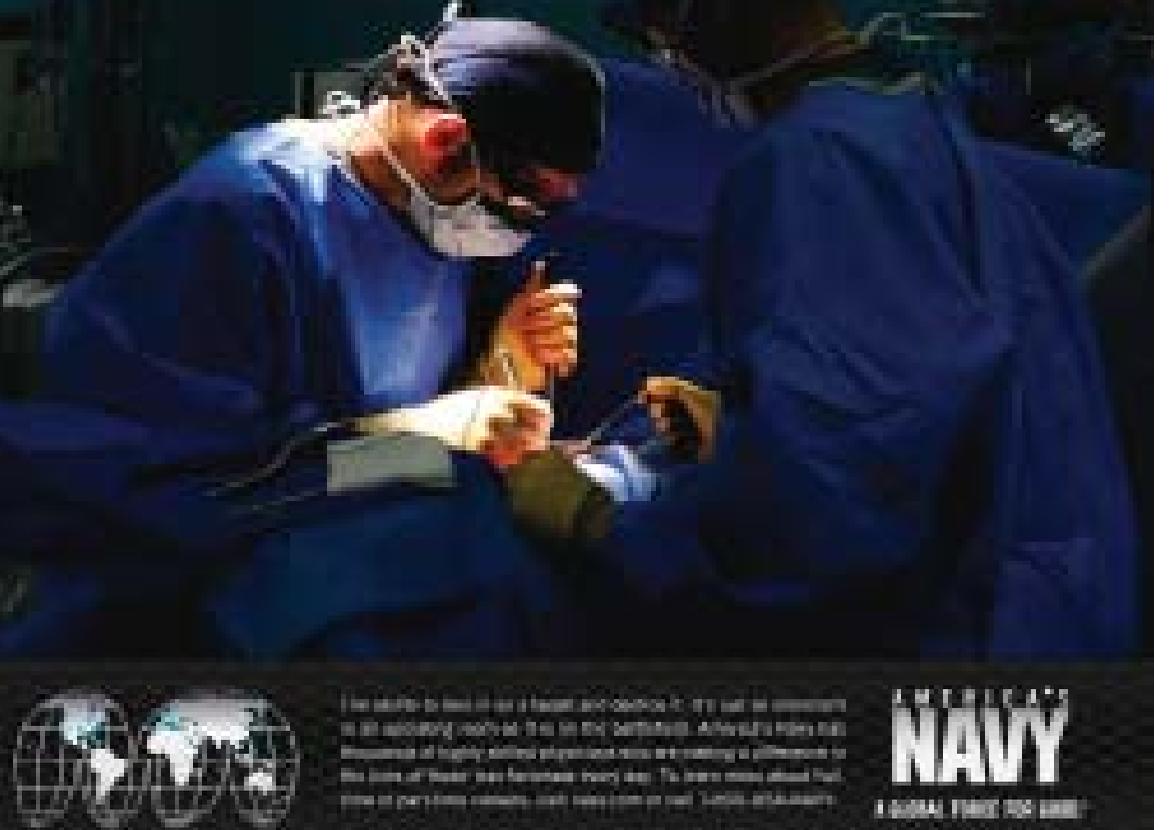


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NOT ALL OF OUR LASER-GUIDED
SURGICAL STRIKES INVOLVE MISSILES.



The ability to lead in an event and control it, are just as necessary in an operating room as they are in battle. A forward file has revealed all the cutting, drilling, and stitching that goes into a patient's life. The more you know about that, the more you can do to help. www.med.navy.mil

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NAVY
A GLOBAL FORCE FOR GOOD

ADMIRAL'S CALL

As we launch this second edition of Navy Medicine's Owners' and Operators' manual, I am pleased to say that the state of Navy Medicine is strong. I am proud and humbled to be at the helm of this 63,000 person organization and though numerous challenges abound this year, I sleep better at night given the leadership team I inherited and where I know we are going to go together. This whole special issue of the magazine tells our story. It provides the "who and what" of Navy Medicine so my goal here is to share some of my thoughts with you as we complete the transition to a new leadership team and orient ourselves to the real-time situational analysis of where we are, what we do, and where I believe we need to be going.

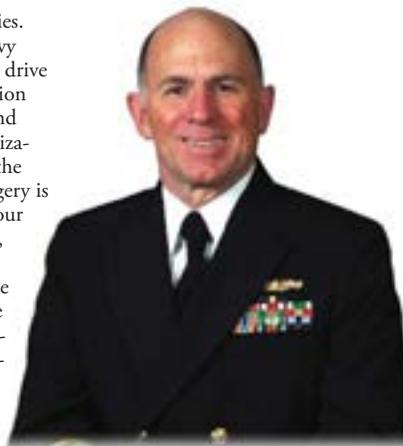
Headlines evolve daily and we know there will be a shifting landscape and new opportunities as we align ourselves with the strategic imperatives and direction of the Chief of Naval Operations and the Commandant of the Marine Corps. It is the responsibility of our leaders, myself included, to take their direction and vision and implement it into what we do each day and how we shape and utilize our capabilities to sup-

port the warfighter and their families.

Our number one priority as Navy Medicine moves forward will be to drive with strategic vision to a new position in order to maintain the equities and capabilities needed from our organization. My goal as the new Chief of the Navy Bureau of Medicine and Surgery is to foster a culture of leadership at our headquarters in Washington, D.C., that leads and is responsive to your issues. Communication will also be essential to our success. We will be focusing on strategic message alignment across the Navy Medicine enterprise so you have a better sense of what leadership is thinking to better empower your teams on the deckplates.

I have six key areas of interest that will be the bedrock of my tenure as Navy Surgeon General. These include:

1. Support of the War Fighter: Care for the warfighter is why we exist. We must provide world-class care from the battlefield to bedside. This is our top priority. Our combat casualty care capability represents a continuum of training from battlefield to bedside to rehabilitative care and support. It includes care for the caregiver and leveraging technology to optimize care.



2. Readiness: The ability to be ready and prepared to respond to the needs of our nation is inherent in our ethos. We need to maintain a persistent state of high readiness so that we are always ready to respond to needs to support everything from kinetic action to humanitarian assistance and disaster response missions. Navy Medicine's hallmark has always been we are already there or we get there soonest! When the world dials 911, it is not to schedule an appointment, and I am proud of the Navy / Marine Corps team and our role in leaning forward in this effort.

3. Value: We must look intently at the value of what we provide to our beneficiaries. We must think of the concept of "quality multiplied by capability all divided by cost." Think of "value," as the numerator or denominator goes up or down. You should anticipate hearing me ask a lot about the value we provide. I want that to become part of your battle rhythm in all you do as you evaluate current processes and proposed ones. We will take a hard look at our unique capabilities as well as those we provide with others...and we will talk value as we make both strategic and tactical decisions.

Navy Medicine personnel serve as ambassadors worldwide and are the heart and soul of the U.S. Navy as a "Global Force for Good."



Chief of Naval Operations Adm. Jonathan Greenert and Vice Adm. Adam M. Robinson welcome Vice Adm. Matthew Nathan as Naval Department's new top uniformed medical officer. (Photo courtesy of Walter Reed National Military Medical Center Public Affairs)

4. Health Care Informatics: We will not make true headway on the cost or access to health care without continued leverage of information management and information technology at all levels of care. We have many skilled people working hard on this but I expect our leaders to make this a priority and create that expectation at the deck plate level. Rest assured that I will work strategically at the headquarters level to find enterprise solutions.

5. Jointness: The synergy of creating efficiencies, removing redundancies, and allowing transparency will elevate care and reduce costs. Accepting a "joint culture" does not mean loss of identity or service culture. There is amazing joint care on the battlefield and we are seeing joint staffing at major medical centers and within our graduate medical education programs. Joint command-and-control cannot happen overnight and must grow from the deck plates with coordinated efforts from the services and

those best informed to provide input so that more light than heat is generated.

6. Global Engagement. Many of our missions have a global footprint which is an important part of our nation's diplomatic presence around the world. Navy Medicine is forward deployed with our warfighters overseas and our research units provide a global health benefit around the world. Navy Medicine personnel serve as ambassadors worldwide and are the heart and soul of the U.S. Navy as a "Global Force for Good."

I am excited about the future! I am encouraged by the opportunities and the shaping that will occur as we find our new equilibrium in a dynamic and evolving environment. I am grateful we are shipmates and I look forward to rolling up our sleeves together and doing what we do best, providing "World-class Care...Anytime, Anywhere!"

--Vice Adm. Matthew L. Nathan

Vice Adm. Nathan Remarks at Navy Surgeon General Change of Command

Use your Smart Phone to view this video by downloading a QR Code reader and scanning the QR Code. The video can also be viewed at <http://www.youtube.com/watch?v=bUQwQcusPzw>





Hospital Corpsman 1st Class Ramone Resop, left, conducts medical response training with Sailors aboard the countermeasures ship USS Ardent (MCM 12). Ardent was underway with elements of Combined Task Force 52 participating in a Joint mine counter-measure exercise with NATO, U.S., U.K. and French forces. (Photo by Mass Communication Specialist 2nd Class Lewis Hunsaker)

NAVY MEDICINE 101



U.S. Navy Lt. Robert Myslin, a medical officer with 2nd Battalion, 1st Marine Regiment, Regimental Combat Team 1, examines an Afghan child during a combined medical engagement in Afghanistan. (Marine Corps photo by Sgt. Christopher R. Rye)

WHAT WE DO FORCE HEALTH PROTECTION

The foundation of Navy Medicine is Force Health Protection. It's what we do and why we exist. In executing our Force Health Protection mission, the 63,000 active duty and reservists, government civilians, and non-medical contractors of Navy and Marine Corps Medicine are engaged in all aspects of expeditionary medical operations in support of our warfighters. The continuum of care we provide includes all dimensions of physical and mental well-being. This is our center of gravity and we have and will continue to ensure our Sailors and Marines are medically prepared to meet their worldwide missions.

Nowhere is our commitment to Force Health Protection more evident than in our active engagement in military operations in Iraq and Afghanistan. As these overseas contingency operations evolve, and in many respects become increasingly more dangerous, we are seeing burgeoning demand to provide expeditionary combat casualty care in support of joint operations. The Navy Medicine team of doctors, nurses, corpsmen, dentists, and mental health providers is working in tandem with the Army and Air Force medical personnel and coalition forces to ensure the physical and mental well-being of our troops and civilians alike. Our support includes the dozen U.S. Marine Corps' Shock Trauma Platoons that do immediate resuscitative surgery on the battlefield.

SUPPORT TO OUR WARFIGHTERS AND CARING FOR OUR CAREGIVERS

Caring for our Sailors and Marines at home and abroad is our first mission, but there is no greater honor than the opportunity to provide care to our wounded, ill, and injured. They are heroes and we, who are fortunate enough to care for them, understand this responsibility. As our wounded warriors return from combat to begin the healing process, they deserve a

seamless and comprehensive approach to their recovery. We help them to heal in body, mind, and spirit. Our focus is multi-disciplinary-based care, bringing together medical treatment providers, social workers, case managers, behavioral health providers, and chaplains. We are working closely with our line counterparts with programs like the Marine Corps' Wounded Warrior Regiments that coordinate with Battalion Surgeons, Deployed Units, and Medical Treatment Facilities to set up anticipated medical appointments, ensuring a majority of medical needs are assessed prior to demobilization. Similarly, the Navy and Coast Guard's Safe Harbor program with its national network of Navy Operational Support Centers support the full-spectrum recovery process for Sailors, and Marines, and their families.

Based on the types of injuries that we are seeing, Navy Medicine continues to adapt our capabilities to best treat these conditions. When we saw a need on the West Coast for returning wounded warriors with amputations, we established the Comprehensive Combat and Complex Casualty Care (C5) facility at the Naval Medical Center in San Diego. C5 manages severely injured and ill patients from medical evacuation through inpatient care, outpatient rehabilitation, and eventual return to active duty or transition from the military. We are also working to expand utilization of Project C.A.R.E -- Comprehensive Aesthetic Recovery Effort -- across the Services. This initiative follows the C5 model by ensuring a multi-disciplinary approach to care, while focusing on providing state-of-the-art plastic and reconstructive surgery for our wounded warriors.

We are also aggressively working to reduce the stigma surrounding psychological health and operational stress concerns by partnering with our line counterparts in programs such as Navy Operational Stress Control, USMC Combat Operational Stress Control, FOCUS (Families Overcoming Under Stress), Caregiver Occupational Stress Control (CgOSC), and our suicide prevention programs.

GLOBAL ENGAGEMENT HUMANITARIAN ASSISTANCE/DISASTER RESPONSE

Navy Medicine's mission is one with a truly global footprint. We are forward deployed with our warfighters overseas and our research units provide a global health benefit around the world. Navy Medicine personnel serve as ambassadors worldwide and are the heart and soul of the U.S. Navy as a "Global Force for Good."

Our humanitarian assistance/disaster response (HA/DR) missions in direct support of the Navy's Maritime Strategy continue to expand because they continually prove to be highly successful. With past support to critical missions like Operation Unified Response in Haiti following the 2010 earthquake, Navy Medicine serves the international community as a global leader in HA/DR.

More recently, Navy Medicine personnel provided essential support to Operation Tomodachi after the devastating earthquake and tsunami in Japan in 2011. As the foremost experts in radiation health issues, our Navy Medicine Radiation Health Officers and Radiation Health Techs answered the international call for assistance to Japan and provided paramount support following the Fukushima Nuclear plant disaster. They provided onsite monitoring of radioactive fallout, counseling to those affected and advice to Navy and Marine commanding generals and combatant commanders in the Pacific Area of Responsibility. Their presence and expertise provided relief and solace to severely anxious population.

The Navy hospital ships also conduct planned deployment humanitarian assistance missions where they work with local ministries of health to bring care to the people of foreign nations. USNS Comfort's mission in Central and South America and the Caribbean for Continuing Promise 2011, as well as USNS Mercy's upcoming 2012 Pacific Partnership mission to Southeast Asia provide further evidence of our continued commitment to the global efforts to foster security and stability worldwide. Our hospital ships are executing our Maritime Strategy by building the trust and cooperation we need to strengthen

our regional alliances and empower partners around the world. With each successful deployment, we increase our interoperability with host and partner nations, non-governmental organizations and the interagency.

EXCELLENCE IN RESEARCH AND DEVELOPMENT

Navy Medicine would not be able to accomplish its mission without a vibrant Research and Development (R&D) community. The work that our researchers do is having a direct impact on the treatment we are able to provide, from the battlefield to the bedside. Many wounded warriors are walking, talking, and leading productive lives today because of the research and medical advancements in wound management, wound repair and reconstruction, as well as extremity and internal hemorrhage control and phantom limb pain in amputees. Our R&D programs are truly force multipliers to Navy Medicine's success and enable us to remain agile in the world-class health care we provide to our service members and beneficiaries.

NAVY MEDICINE LOOKS TO THE FUTURE

Navy Medicine -- World-Class Care... Anytime, Anywhere. This poignant phrase describes Navy Medicine's mission and drives their operational tempo. Despite Navy's Medicine's recent successes, challenges still loom on the horizon with respect to the continuous flow of service members returning home from a war zone, some of whom are in-

jured physically, and many of whom are suffering psychologically from mild to severe Traumatic Brain Injury (TBI) or Post Traumatic Stress Disorder (PTSD). The challenge of healing and caring for these men and women, in body, mind, and spirit is a long-term one that will last the best part of this century. The young wounded warriors of today will mature into tomorrow's aging heroes.

How military medicine takes on this challenge will set the stage for decades to come, especially with respect to the quality, accessibility, and reliability of support veterans and their families will receive.

Navy Medicine's is committed to its Core Concept of Care which is patient and family-centered care. It is at the epicenter of everything Navy Medicine does. This concept is elegant in its simplicity yet extraordinarily powerful: It identifies each patient as a participant in his or her own health care and recognizes the vital importance of the family, military culture, and the military chain of command in supporting patients. The goal moving forward is for this Core Concept of Care to resonate throughout the system and guide all their future actions. To this end, Navy Medicine is continually working to ensure patient satisfaction focusing on increased access, coordination of services, and safety. In addition, also wanting providers to have the capabilities and resources to deliver the best clinical practices in a healing environment. This is an important strategic goal as Navy Medicine looks to the future. ●



The Military Sealift Command hospital ship USNS Mercy (T-AH 19) transfers cargo aboard the Royal Australian Navy heavy landing craft HMAS Labuan (L128) while anchored near Timor-Leste supporting Pacific Partnership. (Photo by Mass Communication Specialist 2nd Class Eddie Harrison)

BUREAU OF MEDICINE AND SURGERY



The Base Realignment and Closure Commission (BRAC) signed by Congress in 2005 will permanently change the face of BUMED's current location. It stipulates that BUMED will relocate to a centrally located headquarters facility along with the Surgeons General from our sister services and the TRICARE Management Activity (TMA.) This realignment and move is expected to be completed in 2012. (Photo by Capt. J.A. "Cappy" Surette, BUMED Public Affairs Officer)

The Navy Bureau of Medicine and Surgery (BUMED) is the headquarters command for Navy Medicine. Under the leadership of the Navy Surgeon General, Vice Adm. Matthew L. Nathan, Navy Medicine provides high quality health care to beneficiaries in wartime and in peacetime. Highly trained Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield. At the same time, Navy Medicine's military and civilian health care professionals are providing care for uniformed services' family members and retirees at military treatment facilities around the globe. Every day, no matter what the environment, Navy Medicine is ready to care for those in need, providing world-class care, any-

time, anywhere.

BUMED is the site where the policies and direction for Navy Medicine are developed to ensure our patient and family-centered care vision is carried out.

A BRIEF HISTORY

BUMED was established as part of the Department of the Navy by an Act of Congress on Aug. 31, 1842. It is the centralized administrative organization of the Medical Department, located in Washington, D.C. As such, it is the guardian of health care for the Navy and U.S. Marine Corps. BUMED exercises direct control over naval hospitals, medical centers, dental clinics, preventive medicine units, and technical schools for Medical Department personnel both inside the U.S. and around the world.

BUMED is additionally responsible for the medical support of the U.S. Marine Corps.

BUMED, presently located on a tract of ground adjacent to the State Department, overlooks the Potomac River, Lincoln Memorial, and Arlington National Cemetery, and has been at this site since 1942. Building 2 was originally built in 1844 as the first U.S. Naval Observatory, and has been designated a National Historic Landmark.

The Observatory moved to its present quarters on Massachusetts Avenue, Northwest, D.C., in 1893 and the property was turned over to BUMED. In 1895 the Naval Museum of Hygiene moved into the old Observatory, and the U.S. Naval Medical School moved to this location on May 27, 1902. By an Act of Congress on March 3, 1903,



Lt. Cmdr. Tim Mickel, right, from Piedmont, Calif., and Hospital Corpsman 2nd Class Amanda Fletcher, from Lancaster, Calif., perform a burn contracture release surgery aboard the Military Sealift Command hospital ship USNS Comfort (T-AH 20) during Continuing Promise 2011. Continuing Promise is a five-month humanitarian assistance mission to the Caribbean, Central and South America. (Photo by Senior Airman Kasey Close)

\$135,000 was appropriated for a Naval Hospital to be built on what had become known as "Observatory Hill" now shortened to "The Hill" or "Navy Hill."

The other buildings now occupied by BUMED were constructed at that time. The first Naval Medical Center occupied the site from 1931 to 1942, when it was moved to Bethesda, Md. It has liaison activities with other bureaus and offices with respect to the design, structure, and medical facilities aboard ships and in hospitals.

The Base Realignment and Closure Commission (BRAC) signed by Congress in 2005 will permanently change the face of BUMED's current location. It stipulates that BUMED will relocate to a centrally located headquarters facility along with the Surgeons General from our sister services and the TRICARE Management Activity (TMA.) This realignment and move is expected to be completed this year by the close of summer 2012.

Regardless of location, outstanding care for the sick and injured, international contributions to the sciences of



Naval Health Clinic Corpus Christi Hospital Corpsmen ambulate a patient to a Medivac staging area during a field training exercise that underscored corpsmen skills in hostile fire zones. (Photo by Bill W. Love)

medicine and dentistry, and personal sacrifices and valor of its personnel in peace and combat, have earned the Navy

Medical Department a prominent place in the historical pages of the United States Navy. ●

NAVY MEDICINE EAST

Navy Medicine East (NME) is composed of 15 military treatment facilities and their many branch clinics. The region has more than 19,000 Sailors, government civilians, contractors and volunteers working at such geographically diverse locations from the Texas Riviera to the Great Lakes to New England to Guantanamo Bay, Cuba; extending across Europe to the Arabian Gulf.

NME is anchored by Naval Medical Center Portsmouth, Va., a premier academic multi-specialty teaching hospital, and the three Family Medicine teaching hospitals at Camp Lejeune, N.C., Jacksonville, Fla., and Pensacola, Fla. Each is among the finest programs in the country.

The region is headquartered in Portsmouth, Va., on the Naval Medical Center Portsmouth campus. In September, Rear Adm. Elaine C. Wagner assumed command of Navy Medicine East and NMCP.

NAVAL MEDICAL CENTER PORTSMOUTH

Naval Medical Center Portsmouth has cared for the military since Bldg. 1 opened as the nation's first naval hospital in 1830. Nine branch clinics support the main hospital: Sewells Point Medical and Dental Clinic at Norfolk Naval Station; Norfolk Naval Shipyard Clinic in Portsmouth; Yorktown Clinic; Vice Adm. Joel T. Boone Clinic at Joint Expeditionary Base Little Creek-Fort Story; Northwest Clinic in Chesapeake; Oceana Clinic at Oceana Naval Air Station; Dam Neck Clinic; and TRICARE Prime clinics in Chesapeake and Virginia Beach.

The Sewells Point Branch Dental Clinic completed its three-year, \$8 million renovation. Even though staff had worked in temporary dental trailers, they maintained more than 100 percent patient load to ensure ships at Naval Station Norfolk got underway at full

dental readiness. The 26 dental chairs and sterilizers that were utilized in the temporary trailers were incorporated into the clinic.

By spring, USNS Comfort was embarking on Continuing Promise 2011, its annual four-month deployment. It got underway from Norfolk Naval Station on April 8, visiting nine partner nations in the Caribbean and Latin America and providing humanitarian assistance, disaster relief and medical/dental/veterinary/engineering support. More than 200 of NMCP's staff participated, making up nearly half of the embarked crew. When Comfort returned to Norfolk on Sept. 2, more than 70,000 patients were triaged and more than 1,000 surgeries were performed during the mission.

NMCP and military installations within Navy Medicine East unveiled a new asset in May for active-duty service members who suffer from traumatic brain injuries. The Traumatic Brain Injury and Related Disorders Mobile Assessment Unit, known as TBIRD, is unique because it travels to where the patients are, rather than the patient traveling to NMCP. The unit spent its first week evaluating patients stationed in Hampton Roads. As a satellite clinic of NMCP's Psychology Department, its primary function is to assess active-duty service members with TBIs. TBIRD can travel to see patients at any military installation along the East Coast, Gulf Coast and Great Lakes.

NAVAL HOSPITAL BEAUFORT

Naval Hospital Beaufort, open since 1949, is an 18-bed community hospital that provides general medical, surgical and emergency services to all active duty personnel, as well as retired military and family members residing in the Beaufort area. It is the parent command for two branch health clinics located at MCAS Beaufort and Marine Corps Recruit Depot, which processes and trains all incoming recruits for the U.S. Marine Corps' Eastern Recruiting Region.

NAVAL HOSPITAL CAMP LEJEUNE

Naval Hospital Camp Lejeune and six branch medical clinics implemented several precedent-setting medical advances and initiatives throughout 2011, to provide the hospital's beneficiaries the best medical care Navy has to offer.

In the start of 2011, NHCL was at the forefront of military medicine with the introduction of apheresis, blood platelet collection science and technology. As the first Military Treatment Facility and second blood donor center in the nation to collect apheresis blood platelets using an AMICUS Separator and Intersol, these technologies allow the hospital to collect and return blood products for use to save the lives of patients and military members in garrison and abroad.

NAVAL HEALTH CLINIC CHARLESTON

Naval Health Clinic Charleston has occupied the new John G. Feder Joint Ambulatory Care Clinic at Joint Base Charleston Weapons Station for just over a year now. In the past year, many changes have occurred including a recent change of command.

The move to the new location has been a resounding success. The new clinic is closer to its primary patient population and is a much more modern facility than the former clinic. Patients have overwhelmingly approved of the change.

NHCC continues to expand its relationship with the Ralph H. Johnson VA Medical Center by working together and sharing resources. In fact, Joint Venture status was recently approved for NHCC, the Johnson VAMC, Naval Hospital Beaufort and Joint Base Charleston Air Base. Numerous performance improvement initiatives to elevate patient satisfaction and conserve resources have been implemented.

NAVAL HEALTH CLINIC CHERRY POINT

Naval Health Clinic Cherry Point, named after PhM2c William David Halyburton, Medal of Honor recipient, is located on board Marine Corps Air Station Cherry Point.

NHCCP houses Navy Medicine's



The colors detail is positioned at the base of the flag pole at the beginning of the Naval Medical Center Portsmouth change of command ceremony Sept. 22, prepared to haul down Rear Adm. Alton L. Stocks' flag and hoist Rear Adm. Elaine C. Wagner's during the ceremony. (Photo by Mass Communications Specialist 1st Class (SW/AW) Steven Weber.)



Capt. Lynn Welling, Commanding Officer, Naval Hospital Jacksonville, gives a tour of Physical Therapy to guests at the hospital's grand opening ceremony Sept. 7. The hospital recently completed a \$60 million renovation. (Photo by Mass Communication Specialist 2nd Class Jacob Sippel)

Navy Medicine East by the Numbers

4,897,204

Annual patient encounters

351,531

Enrolled beneficiaries

19,033

Active Duty, Reserve and Civilian personnel

1,185

Individual deployments

15

Commands

NAVY MEDICINE EAST

totaling 175,528 RVUs. In addition, the command's detachment in San Antonio provides primary care services to our Navy students at the Medical Education and Training Command at Fort Sam Houston, and case management services and medical board management to our Navy and Marine Corps wounded warriors at Brook Army Medical Center. The command is staffed by approximately 455 military, civilian contractors and civil service personnel serving the needs of our beneficiaries. The command deploys an average of 21 staff members to meet the needs of our deployed warriors and humanitarian missions.

Naval Branch Health Clinic Kingsville held a grand reopening Feb. 7 after completing of a \$3.5 million renovation.

U.S. NAVAL HOSPITAL GUANTANAMO BAY, CUBA

U.S. Naval Hospital Guantanamo Bay ensures an operationally ready force and delivers the highest quality health care. The hospital supports the 7,000 base residents on U.S. Naval Station Guantanamo Bay, including Joint Task Force Guantanamo personnel charged with the Operation Enduring Freedom detainee mission and the U.S. Coast

Guard's interdiction mission in the Caribbean region.

NAVAL HOSPITAL JACKSONVILLE

Naval Hospital Jacksonville's priority since its founding in 1941 is to heal the nation's heroes and their families. The command is composed of the hospital, located on board Naval Air Station Jacksonville, and five branch health clinics in Florida (Jacksonville, Key West and Mayport) and Georgia (Albany and Kings Bay). Of its patient population – 215,000 active and retired sailors, soldiers, Marines, airmen, guardsmen and their families – more than 57,000 are enrolled with a primary care manager at one of its facilities. Each day, a dedicated team of 2,500 military and civilian personnel sees 1,800 outpatients, admits 15 inpatients, cares for 80 people in the ER, performs 14 same-day surgeries, fills 4,700 prescriptions, conducts 4,600 lab tests and delivers two to three babies. Additionally, up to 15 percent of its active duty staff is deployed around the globe providing combat, humanitarian and disaster care.

At any given time this year, 10 to 15 percent of its military staff were meeting combat needs, humanitarian missions

and disaster relief – making it one of the Navy's most deployed medical treatment facilities with more than 40,000 mission days.

CAPTAIN JAMES A. LOVELL FEDERAL HEALTH CARE CENTER CHICAGO

The Captain James A. Lovell Federal Health Care Center is the nation's first fully integrated medical facility between the U.S. Department of Veterans Affairs and the Department of Defense. Established Oct. 1, 2010, the facility integrates all medical care into a federal health care facility with a single combined VA and Navy mission, serving military members, veterans, military family members and retirees.

U.S. NAVAL HOSPITAL NAPLES, ITALY

U.S. Naval Hospital Naples is composed of the main hospital in Gricignano, Branch Clinic Capodichino and a detachment at Landstuhl, Germany. The hospital's staff numbers 398 active duty, 151 civilians, contractors, and local nationals, who serve more than 8,000 beneficiaries.

A unique aspect of USNH Naples is the command's collaboration with

the local medical community within the Preferred Provider Network. The PPN comprises a number of medical specialists in the local economy, who are utilized to care for the naval hospital's beneficiaries only when a specialty service is unavailable within the military treatment facility. The PPN initiated a lasting partnership with the local Italian medical community, and has strengthened medical diplomacy throughout the region.

NAVAL HEALTH CLINIC NEW ENGLAND-NEWPORT

Naval Health Clinic New England-Newport and the three branch clinics each serve a unique population. Newport provides care for 35 tenant commands on Naval Station Newport such as the Naval War College, Officer Training Command, Naval Academy Prep School, Naval Undersea Warfare Center, Navy Supply School and Surface Warfare Officers School.

NHCNE's TBI program has grown dramatically since its inception in 2008 due to the expressed need of community partners in New England and also due to the vision of NHCNE leadership.

NAVAL HOSPITAL PENSACOLA

Naval Hospital Pensacola is composed of the core 60-bed, community-sized hospital facility and 10 branch health clinics across five states – Florida, Indiana, Louisiana, Mississippi and Tennessee. NHP is revolutionizing the Navy Medicine's Medical Home Port concept through wireless technology, facility modifications and creating team-based environments.

NHP officially opened the doors to a set of new, state-of-the-art operating suites in January – capping two years of construction projects totaling more than \$18.5 million. The ORs provide the latest technology and sharpest imaging for surgeons and anesthesia providers, while patients recover in a comfortable environment surrounded by the surgical support team. The facilities include five new ORs, a Post-Anesthesia Care Unit, six private Intensive Care Units



Hospitalman Edwin Torres instructs Jurgen Comberg, a college preparatory medical arts magnet high school student attending Naval Hospital Jacksonville's 2nd Science, Service, Medicine and Mentoring (S2M2) program, on how to prepare a demonstration patient, Hospitalman Adam Christopher, for an electrocardiogram. (Photo by Mass Communication Specialist 2nd Class Gary Granger Jr.)

and Same-Day Surgery suites. The renovation was another step in executing a plan that transforms NHP into a specialty and sub-specialty care center consistent with the country's leading health systems.

U. S. NAVAL HOSPITAL ROTA, SPAIN

In June, USNH Rota was inspected for compliance by both Joint Commission and Medical Inspector General and received the Gold Seal of Accreditation in August. In September, the FDA inspected the Mammography Department earning it an excellent report. In August and September, the Laboratory and Blood Bank was recertified by the College of American Pathology and American Association of Blood Bank and the FDA, receiving its highest level of recertification from both agencies.

Rota also implemented the patient-centered Medical Home Port model.

U.S. NAVAL HOSPITAL SIGONELLA, ITALY

USNH Sigonella's core hospital and three clinics support a geographically dispersed population of 8,151 personnel assigned to NAS Sigonella, NSA Bahrain and NSA Souda Bay, Greece, as well as serving ships transiting the U.S. 5th and 6th Fleet area of responsibility.

USNHS is a 19-bed community hospital with a one satellite clinic in Sicily, and two naval branch health clinics located in the Kingdom of Bahrain and on the island of Crete. The hospital and clinics handled 67,654 encounters in the past year as well as delivering 99 babies. Corps Air Station Cherry Point, and Marine Corps Air Station New River. The command's staff consists of 267 active duty, and 217 civil service and contract personnel who provide a wide range of general dentistry services, as well as prosthodontics, periodontics, endodontics, and oral surgery specialty care to an active-duty patient population of 62,000. ●

Hospital Corpsman 3rd Class Kenyon Norbert, assigned to Naval Hospital Jacksonville, Fla., demonstrates how to treat a wound on a Cub Scout's arm during a first aid session for the Scouts. The Scouts participated in a week-long nature camp on the base July 26-30. (Photo by Kaylee LaRocque)



NAVY MEDICINE WEST

Navy Medicine West (NMW) ensures operational readiness and force health protection overseeing command and control of 10 Military Treatment Facilities (MTFs) accredited by the Joint Commission and 2 Dental Treatment Facilities within the Pacific region while providing guidance for health care delivery; closely monitoring individual readiness and contingency response capability; ensuring efficient and effective utilization of funding and personnel resources; encouraging system optimization and innovation and assessing future strategies.

NMW is staffed by 16,900 active, Reserve and civilian professionals who provide outstanding health services to more than 776,000 patients with ap-

proximately 3.8 million patient encounters each year.

In 2010, Navy Medicine West personnel supported 927 deployments, which included 532 Individual Augmentees or USMC Health Service Augmentation Program (HSAP); 135 personnel participated in Pacific Partnership 2010; and 260 NMW personnel contributed to Haiti Relief efforts.

NAVAL MEDICAL CENTER SAN DIEGO

More than 250,000 San Diego residents are eligible for care at NMCSD with more than 100,000 beneficiaries enrolled. NMCSD is a 284-bed multi-disciplinary hospital and ambulatory complex with a staff comprised of more

than 6,500 military, civilian, contractor and volunteer personal. In addition to being recognized as an amputee center of excellence, NMCSD is a leading DoD hospital for many clinical and research programs, including traumatic brain injury and post traumatic stress disorders. In 2010, 230 NMCSD staff members deployed in support of Marine Expeditionary Forces, humanitarian assistance and disaster relief missions, and as individual augmentees both afloat and ashore.

NMCSD opened the Combat and Poly Trauma Care Unit for wounded and injured service members.

NMCSD hosted the United States Olympic Committee (USOC) Paralympics Military Sports Camp for the fifth



Naval Medical Center San Diego (NMCSD) staff review a simulated patient's information and injuries during NMCSD's command-wide mass casualty drill. The drill tested the abilities of the hospital's internal response organization, emergency management and NMCSD's decontamination team. NMCSD conducts bi-annual drills to provide hands-on training to ensure staff members have the skills and knowledge to perform medical care in case of a actual mass casualty. (Photo by Mass Communication Specialist 1st Class Anastasia Puscian)



Hospital Corpsman 1st Class Michael Astorga crawls through a mud pit during a tactical combat casualty care field exercise at Naval Medical Center San Diego. The exercise is a pre-deployment requirement. Those who pass the course will be trained in managing the most common battlefield combat injuries. (Photo by Mass Communication Specialist 3rd Class Samantha A. Lewis)

time in 2011, with more than 70 staff members volunteering support.

NAVAL HOSPITAL OKINAWA

U. S. Naval Hospital Okinawa, Japan is the largest overseas hospital in the United States Navy and is the referral center for the Western Pacific theater of operations. The 77-bed facility, located on Camp Lester in central Okinawa, operates seven branch clinics located at installations throughout the island. U.S. Naval Hospital Okinawa provides quality, family-centered care for the more than 55,000 eligible beneficiaries on Okinawa. The hospital also provides specialty care and referral services for nearly

175,000 beneficiaries distributed around the Pacific, including garrison forces, family members, and operating forces deployed to the region.

OKINAWA DENTAL CLINIC

3d Dental Battalion/U.S. Naval Dental Center Okinawa, Japan (3D DENBN/USNDC) is the Navy's largest OCONUS dental command providing care to a patient population of 47,600 in 11 different specialties; comprehensive dentistry, endodontics, exodontics, general dentistry, dental hygiene, operative dentistry, oral surgery, orthodontics, pedodontics, periodontics and prosthodontics. 3D DENBN/USNDC

Navy Medicine West by the Numbers

3.8 MILLION
Annual patient encounters

776,000
Patients

16,900
Active Duty, Reserve and Civilian personnel

927
Individual deployments

NAVY MEDICINE WEST

Okinawa consists of a headquarters and nine dental facilities; seven of which are located on Okinawa, one in Iwakuni, Japan and one in Kaneohe Bay, Hawaii.

NAVAL HOSPITAL YOKOSUKA

U.S. Naval Hospital Yokosuka, Japan is the largest U.S. military treatment facility on mainland Japan; a 47-bed core hospital in Yokosuka, near Tokyo. branch health clinics are located in Sasebo, Iwakuni, Atsugi, Camp Fuji, and Yokohama in mainland Japan; Chinhae, Korea on the southern tip of South Korea; and, Diego Garcia in the Indian Ocean.

NAVAL HOSPITAL OAK HARBOR

Naval Hospital Oak Harbor (NHOH)

is a 12-bed hospital that contains three ORs and is located on Naval Air Station, Whidbey Island (NASWI). It is one of three rural community hospitals within a 40-mile radius. The hospital serves active duty, their family members, eligible retired military personnel, and their families. Ambulatory services include Dental Clinic; Urgent Care Clinic; Family Medicine; General Surgery; Internal Medicine; Labor and Delivery; Laboratory; Pharmacy; Radiology; Mental Health; OB/GYN; Occupational Health; Flight Medicine; Deployment Health Center; Optometry Clinic; Orthopedic Clinic; Pediatrics; Same-Day Surgery; Physical Therapy; Preventive Medicine; and a Substance Abuse and Rehabilitation Program.

NAVAL HOSPITAL TWENTYNINE PALMS

Twentynine Palms, also called the Robert E. Bush Naval Hospital, contains 22 beds but has room to expand to 36 beds. The hospital has an Emergency Medical Department, four operating rooms (OR), a seven-bed Desert Beginnings Labor Delivery Recovery and Postpartum (LDRP) Unit, and 15-bed Multi-Service Ward (MSW) for inpatient care. Modern full-service pharmacy, laboratory, radiology departments and a physical therapy clinic are also available to beneficiaries.

NAVAL HEALTH CLINIC HAWAII

Naval Health Clinic (NHC) Hawaii

is comprised of two large clinics, Makalapa at Joint Base Pearl Harbor-Hickam and Kaneohe Bay at Marine Corps Base Hawaii. Other smaller clinics are located at Camp H.M. Smith; Naval Communications and Naval Computer and Telecommunications Area Master Station, Pacific, Wahiawa and Pacific Missile Range Facility, Barking Sands, Kauai. Services provided include Aviation Medicine, Behavioral Health, Chiropractic, Dental, Dermatology, Family Medicine, Industrial Hygiene, Deployment Health, Physical Therapy, Obstetrics/Gynecology, Occupational Medicine, Optometry, Orthopedics, Preventive Medicine, Substance Abuse and Rehabilitation Program, Sports Medicine and Rehabilitation Therapy Center and Undersea Medicine. Ancillary services include: Laboratory, Pharmacy and Radiology.

NAVAL HOSPITAL LEMOORE

Naval Hospital Lemoore, Calif., is a 150,000 sq. ft. community hospital that

houses 16 inpatient beds, has four operating rooms, six LDRP units, and is staffed by 356 personnel.

NAVAL HOSPITAL CAMP PENDLETON

Naval Hospital Camp Pendleton is a 72-bed facility overlooking Lake O'Neill and is located approximately 12 miles from the main gate at Marine Corps Base, Camp Pendleton, Calif. Services available include internal medicine, family medicine, pediatrics, ENT (Ears, Nose and Throat), cardiology, pulmonary, audiology, urology, optometry, ophthalmology, gynecology, gastroenterology, allergy, obstetrics, dermatology, orthopedics, sports medicine, mental health, general surgery, nuclear medicine and emergency room.

NAVAL HOSPITAL GUAM

Naval Hospital Guam is comprised of the main hospital in Agana Heights, and two branch clinics, medical and dental, on Naval Base Guam. The Naval Hospi-

tal's staff consists of 529 Active Duty and 158 civilians, contractors, reservists, and volunteers who serve more than 26,000 beneficiaries. It has a 38 bed community hospital with full scope primary care, ER and limited specialty services.

NAVAL HOSPITAL BREMERTON

Naval Hospital Bremerton (NHB) is a community-based acute care and obstetrical hospital, offering expert primary care, emergency care and a broad range of medical and surgical specialties, with 36 inpatient beds (with expansion capacity to 72+). NHB is the parent command for three Naval Branch Health Clinics and the Puget Sound Family Medicine Residency Program. The three clinics are located at Puget Sound Naval Shipyard, NBK Bangor and Naval Station Everett. Naval Hospital Bremerton and its clinic's staff consist of over 1,400 dedicated military, civilian, contract and American Red Cross volunteer personnel.



A wounded service member from Naval Medical Center San Diego participates in the obstacle course at the Naval Special Warfare Center (NSWCEN) on Naval Amphibious Base Coronado, Calif. In addition to the obstacle course evolution, the twelve wounded service members toured the Basic Underwater Demolition/Sea Air and Land (SEAL) training facilities during their visit. NSWCEN is working with Naval Medical Center San Diego to host wounded service members at NSWCEN to participate in various training activities. The Navy SEALs are the maritime component of U.S. Special Operations Forces and are trained to conduct a variety of operations from the Sea, Air and Land. (Photo by Mass Communication Specialist 2nd Class Kyle D. Gahlau)



Cmdr. Peter Shumaker, left, dermatological surgeon at Naval Medical Center San Diego (NMCS) and Lt. Cmdr. Nathan Uebelhoer, top right, head of procedural dermatology division at NMCS, perform a fractional carbon dioxide laser surgery on Lance Cpl. Juan Dominquez, assigned to Wounded Warrior Battalion-West, NMCS detachment. (Photo by Mass Communication Specialist Seaman Joseph A. Boomhower)

Left - Naval Medical Center San Diego (NMCS) Lt. (Dr.) Heather Solaria, pediatrics intern, performs a physical assessment on a newborn baby in the Maternal Infant department at NMCS. The physical assessment is performed in the first 24 hours of life and includes blood work, hearing tests and a head-to-toe examination. More than 300 babies are born per month at NMCS. (Photo by Mass Communication Specialist 3rd Class Amanda L. Kilpatrick)

NAVY MEDICINE NCA



Prior to integration, in late July, all critical care air transport (CCAT) patients began to be treated at the former National Naval Medical Center. Upon arrival, patients are transferred to a gurney and taken to the intensive care unit (ICU), where the critical care team and ICU team work together to ensure the success of the transport. (Photo courtesy of Walter Reed National Military Medical Center Public Affairs).

Navy Medicine National Capital Area (NCA) is comprised of the main medical center, Walter Reed National Military Medical Center, Bethesda, Md., its health clinics: Naval Health Clinic Annapolis, Md., Naval Health Clinic Patuxent River, Md., Naval Health Clinic Quantico, Va., and their branch clinics.

WALTER REED NATIONAL MILITARY MEDICAL CENTER
Walter Reed National Military

Medical Center, Bethesda, MD is the world's largest military hospital, located on 243 acres, with more than 2.4 million square feet of clinical space, provides care and services to nearly 1 million beneficiaries per year. Walter Reed Bethesda, the flagship of military medicine, also known as the President's hospital, represents hope to those who enter its door way. As the construction and renovation was completed to create the Walter Reed National Military Medical Center, all quality of

care, patient and staff satisfaction, and patient safety metrics were maintain at or above national benchmarks. Our Patient and Family Centered Medical Home care model allows patients to take charge of their health. We provide 24/7 support, guidance, clothing, necessities to our wounded warriors and their family members. Our philosophy is to lift them up and support them from the minute they arrive at Walter Reed Bethesda so that they feel as if their feet never hit the ground. As important as the brick and mortar of these buildings is, it pales in comparison to the importance of the care and compassion within them.

STATISTICS:

- 243 Acres
- 345 Total Beds
- 7,293 admissions less births
- 1,865 Births
- 9,158 Inpatient Visits
- 669,256 Outpatient Visits to Hospital Clinics
- 131.65 Average Daily Patient Load
- 5,984 Total Staff Members (including 1,514 enlisted; 1,730 Officers; 2,740 Civilians)

VISION:

We are the epicenter of change in military medicine, leading the way to an integrated continuum of world-class patient and family centered care.

We provide the nation's best warrior care.

We value our patients and staff.

We maximize readiness and promote wellness for our Uniformed Services

We provide quality Patient and Family-Centered care

We develop and export innovation in healthcare

We lead the way in integration for the National Capital Area healthcare system

We provide robust education and professional development programs

We serve as a resource for homeland defense and humanitarian assistance

We care for the President and the Nation's leaders

WRNMMC's primary mission is to ensure the readiness and care of the



Secretary of Defense Leon Panetta, center, cuts the ribbon during the dedication ceremony for the new Walter Reed National Military Medical Center. The 2.4 million-square-foot facility is the world's largest military hospital and will provide state-of-the-art care for about a million beneficiaries per year. (Photo by Sean Brennan)

Uniformed Services and their families. WRNMMC also provides care for the President and Vice-President of the United States, Members of Congress, and Justices of the Supreme Court. In addition, when authorized, WRNMMC provides care for foreign military and embassy personnel.

LEADERSHIP

WRNMMC is an active status facility with an active duty command leadership. WRNMMC is under the regional command of Navy Medicine National Capital Area and receives resources and technical support from the Navy Bureau of Medicine and Surgery, commanded by the Surgeon General of the Navy.

PATIENT SERVICES

- 3-D Medical Applications
- Addiction Treatment Services
- Adolescent Medicine
- Allergy/Immunology/Immunization
- Ambulatory Procedure Unit
- Ambulatory Surgery Center
- Anatomic Pathology Labs
- Anesthesia
- Armed Forces Center for Child Protection (AFCCP)
- Armed Services Blood Bank Center
- Audiology and Speech Pathology Center
- Behavioral Health Care
- Breast Care Center/Mammography
- Cardiac Rehabilitation
- Cardiovascular Health and

Navy Medicine West by the Numbers

9,158

Inpatient visits at Walter Reed National Military Medical Center

5,984

Number of staff members at Walter Reed National Military Medical Center

132

Average daily patient load at Walter Reed National Military Medical Center

NAVY MEDICINE NCA

- Interventional Radiology Center (CVHIR)
- Cardiology
- Cardiothoracic Surgery
- Child and Adolescent Behavioral Health Services
- Chiropractic Services
- Clinical Case Management
- Clinical Nutrition Services
- Colon Health/Virtual Colonoscopy
- Comprehensive Cancer Center
- Comprehensive Dentistry
- Defense and Veterans Brain Injury Center (DVBIC)
- Dental Readiness Clinic
- Deployment Health Center
- Dermatology
- Dialysis Center/Nephrology
- Diabetes Care Center/Endocrinology
- Ear, Nose and Throat/Otolaryngology
- Emergency Medicine Department

- Endodontics
- Exceptional Family Member Program
- Executive Medicine
- Eye Care
- Gastroenterology
- General Surgery
- Gynecological Cancer Center of Excellence
- Health Promotion and Physical Fitness Assessment (PFA)
- Health Readiness Department
- Hearing Conservation/Occupational Audiology
- Hematology / Oncology
- Hospital Dentistry
- Infectious Diseases
- Intensive Care Unit
- Internal Medicine Clinic
- Interventional Radiology
- Immunization Clinic
- Industrial Hygiene
- Infection Prevention & Control

- Services
- Inpatient Medicine
- Laboratory Services
- Mother Infant Care Center
- Medical Home
- Medical & Reproductive Genetics
- Military Advanced Training Center (MATC)/Amputee Center
- Military Medical Records
- Naval Post-Graduate Dental School
- Neonatal Intensive Care Unit
- Nephrology
- Neurology
- Neurosurgery
- Nuclear Medicine
- Nutrition Management
- Obstetrics/Women's Health
- Occupational Medicine
- Occupational Safety
- Occupational Therapy
- Oncology
- Operating Room
- Ophthalmology (Eye Clinic)
- Optometry Department
- Oral and Maxillofacial Pathology and Surgery
- Oral Medicine/Radiology
- Orofacial Pain Clinic
- Orthodontics
- Orthopaedics/Podiatry
- Orthotics/Prosthetics
- Otolaryngology Surgery (ENT)
- Pain Clinic
- Pediatric Medicine
- Pediatrics Neurodevelopmental Division
- Periodontics
- Prosthodontics and Maxillofacial Prosthetics
- Pharmacy
- Physical Medicine & Rehabilitation
- Physical Therapy
- Podiatry
- Plastic & Reconstructive Services
- Post Anesthesia Care Unit (PACU)
- Preventive Medicine & Environmental Health Services
- Prostate Disease Research Center
- Psychological Health and Traumatic Brain Injury (PH-TBI)
- Pulmonary Medicine
- Radiation Oncology
- Refractive Surgery Center

- Reproductive Health
- Rheumatology
- Sleep Lab
- Social Work Division, Clinical Care Management Department
- Speech Language Pathology
- Sterile Processing
- Substance Abuse Department
- Surgical Oncology
- Transfusion Services
- Urogynecology
- Urology
- Vaccine Healthcare Center
- Vascular Surgery
- Vision Center of Excellence

BRANCH HEALTH CLINICS

Carderock, Dahlgren, Earle, Indian Head, Lakehurst, Mechanicsburg, NAD Washington, Naval Research Lab, Philadelphia Business Center, Sugar Grove, USUSHS, Washington Navy Yard and Willow Grove.

NHC ANNAPOLIS

Population Served: 18,000+
Average Annual Outpatient visits: 92,104
Average Annual lab tests: 66,871
Annual Average Dental visits: 13,424
Annual prescriptions filled: 137,708
Branch Health Clinics: BHC Bancroft Hall, BHC Wallops Island

NHC PATUXENT RIVER

Annual Patient Encounters: 120,171
Number of Patients Served: 14,640
Active Duty, Reserve and Civilian Personnel: 345 Active Duty, Civilian, Contract (Clinic Staff)
Number of Deployments: 14.3% of Active Duty Clinic Staff
Number of Medical Centers: four total (NHC Pax River, NBHC Dahlgren, NBHC Indian Head, NHBC NAF Washington, Joint Base Andrews)

NHC QUANTICO

Population served: 45,000+
Average Annual Outpatient visits: 129,146
Average Annual lab tests: 145,410
Annual Average Dental visits: 22,056
Annual prescriptions filled: 115,132
Branch Health Clinics: BHC Bradley, BHC Ray Hall



Hospital Corpsman 2nd Class Roberto Alberto, assigned to Walter Reed National Military Medical Center, Bethesda, Md. and deployed supporting Provincial Reconstruction Team (PRT) Khost, listens to a child's lungs for bronchitis during an Afghan-led medical screening at a Khost City orphanage. (Photo by Senior Airman Sandra Welch)

SCHOOL OF MEDICINE AND GRADUATE SCHOOL OF NURSING

The F. Edward Hébert School of Medicine (SOM) serves a critical and unique responsibility for the nation, educating students to assume two unique roles – as physicians skilled in delivering comprehensive medical care and as trained medical officers delivering this care in defense of our nation, often under adverse and austere conditions.

A comprehensive understanding of the operations of military communities is key to the success of a uniformed physician. For that reason, the SOM curriculum contains all content required to maintain status as an Liaison Committee on Medical Education (LCME) accredited medical school, while adding an additional 500 hours of military unique content. Additional emphasis is placed on areas critical to the uniformed physician, including trauma and emergency medicine, infectious disease and parasitology, humanities and behavioral sciences, and principles of leadership and teamwork. While the quality of the core medical education remains consistent with other notable medical academic institutions, Uniformed Services University (USU) of the Health Sciences follows a four-year curriculum designed

to graduate competent, compassionate, dedicated physicians able to combine a medical career with that of an officer in the Army, Navy, Air Force or Public Health Service.

The SOM is tuition-free. Students earn the pay and benefits of an ensign or second lieutenant throughout their four years at USU. In exchange, upon graduation, they incur an obligation of seven years service to the nation. It's worth noting that more than 76 percent of USU graduates choose to remain on active duty until retirement.

Designed for baccalaureate prepared registered nurses, USU's graduate nursing program trains students to be family nurse practitioners, anesthesia nurse practitioners, or perioperative clinical nurse practitioners.

The program emphasizes research and gives students an in-depth critical care learning environment from which to learn. While USU has a remarkable worldwide reputation as a center of excellence, many of its students, faculty and alumni attribute its culture – combining a passion for medical science with a commitment to national service – to its remarkable impact.

WALTER REED NATIONAL MILITARY MEDICAL CENTER: PSYCHOLOGICAL HEALTH/TRAUMATIC BRAIN INJURY PROGRAM

The Psychological Health/Traumatic Brain Injury Program PHTBI team located in 7 east wing at Walter Reed National Military Medical Center Bethesda, Md. practices a revolutionary policy to help wounded warriors with traumatic brain injuries. TBI symptoms may not be obvious for years and more than 50 percent of the patients the PHTBI treats are outpatients years after their initial injury.

The repercussions resulting from a TBI may include difficulties with balance and coordination, hearing and understanding speech, limb movement difficulties and loss of vision. Other brain functions the team are interested in include the higher brain functions such as memory, the ability to organize and multi-task, what controls personality and emotional regulation.

The PHTBI staff consists of more than 80 specialists and support staff. At least twice a week, they meet with a patient's medical doctors to assess the status of the patient. This is to ensure that one treatment plan or medication from one doctor will not interfere with that of another.

This multidisciplinary model of treatment with psychiatrists and psychologists in the same team as surgeons and rehab doctors is new and not practiced anywhere else in the world and constitutes a policy of not waiting until people have trouble. The PHTBI team works alongside trauma surgeons in order to evaluate injuries and to predict the types of problems a patient will have from their brain injuries.

Their mission is to screen every incoming casualty for the presence of TBI and other psychological or psychiatric complications of combat.

When a patient arrives with a head injury, they first receive life-saving care to stabilize their condition and then every patient meets with a psychiatrist, regardless of injury. This method of establishing an open line of communication between behavioral health providers and medical doctors began in April 2009. The team also opens and maintains lines of communication with the patient's family.

NAVY MEDICINE SUPPORT COMMAND

The mission of Navy Medicine Support Command (NMSC) is to provide education, training, public health and resources for Sailors and Marines. This includes financial management oversight over subordinate and affiliate commands assigned. As visionary, responsive, global leaders in health support services, NMSC carries out the necessary courses of action to ensure the economical and effective delivery of Navy Medicine enterprise-wide support services. Just as the Navy has adopted the banner: 'America's Navy, A Global Force for Good,' so does NMSC act as an adaptive organization, providing services throughout the globe in support of and in response to the National Security Strategy, the CNO's Maritime Strategy, and the Surgeon General's strategic goals and objectives, enabling delivery of the full continuum of healthcare in all venues.

NAVY MEDICINE MANPOWER, PERSONNEL TRAINING AND EDUCATION COMMAND

Driving total workforce management and lifelong learning.

Navy Medicine Manpower, Personnel Training and Education Command, (NAVMEC MPT&E) located in Bethesda Md., is the hub for Navy Medicine's health services support training and education mission, spanning the globe through collaborative relationships with more than 200 activities. NAVMED MPT&E is an echelon four command reporting to Navy Medicine Support Command, Jacksonville, Fla. The NAVMED MPT&E enterprise trains more than 30,000 federal, civilian, and foreign military members annually. It represents the Navy medical service element at the Department of Defense (DoD) unified tri-service Medical Education Training Campus (METC) at Fort Sam Houston in San Antonio, Texas.

NAVMEC MPT&E PROGRAMS

Armed Forces Health Professions Scholarship Program (HPSP): pays full tuition, all fees, required books, required

equipment, a stipend, and a signing bonus for those entering the medical or dental HPSP program to become a Navy doctor, dentist or optometrist.

- Health Services Collegiate Program (HSCP): enlists medical and dental students into the Navy while pursuing their education and graduating as commissioned officers.
- Naval Postgraduate Dental School (NPDS): only DoD centralized site for postgraduate dental education.



A student at the Aviation Survival Training Center (ASTC) ascends on a hoist during a simulated night exercise as part of an aircrew refresher course in Jacksonville, Fla. The ASTC provides courses for naval aircrew personnel and operates under the aegis of Navy Medicine Support Command. (Photo by Mass Communication Specialist 2nd Class Todd Frantom)

Conducts the majority of post-doctoral dental specialty training. Specialty board eligible training in Endodontics, Periodontics, Prosthodontics, Orofacial Pain, Dental Public Health and Comprehensive Dentistry.

- Health Professions Loan Repayment Program (HPLRP)
- Nurse Candidate Program
- Financial Assistance Program
- MSC In-service Procurement Pro-

- gram
- Medical Enlisted Commissioning Program
- Graduate Medical Education program.
- NAVMED MPT&E provides vision and oversight for Navy Medicine regarding the execution of a continuum of learning that ensures professional military education preparing personnel for increased responsibilities as leaders, and provides oversight of all Navy Medicine staff education and training program functions. The range of courses provides opportunities for professional development by focusing on the practice and business of Navy Medicine in both the operational and the Medical Treatment Facility (MTF) settings.
- Delivered through resident (in-house), as well as through the web via Navy e-Learning
- Accessible through Navy Knowledge Online (NKO). NAVMED MPT&E manages more than 700 NKO sites.
- Leadership and professional development courses include: Advanced Medical Department Officer; Executive Medical Department Enlisted; Plans, Operations & Medical Intelligence; Patient Administration; Financial & Material Management Training; Joint Medical Planners, and Clinic Management.

NAVY MEDICINE TRAINING CENTER

Reporting directly to NAVMED MPT&E is the Navy Medicine Training Center (NMTC) at Fort Sam Houston in San Antonio, Texas. The NMTC was commissioned in February 2008.

- Average daily Navy student load of 2,800.
- 6,000 graduates annually as basic hospital corpsmen or in more than 30 advanced specialty areas.
- Supports inter-service education and training for 28,000 students at the Navy service-element command at METC.
- Oversees clinical training for Corpsmen and Physician Assistants in Portsmouth, Va., and San Diego.



Hospital Corpsman Apprentice Marisa Pinelli, recites the Hospital Corps Pledge during the Naval Hospital Corps School Great Lakes disestablishment ceremony. The school disestablished as part of a Base Realignment and Closure (BRAC) initiative which consolidated enlisted medical training at the Medical Education Training Campus at Fort Sam Houston, Texas. (Photo by Electronics Technician 3rd Class Trisha Teran)

The NMTC mission is to provide functional support to the Tri-service Medical Education Training Campus (METC) and four other inter-service officer training programs in the San Antonio area.

More information NAVMED MPT&E products and services can be found at: <http://www.med.navy.mil/sites/navmedmpte/Pages/default.aspx>

NAVAL OPERATIONAL MEDICINE INSTITUTE

"Maximizing performance and survivability of the warfighter."

From corpsmen deployed with the Marines, to doctors and nurses serving with Expeditionary Medical Facilities, to administrators and independent-duty corpsmen serving on aircraft, ships and submarines, the Naval Operational Medicine Institute (NOMI) supports Navy Medicine's life-saving mission

Navy Medicine Support Command by the Numbers

2.4 MILLION

Lab tests processed by Navy and Marine Corps Public Health Center

62,508

Naval Operational Medical Lessons Learned Center website visits

24,000

Personnel trained by Navy Medicine Operation Training Center

1,460

Privileging applications processed for Navy Reserve providers

NAVY MEDICINE SUPPORT COMMAND

by training these medical professionals – and in some cases the warfighters themselves – for theater-specific contingencies.

NOMI, NAVAL AIR STATION PENSACOLA

- Oversight of six detachments and nine training centers in more than 60 facilities across the U.S.
- More than 600 personnel support Navy, other U.S. armed forces and U.S. allies globally.
- 65 instructional programs within aviation, surface and undersea warfare, expeditionary forces, and special operations

NAVAL SURVIVAL TRAINING INSTITUTE (NSTI), NAVAL AIR STATION PENSACOLA

- Largest NOMI detachment
- NSTI's eight Aviation Survival Training Centers (ASTCs) across the nation work directly with Naval and allied aviators to ensure survival of

mishaps and hostilities.

- Mission - provide safe and effective aviation survival and human performance training.
- Follow the belief "train like you fight" by providing the most up dated, realistic and operationally relevant training.

NAVAL AEROSPACE MEDICAL INSTITUTE (NAMI), NAVAL AIR STATION PENSACOLA

- Shares the distinction with NUMI of being the oldest continuous program for training medical professionals in warfare specialties.
- Navy's sole source for training flight surgeons, residency-qualified aerospace medicine physicians, hospital corpsmen to qualify with the aviation technician NEC, other aerospace medical health care professionals and residents.
- Processes more than 43,000 aviation special physicals and medical waiver requests annually.

• Preferred site for U.S. Army and major international members of the aeromedical community.

SURFACE WARFARE MEDICINE INSTITUTE

- Trains doctors, nurses, corpsmen, administrators, dental and medical technicians to serve aboard ships and projected missions ashore.
- Physician Assistant Phase II program.
- Best known for Surface Independent Duty Corpsman "C" School.

NAVAL UNDERSEA MEDICAL INSTITUTE

- World's only education program producing undersea medicine-qualified physicians in submarine, diving and radiation health.
- Shares the distinction with NAMI of being the oldest continuous program for training medical professionals in warfare specialties.



Rear Adm. Eleanor Valentin, left, commander of the Navy Medicine Support Command and director of the Medical Service Corps, tours the Audrey L. Murphy V.A. Medical Center as part of San Antonio Navy Week. (Photo by Senior Chief Mass Communication Specialist Gary Ward)



Navy Medicine Support Command (NMSC) Deputy Chief of Staff, Operations, Cmdr. Frank Stubbs reads a book with Timucuan Elementary School first-grader Danielle Lopez during an NMSC-sponsored community outreach volunteer program in Jacksonville, Fla. (Photo courtesy of Navy Medicine Support Command Public Affairs)

- Submarine Independent Duty Corpsman "C" School.
- Trains officers and corpsmen in Radiation Health, resulting in a national asset pool of healthcare professionals able to maintain safety in nuclear technology from medical applications in health care to emergency response in nuclear reactor emergencies.

NAVAL EXPEDITIONARY MEDICAL TRAINING INSTITUTE

- Navy Medicine's Expeditionary Medical Facility training.
- Pre-deployment training for Expeditionary Medicine Units.
- Trauma training for deploying personnel.
- Oversight of Navy Trauma Training Center (NTTC) at the Los Angeles County USC Medical Center. Trains and work alongside medical center staff as teams caring for critically ill and injured.

SPECIAL OPERATIONS MEDICAL INSTITUTE

- Combat medical training for Special Operations Forces: Recon Corpsman, SEAL and Surface Warfare Combatant-Craft Crewman (SW-

CC), Medics under U.S. Special Operations Command (USSO-COM).

- Robert E. Mitchell Center for Prisoner of War Studies, NOMI, NAS Pensacola.
- Established in the 1970s when the Vietnam Prisoners of War were returning home.
- Has seen former POWs from every U.S. war and conflict since World War II.
- Holds the only on-going study of the long-term effects of the POW experience.

NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

"Ensuring the public health and safety of those entrusted to our care."

The Navy and Marine Corps Public Health Center (NMCPHC) and its nine field activities are Navy Medicine's preeminent subject matter experts for public health. Collectively, the mission is to ensure readiness through leadership in the prevention of disease and promotion of health. NMCPHC's field activities play an integral role in public health support to Navy Medicine and Line Leadership, DoD and other Federal agencies.

NMCPHC is the core of Naval Pub-

lic Health expertise, developing policy, implementing guidance, and providing technical reach-back support in the areas of disease surveillance, disease prevention, health promotion, public health emergencies, and risk communication.

- Functions as the BUMED program manager and/or technical representative at interagency meetings and working groups with a public health focus. NMCPHC provides specialized support to policy makers, public health practitioners, medical personnel and war fighters ashore and afloat.
- Navy Entomology Center of Excellence (NECE) - technical services and expert training to reduce diseases transmitted by insects and pests. Medical entomologists and preventive medicine techs for operational commitments. Disaster relief and humanitarian assistance. Part of presidential malaria initiative to reduce deaths from malaria.
- Navy Drug Screening Labs (NDSL) Navy and Marine Corps' authority on drug testing and legally defensible testimony.
- Navy Environmental Preventive Medicine Units (NEPMUs) - Global, real-time, hands-on public health support.
- Forward Deployable Preventive Medicine Unit (FDPUMs) - Operational arm of NEPMUs. Supporting Iraq, Afghanistan and global humanitarian efforts.
- Naval Dosimetry Center (NDC), Bethesda, Md., - Navy's ionizing radiation dosimetry center of excellence for radiation protection programs.
- Navy Central HIV Program (NCHP) Bloodborne Infection Management Center (NBIMC) - Promotes HIV prevention and provides expert consultation. Maintains medical readiness through infectious disease testing and oversight, data interpretation and validation and manages official notifications of bloodborne infections - most notably HIV and Hepatitis C and Hepatitis B – to command and headquarters leadership. 🌐

NAVY MEDICINE LOCATIONS

OVERSEAS LOCATIONS

CUBA

EGYPT

GUAM

PERU

JAPAN

ITALY

SPAIN

AFGHANISTAN

ABBREVIATIONS

<p>BUMED - U.S. Navy Bureau of Medicine and Surgery</p> <p>NAMI - Naval Aerospace Medical Institute</p> <p>NAMRU - Naval Medical Research Unit</p> <p>NEMTI - Naval Expeditionary Medical Training Institute</p> <p>NH - Naval Hospital</p> <p>NHC - Naval Health Clinic</p> <p>NHRC - Naval Health Research Center</p> <p>NMC - Naval Medical Center</p> <p>NMCPHC - Navy and Marine Corps Public Health Center</p>	<p>NMCMC - National Military Medical Center</p> <p>NMRC - Naval Medical Research Center</p> <p>NMSC - Navy Medicine Support Command</p> <p>NMTC - Navy Medicine Training Center</p> <p>NOMI - Naval Operational Medicine Institute</p> <p>NSMRL - Naval Submarine Medical Research Laboratory</p> <p>NUMI - Naval Undersea Medical Institute</p> <p>SOMI - Special Operations Medical Institute</p> <p>SWMI - Surface Warfare Medicine Institute</p> <p>USNS - United States Navy Ship</p>
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- California**
- NMC San Diego
- NEMTI Camp Pendleton
- NH Twentynine Palms
- NH Camp Pendleton
- NH Lemoore
- NHRC San Diego
- USNS Mercy
- SWMI San Diego
- Connecticut**
- NSMRL Groton
- NUMI Groton
- District of Columbia**
- BUMED Headquarters
- Florida**
- NAMI Pensacola
- NH Jacksonville
- NH Pensacola
- NMSC Headquarters
- NOMI Pensacola
- Hawaii**
- NAMRU-2 Pearl Harbor
- NHC Hawaii
- Illinois**
- Captain James A. Lovell Federal Health Care Center
- NMRC Great Lakes
- Maryland**
- NHC Annapolis
- NHC Patuxent River
- Walter Reed NMMC, Bethesda



- NMRC Silver Spring
- USNS Comfort
- North Carolina**
- NHC Camp Lejeune
- NHC Cherry Point
- SOMI Fort Bragg
- Ohio**
- NAMRU Dayton
- Rhode Island**
- NHC New England Newport
- South Carolina**
- NH Beaufort

- NHC Charleston
- Texas**
- NAMRU - San Antonio
- NHC Corpus Christi
- NMTC San Antonio
- Virginia**
- NMCPHC Portsmouth
- NMC Portsmouth
- NHC Quantico
- Washington**
- NH Bremerton
- NH Oak Harbor

SYMBOLS

HEADQUARTERS

NAVY REGIONAL MEDICAL CENTERS

NAVAL HOSPITALS/ HEALTH CLINICS

NAVY MEDICINE RESEARCH UNITS

MILITARY SEALIFT COMMAND HOSPITAL SHIPS

NATO ROLE 3 HOSPITAL

NAVY MEDICINE SUPPORT COMMAND UNITS

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Navy Medicine

Owners' and Operators' Manual 2012

29

NAVY MEDICINE RESEARCH CENTER

Naval Medical Research Center is Navy Medicine's Global Biomedical Research Enterprise.

Our research and development products impact and translate into new policies, procedures, and technologies that address the specific medical issues of Navy and Marine Corps and other DoD personnel in their operational environments. We develop products and strategies to protect, treat, and rehabilitate the warfighter as well as to enhance performance in stressful environments. Given the experiences of DoD personnel on the current battlegrounds of Afghanistan and Iraq, some of our highest priority research objectives are to further enhance Navy medicine's ability to address the numerous injuries and stresses resulting from the signature weapon – blast injury – and to further optimize warfighter resilience and performance in all environments across all platforms. Research efforts also focus on increasing the safety and improving operational capabilities for aviators; submariners; and explosive ordnance disposal, salvage and husbandry divers. Research continues to unfold with ever-increasing success

as our teams study not only the medical implications of conventional warfare but also the potential use of weapons of mass destruction and terrorism against our military forces and civilians.

As the U.S. Forces draw down in the Middle East and elsewhere, it will become even more imperative that deployed Sailors and Marines are protected and adequately trained and equipped to operate in stressful environments. In this context, NMRC's mission becomes even more critical to the warfighter. Whether it is the development of new drugs to treat, vaccines to prevent, modeling and simulation software to equip, or the latest surgical innovations to preserve life and limb, both the CONUS and the OCONUS laboratories are dedicated to protecting the warfighter.

Over 40 percent of NMRC's 1,500 personnel are located OCONUS, working at our three OCONUS laboratories and their principal field sites. NMRC is well-positioned to respond to global health issues of concern to the Navy and DoD. The overseas laboratories build trust with local foreign national partners through collaborative infectious dis-

eases research and surveillance projects. This is a continuous process and is not limited to the laboratories' host nations of Egypt, Ghana, Peru, Cambodia, and Singapore, but rather, extends to a network of collaborative relationships in each laboratory's respective area of responsibility with host national partners. The OCONUS labs support the COCOM's Theater Security Cooperation Plan by improving the medical and public health capacity and adding to the stability of the foreign nations where there are ongoing research projects.

Our product development business plan has an investment strategy that leverages a complex network of national and international partnerships that enhance our ability to develop the best products. Key to establishing these valued partnerships is our scientific prestige, garnered by the world-class biomedical researchers who are part of our enterprise. The research being done in the laboratories is held in the highest esteem by the U.S. and international scientific communities. In terms of intellectual property, NMRC has 83 active patents, 72 U.S. and 11 foreign, ranging from vaccines and drugs to medical devices, protecting the unique inventive work done by NMRC researchers. Hundreds of presentations and publications are submitted and accepted each year, and work is frequently featured in the world's leading peer-reviewed scientific journals.

NMRC's mission supports the CNO's vision today and will continue into the next decade and longer. What is critical to our relevancy is supporting the scientific insight and innovation that will be required to mitigate health threats and situations not yet anticipated. To accomplish this, NMRC leadership will continue to enable researchers in the pursuit of innovation.

EXAMPLES OF SUCCESS FROM 2011

- Researchers will begin clinical trials of vaccines against dengue fever, malaria, and traveler's diarrhea.
- Researchers determined specific oxygen exposure limits required to achieve survival from a disabled submarine pressurized at depth.
- NMRC's Bone Marrow Program continues improvements in the identifi-



Lt. Brian Heintschel, Navy Environmental and Preventive Medicine (NEPMU) 6, studies a sample of insects collected from ship and shore facilities at Joint Base Pearl Harbor-Hickam, Hawaii. (Photo by Mass Communication Specialist 2nd Class Mark Logico)

cation of every HLA gene and variation (allele). Over 100 new HLA alleles were identified in the past year.

- The Millennium Cohort Study, the largest prospective health study in the military, is adding 50,000 service members, to the already 150,000 service members registered. This research effort studies military, veteran and public health concerns possibly related to military service.

- This year Cmdr. Patrick Blair, respiratory disease research department head at the Naval Health Research Center was recognized by the Pentagon for his contribution in the early response to the 2009-2010 A/H1N1 influenza pandemic.

- The U.S. Naval Medical Research Unit No. 2 Pacific and the Navy Environmental and Preventive Medicine Unit No. 6 teamed up to assist the State

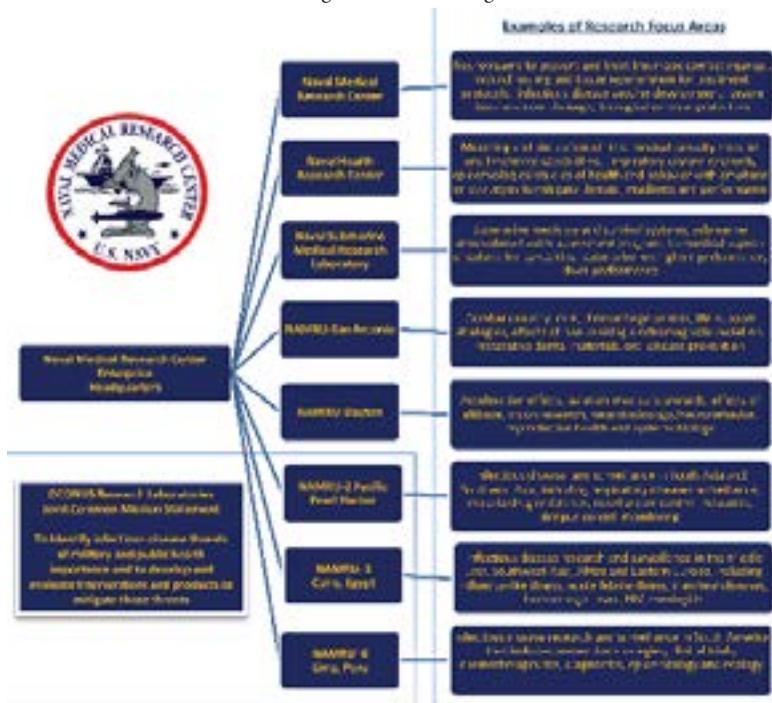
of Hawaii with an outbreak of dengue fever that hit the islands.

- Researchers provided NAVSEA with modeling and simulation results that identified the minimum number of operating rooms required to treat major combat operations casualties. These results will be incorporated into the new LHA ship design.

- Researchers focused on the effects of atmospheric constituents on health and performance in enclosed environments.

- Researchers identified optimal dwell time between deployments necessary to optimize long-term mental health outcomes.

- Researchers utilized heat tolerance test procedure to assist with the return to duty evaluation of warfighters who have experienced a heat injury, specifically heat shock.



Navy Medicine Research Command by the Numbers

8
Research facilities worldwide

83
Active patents

1,500
Active Duty, Reserve and Civilian personnel

NAVY MEDICINE LOGISTICS COMMAND

The Naval Medical Logistics Command (NavMedLogCom) is the center of logistics expertise for Navy Medicine and naval operational forces, designing, executing and administering individualized state-of-the-art solutions to meet customer's medical material and health-care needs. Headquartered at Fort Detrick, Md., NavMedLogCom supports the U. S. Navy with acquisition and logistics systems training, health care services strategies, operational forces support, medical equipment and logistics solutions, acquisition management, deployable platforms and eyewear fabrication. NavMedLogCom has responsibility as technical manager of the Navy's Direct Health Care Services Contracting Program and provides medical logistics and material management information and medical mobilization planning assistance for the U. S. Marine Corps and the U. S. Coast Guard. NavMedLogCom has three Areas of Responsibility under its command, the Naval Ophthalmic Support and Training Activity located at Naval Weapons Station,

Yorktown, VA, the Navy Expeditionary Medical Support Command located at Cheatham Annex, Williamsburg, VA, and the NavMedLogCom Pirmasens Germany Detachment.

PROGRAMS

- Navy Medicine contracting, logistical support and consulting for medical and dental services, medical supplies and equipment
- Operational Forces Authorized Medical/Dental Allowance Lists – consumables for ships, health care facilities and med-kits
- Shipboard equipment replacement, new ship construction and overhaul programs
- Navy health care contracting analysis
- Biomedical and clinical engineering technical support and program management for Navy medical and dental procurement
- Navy Medicine clinical image management systems (Digital Imaging Network/Picture Archiving and

Communications Systems)

- Design, construction, acquisition and maintenance of Navy expeditionary, deployable medical platforms
- Prime Vendor Program (pre-negotiated prices for common medical quick-fill consumables)
- Defense Medical Logistics Standard Support (DMLSS), Wide Area Work Flow (WAWF) and Standard Procurement System (SPS) program management and execution for Navy Medicine
- Equipment, Technology and Medical Maintenance Management
- Pandemic Influenza and Vaccination Program
- Eyewear fabrication for military personnel
- Military Tri-Service Optician School
- Combat eyewear – inserts for gas masks and protective eyewear for combat forces
- Navy's Frames of Choice and G-Eyes eyewear program
- Medical preventive law



An AMK-31 vehicle drives off the ramp of an Antonov 124-100M aircraft at Joint Operating Base Bastion, Afghanistan, in the early hours of the morning to deliver a Magnetic Resonance Imaging (MRI) machine to the Role 3 Medical Facility at Bastion, Oct. 5. (Photo by Royal Air Force Sgt. Mitch Moore)

MEDICAL HOME PORT

The Navy's Medical Homeport concept introduced a new model of patient and family-centered health care delivery for primary care. This model is team-based, comprehensive, and designed to fully meet the complete primary care, health and wellness needs of our patients. It is expected to increase access to care for patients both in person and via electronic media which will be a new way of providing care to and communicating with beneficiaries. Complete implementation of the Medical Homeport concept should also improve population health, patient satisfaction, readiness, and decrease health care costs.

FOCUS ON MEDICAL HOME PORT

Medical Home Port is a new model of care that emphasizes a team-based, coordinated, and proactive approach. Each patient will be assigned to a Medical Home Port team, led by one's provider. The patient is a part of that team that also includes a nurse educator, a care coordinator, and other support staff. Providers have a greater ability to diagnose and treat patients by leveraging support staff to manage other aspects of clinic operations and patient care.

The Medical Home Port team ensures that care is all-inclusive and integrated with all other care provided within our health care system.

Each patient is able to consistently see the same Medical Home Port team during visits to their primary care facility. Each team will also be responsible for referring the patient to specialists and providers, and will help the patient schedule appointments and help coordinate information from all parties to make sure all health care needs are met.

The concept keeps patients healthier through increased emphasis on disease management, proactive intervention and health promotion.

Care delivered in Medical Home Port includes, but is not limited to: Readiness; Prevention; Wellness; Behavioral health and Disease management.

Health care costs and quality are

ongoing issues in America—Navy Medicine has selected Medical Home Port as a way to mitigate these issues.

Medical Home increases access to provider and team to allow that team to better manage the health of their population. By focusing on prevention, wellness, and disease management they can drive down costs and avoid future costly disease states which are expensive to navy Medicine and the Defense Health Program:

Decrease reliance on ER: With increased access to their provider and healthcare team, patients no longer feel obligated to go to emergency room for primary care needs including medication refill, common cold, etc. By funneling these needs, through open access appointments, into MHP clinics, ER use for non-emergent will decrease, thereby decreasing cost overall.

Inpatient admissions: Chronic disease management and patient education will support patients in changing behavior and better self-management of their own chronic disease.

Overall decrease in health care: By focusing on wellness and prevention for the patient population, health care team will identify, diagnose, and treat conditions before the advance to a tertiary care state, which results in increase in cost and use of resources for Navy Medicine and DoD.

Navy Medicine has made tremendous strides in combat casualty care in the past few years and anticipates further

advancements in battlefield medicine in the years to come. The Navy and Marine Corps team have unique operational needs including expeditionary medicine, undersea medicine, and hypobaric and hyperbaric issues. Due to the nature of wounds being seen from Iraq and Afghanistan, Navy Medicine is focusing its research on five priority areas to include: 1) Traumatic Brain Injury (TBI) and psychological health treatment and support for both operational forces and home-based families; 2) Medical systems support for maritime and expeditionary operations; 3) Wound management throughout the continuum of care; 4) Hearing restoration and protection for maritime, surface and air support personnel; and 5) Undersea medicine, diving, and submarine.

The most recent and innovative example of research and treatment initiatives is the new National Intrepid Center of Excellence (NiCOE) which exemplifies "the convergence of art and science" for traumatic brain injuries and post traumatic stress disorders.

Regardless of the challenges ahead, Navy Medicine appears well-positioned for the future. Worldwide operational demands and a commitment to provide family and patient-centered care to a growing number of beneficiaries will continue to pose formidable challenges. Yet, this is what Navy Medicine has done for generations and why so many of young people choose a career in military medicine.



Naval Hospital Pensacola Medical Home Gold Team members discuss how to use wireless computers and technology so that a patient can secure a same day appointment for acute primary care and within two to three days for non-urgent routine care. (Photo by Rod Duren)

AFLOAT MEDICAL CAPABILITIES

T-AH (HOSPITAL SHIP CAPABILITY)	STAFFING
Operating Rooms	12
Intensive Care Unit Beds	100 (includes 20 post-surgical recovery beds)
Intermediate Care Beds	400
Minimal Care Beds	500
Ancillary Capabilities	Laboratory, x-ray, pharmacy, CT scanner, blood storage
COMPLEMENT (STAFFING FOR 1000 BEDS)	
Medical Corps	66
Nurse Corps	168
Medical Service Corps	20
Dental Corps	4
Hospital Corpsmen	698
Non-Medical Officer	14
Non-Medical Enlisted	244

HOSPITAL SHIPS (T-AH)

Hospital ships are operated by a Military Sealift Command (MSC) and are designed to provide emergency, onsite care, Echelon III, for U.S. combatant forces deployed in war and other operations. The mission of the T-AH is to provide a mobile, flexible, rapidly responsive afloat medical capability to provide acute medical and surgical care in support of CSG/ESG/ATF and Navy/joint forces elements. Functioning under the provisions set forth in the Geneva Convention, they have capabilities equivalent to a CONUS general hospital. The T-AHs secondary mission is to provide full mobile hospital services by designated Government agencies HA/DR or limited humanitarian care to these missions worldwide or peacetime military operations.



The hospital ship USNS Comfort (T-AH 20) anchors off the coast of Nicaragua during its fifth mission stop of Continuing Promise 2011. Continuing Promise was a five-month humanitarian assistance mission to the Caribbean, Central and South America. (Photo by Mass Communication Specialist 1st Class Kim Williams)

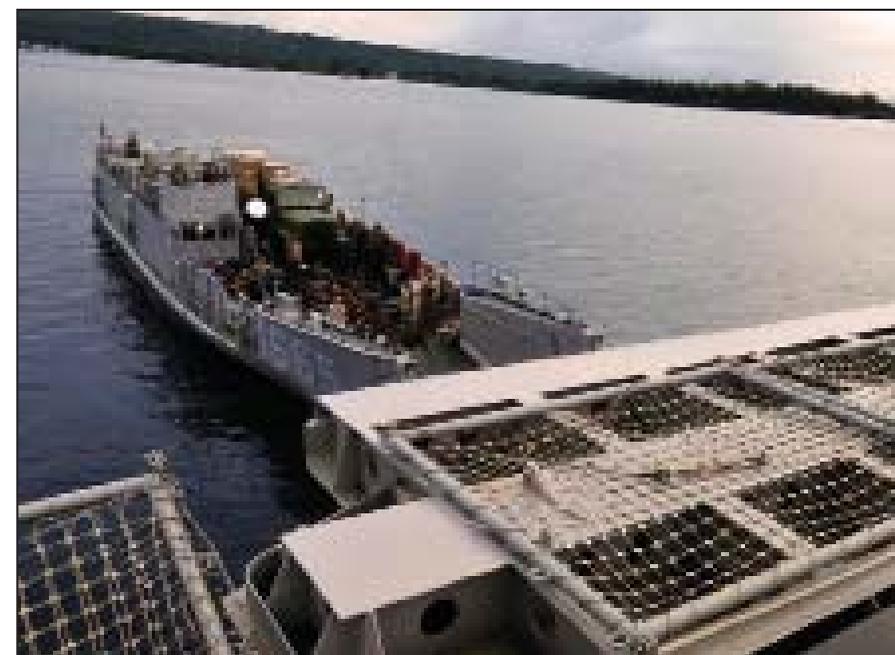
LHD/LHA (AMPHIBIOUS ASSAULT SHIP) CAPABILITY	SHIP'S COMPANY/FST	SHIP'S COMPANY/FST/ MAP	
Operating Rooms	1	4	
Intensive Care Unit Beds	3	15	
Ward Beds	12	45	
Ancillary Capabilities	Laboratory, x-ray, pharmacy, preventive medicine, biomedical repair, aviation physical examination		
COMPLEMENT	SHIP'S COMPANY	FST	MAP
Medical Corps	2	3	11
Dental Corps	1		1
Nurse Corps		3	22
Medical Service Corps	1	1	1
Hospital Corpsmen	19	9	49

AMPHIBIOUS ASSAULT SHIP (LHD, MULTI-PURPOSE)

LHDs are the newest, largest, and most versatile amphibious assault ship. Externally, it resembles an aircraft carrier. The LHD is capable of transporting approximately 1,800 troops along with the helicopters, boats, and amphibious vehicles required for landing them. LHDs have the largest medical capability of any amphibious ship currently in use. LHDs are capable of receiving casualties from helicopter and waterborne craft and are designed to function as primary CRTSs in amphibious operations.

AMPHIBIOUS ASSAULT SHIP (LHA, GENERAL PURPOSE)

LHAs can transport approximately 1,900 troops along with the helicopters, boats, and amphibious vehicles required for landing them. LHAs are capable of receiving casualties from helicopter and waterborne craft and are designed to function as primary CRTSs in amphibious operations. The LHA(R) is expected to replace the LHA in the future.



Military members and nongovernmental organization personnel exit the well deck at sunrise in Landing Craft Utility (LCU) 1665 aboard amphibious transport dock ship USS Cleveland (LPD 7). Pacific Partnership was a five-month humanitarian assistance initiative that will visit Tonga, Vanuatu, Papua New Guinea, Timor Leste, and the Federated States of Micronesia. (Photo by Mass Communication Specialist 2nd Class Michael Russell)

AFLOAT MEDICAL CAPABILITIES

LPD (AMPHIBIOUS TRANSPORT) CAPABILITY	STAFFING
Operating Rooms (minor surgeries)	2
Ward Beds	2
Dental	2
LCC (AMPHIBIOUS COMMAND SHIP) CAPABILITY	STAFFING
Operating Rooms (minor surgeries)	1
Intensive Care Unit Beds	0
Ward Beds	20
Overflow Beds	0
Quiet/Isolation Beds	4
Ancillary Capabilities	Laboratory and x-ray
COMPLEMENT	
Medical Corps	1
Dental Corps	0
Nurse Corps	0
Medical Service Corps	0
Anesthesia Provider	0
Hospital Corpsmen	12
Dental Technicians	0
LSD CAPABILITY	STAFFING
Operating Rooms	
Intensive Care Unit Beds	
Ward Beds	8 (2 isolation beds)
Ancillary Capabilities	Laboratory and x-ray
COMPLEMENT	
Medical Corps	1
Dental Corps	1
Hospital Corpsman	9
AS (SUBMARINE TENDER) CAPABILITY	STAFFING
Operating Rooms	1
Intensive Care Unit Beds	0
Ward Beds	12
Ancillary Capabilities	Laboratory, x-ray and pharmacy
COMPLEMENT	
Medical Corps	2
Medical Service Corps	1 (Radiation Health)
Independent Duty Corpsmen	2

AMPHIBIOUS TRANSPORT DOCK (LPD)

The mission of the LPD is to transport and land Marines, their equipment and supplies by embarked landing craft or amphibious vehicles augmented by helicopters. The LPD San Antonio class contains enhanced command and control features and a robust communications suite that improves its ability to support embarked landing forces, joint and friendly forces. They could be used as emergency or overflow CRTS if augmented with medical personnel and supplies.

AMPHIBIOUS COMMAND SHIP (LCC)

LCCs serve as command centers for amphibious operations. These ships are equipped with sophisticated electronic and communications equipment and normally serve as the flagship of both the CATF/ESG and CLF. LCCs have adequate medical facilities to care for embarked personnel but their limitations preclude use as CRTSs.

DOCK LANDING SHIP (LSD)

The mission of the dock landing ship (LSD) is to transport and land Marines, their equipment and supplies either by embarked landing craft or amphibious vehicles augmented by helicopters and to support amphibious operations including landings via landing craft air cushion (LCAC). Although called a landing ship, the LSD does not beach. These ships are similar to LPDs with larger well decks but limited troop and cargo carrying capacities. LSDs offer limited use as CRTSs if augmented with medical personnel and supplies.

SURFACE COMBATANTS

**CRUISER (CG)
DESTROYER (DD/G)
FRIGATE (FF)
LITTORAL COMBAT SHIP (LCS)**

The surface combatant ships, cruiser (CG), destroyer (DD/G), and frigate (FF) have limited HSS capabilities and staffing.

Their ancillary capability consists of basic laboratory. They are manned by at least one Independent Hospital Corpsman (NEC 8425) and one general duty junior HM.

CVN CAPABILITY	STAFFING
Operating Rooms	1
Intensive Care Unit Beds	3
Ward Beds	52
Ancillary Capabilities	Laboratory, x-ray, pharmacy, preventive medicine, biomedical repair, aviation physical examinations, radiation health, spectacle fabrication
COMPLEMENT (SHIP'S COMPANY AND AIR WING)	
Medical Corps	6* - * Includes embarked physicians
Dental Corps	5
Nurse Corps	2** - **Includes certified registered nurse anesthetist if anesthesiologist is not on board
Medical Service Corps	5
Hospital Corpsmen	47

AIRCRAFT CARRIERS (CVN)

The mission of the CV/ CVN is to operate offensively in a high density, multi-threat environment as an integral member of a Carrier Strike Group (CSG) or expeditionary strike group (ESG); and to provide credible, sustained forward presence, conventional deterrence, and support aircraft attacks in sustained operations in war. Supportive missions, including medical support of the crew members aboard, are facilitated by a self-sufficient carrier hospital, which is a 52-bed, level "2-plus" facility. The carrier's medical department also serves as a consultative and primary MEDEVAC facility for the other vessels within CSG/ESG, which may consist of another six ships and some 2,000 crewmembers.

The CSG/ESG is a tactical organization of surface and subsurface combatants, maritime aviation, assault and transport troops and their equipment for expeditionary operations. The notional ESG elements are:

- Amphibious assault ship
- Amphibious transport docks
- Surface combatants (guided missile cruisers, destroyers or frigates)
- Attack submarine



Hospital Corpsman 3rd Class Lamonte Hammond, from Md., hi-fives a Jamaican boy after his physical therapy treatment aboard the Military Sealift Command hospital ship USNS Comfort (T-AH 20) during Continuing Promise 2011 (CP11). (Photo by Air Force Staff Sgt. Courtney Richardson)

MEDICAL CORPS



A BRIEF HISTORY

On March 3, 1871, the Forty-First Congress enacted the Appropriations Act which established the Medical Corps as a separate entity and as a Staff Corps of the U.S. Navy. However, the term “Medical Corps” and the existence of Navy physicians, long pre-date this Congressional Act. Early in 1798, the first physicians were awarded commissions in the U.S. Navy as “Surgeons” and “Surgeons Mates.” Their mission was simple: provide medical care aboard ships and shore stations.

This early Navy Medical Department was a crude institution that did not yet include permanent Navy hospitals. Navy physicians served at Marine (later Public Health) hospitals and other makeshift facilities spread throughout the eastern seaboard. A bill establishing permanent Navy hospitals was signed into law on February 26, 1811. Some twenty years later, the first of these hospitals went into commission at Portsmouth, Va. On August 31, 1842, the Bureau of Medicine and Surgery (BUMED) was created to oversee administration of hospitals and medical supplies. And 1871, the title of “Surgeon General of the U.S. Navy” was created for the chief of BUMED.

The Medical Corps’ scope has grown in complexity since 1871. Navy physicians now serve with the Marine Corps, in the Attending Physician’s Office to Congress and the White House. They also serve in the aviation and undersea medical communities, and as astronauts exploring the frontiers of space. The Navy Medical Corps continues to pave new frontiers in biomedical research, medical education and training, and patient care delivery at our clinics, hospitals, aboard our afloat platforms, and in combat theaters.

PRIMARY RESPONSIBILITY OF MEDICAL CORPS OFFICER:

The Navy Medical Corps is broad and diverse. It is comprised of physicians who are practicing or training in dozens of medical and surgical special-

ties with over 200 subspecialties.

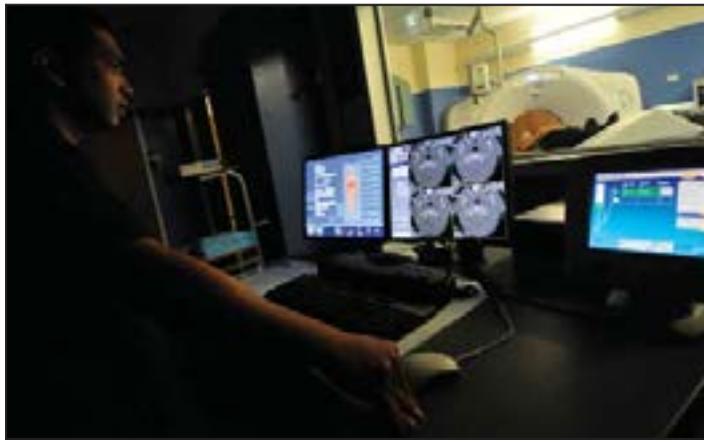
MANPOWER

Active Duty: 3,800 (of which 1,026 are in formalized specialty/subspecialty training)

Reservists: 580

AREAS OF SPECIALTIES:

Family Medicine
Internal Medicine
Pediatrics
General Surgery
Orthopedics
Otolaryngology
Ophthalmology
Emergency Medicine
Radiology
Psychiatry
Obstetrics/Gynecology
Preventive Medicine
Occupational Medicine
Aerospace Medicine
Undersea Medicine
Plastic & Reconstructive Surgery
Neurosurgery
Neurology
Anesthesiology
Urology
Pathology
Physical & Rehabilitative Medicine
Dermatology



Hospital Corpsman 2nd Class Patrick Malveda simulates a computed tomography head scan with intravenous contrast for training purposes in the radiology department at U.S. Naval Hospital Naples. (Photo by Mass Communication Specialist 2nd Class Felcito Rustique)

Over 200 subspecialties

POSSIBLE LOCATIONS OF SERVICE:

Navy physicians are stationed at our major tertiary care teaching facilities, clinics, and hospitals located within the United States and various overseas locations. They are at research units, in various joint commands, and in other federal institutions. Navy physicians are assigned as operational medical officers providing direct support to Navy and Marine Corps commands, squadrons, battalions and units. On very short notice, Navy physicians deploy in support of combat operations, disaster relief, and humanitarian assistance missions, providing patient care ashore and afloat.

SPECIAL PAYS ASSOCIATED WITH THE MEDICAL CORPS:

Navy physicians are offered a number of special pays commensurate with their specialty, years of service, and intention to remain on active duty. These medical special pays include:

- Variable Special Pay
- Board Certified Pay
- Additional Special Pay
- Incentive Special Pay
- Multiyear Special Pay

NURSE CORPS



A BRIEF HISTORY

Nurses have contributed to the care of the ill and wounded in the Navy long before the establishment of the corps. During the Civil War, Catholic nuns served as volunteers aboard the Red Rover, the Navy’s first commissioned hospital ship. In 1898, nurses were employed by the Naval Hospital Norfolk, Va., to care for the sick and wounded from the Spanish-American War. Finally, after years of effort, the bill to establish the Navy Nurse Corps was approved by Congress and became law on May 13, 1908. By October of that year, the first nurses, later called “The Sacred Twenty,” reported for duty at the Naval Medical School Hospital, Washington, D.C., now the home of the Bureau of Medicine and Surgery.

Since then, active duty and reserve Navy nurses have advanced steadily in military and professional standing. From the original 20, the Nurse Corps expanded to over 11,000 during its peak in World War II. Nurse Corps officers have served worldwide; flying with the wounded from battle-torn areas, working in the fleet on large vessels and hospital ships, establishing native nursing schools, clinics, and small hospitals in remote areas of the world, and practicing, teaching, supervising, administering or commanding Navy medical treatment facilities of all sizes.

Today approximately 3,900 active and reserve Nurse Corps officers serve in the grades of ensign through rear admiral. They care for many patients whose illnesses and injuries are no different from those found in civilian facilities. They can also care for those in deployment settings with battle injuries. A primary mission of the Navy Nurse Corps is to teach and develop the hospital corpsmen. Nurse Corps officers can function in positions ranging from staff nurse to commanding officer, from quality improvement coordinator to nurse researcher, and as primary health care providers such as nurse practitioners, nurse anesthetists, and nurse midwives. They serve aboard sea-going

vessels, pier side, on deployments or humanitarian missions, and at clinics or inpatient facilities.

The Navy Nurse Corps provides unique challenges and assignments in settings ranging from expeditionary medical facilities to teaching hospitals; from Marine Corps medical battalions to surgical support teams; from recruiting assignments to headquarters staff and executive management of a health-care region. Wherever they are assigned, Navy nurses find unique opportunities to exercise their special knowledge, abilities, and skills as they optimize the well-being of their patients and family members.

PRIMARY RESPONSIBILITY OF NURSE CORPS OFFICER:

Provide care or support either through direct patient care at the bedside or as a provider, in an administrative role, as an instructor, recruiter, quality management manager, or researcher.

MANPOWER

Nurses: 4,073
Active Duty: 2,911
Reservists: 1,162

AREAS OF SPECIALTIES:

Medical-Surgical
Manpower
Education and Training
Nursing Researcher
Maternal/Infant
Pediatrics
Public Health
Mental Health
Mental Health Nurse Practitioner
Emergency Room/Trauma
Perioperative
Critical Care
Certified Nurse Anesthetist
Pediatric Nurse Practitioner
Family Practice Nurse Practitioner
Women’s Health Nurse Practitioner
Nurse Midwife

POSSIBLE LOCATIONS OF SERVICE:

Medical treatment facilities, clinics,

recruiting centers, hospital corps school, the White House, Expeditionary Medical Facilities, forward operating bases fleet surgical teams, aircraft carriers, Navy Medicine headquarters, and the Bureau of Naval Personnel.

SPECIAL PAYS ASSOCIATED WITH THE NURSE CORPS:

- Accession Bonus for Direct Accession
- RN-Incentive Specialty Pay (RN-ISP3)
- Certified Registered Nurse Anesthetists Incentive Specialty Pay (CRNA-ISP)



U.S. Navy Lt. Cmdr. Robert Haag, a certified registered nurse anesthesiologist (CRNA), monitors a patient’s oxygen mask during surgery in the operating room aboard the aircraft carrier USS Ronald Reagan (CVN 76) while under way in the Pacific Ocean Jan. 11, 2011. (Photo by Mass Communication Specialist 3rd Class Oliver Cole)

DENTAL CORPS



A BRIEF HISTORY

In August 1912, the second session of the 62nd Congress passed an act later signed by President Taft that established the Dental Corps. The Secretary of the Navy was authorized to appoint no more than 30 acting assistant dental surgeons to be a part of the Medical Department.

Just over one year later, the Surgeon General reported to the Secretary of the Navy that the Medical Department now had the ability to provide dental care that would allow the Navy to accept recruits who would otherwise be rejected for defective teeth.

In 1927, Navy regulations authorized dental treatment to officers and men on the retired list; before that only enlisted were treated. During this era, Navy dentistry began to focus heavily on prevention of disease, unique at the time and a quality that distinguishes their Corps today.

In February of 1945, the first self-contained mobile dental treatment unit began operation. Mobile units were developed to provide dental treatment to small groups of naval personnel in isolated areas or pier side, a practice common today at many Fleet support areas.

Revolutionizing the field of dentistry worldwide, researchers at the Naval Dental School developed pioneer models of the dental air turbine hand piece and ultrasonic vibrating instruments. These concepts were a tremendous leap forward for the dental profession. Today, these prototypes are currently displayed at the Smithsonian Institute.

In July of 1984, The Navy began conversion of two supertankers to hospital ships. The USNS MERCY and the USNS COMFORT were placed in service in December of 1986. With 1000 beds and 12 operating rooms, each ship can provide comprehensive dental services in two operating rooms, four dental treatment rooms and a dental laboratory.

In March of 1986, the Naval Dental School moved into its new spaces in Building 2 on the Bethesda Com-



Lt. Andrea B. Sarge, left, a dentist aboard the aircraft carrier USS Abraham Lincoln (CVN 72), performs a dental procedure with the assistance of Hospital Corpsman 2nd Class Amanda L. Morrison. The Abraham Lincoln Carrier Strike Group is deployed to the U.S. 5th Fleet area of responsibility supporting maritime security operations and theater security cooperation efforts. (Photo by Mass Communication Specialist 2nd Class Seth Clarke)

plex. What had begun as the Dental Department of the United States Naval Medical School in 1923 has evolved into a state of the art, fully accredited, post-graduate dental school, recognized as one of the best in the world.

Today, the Dental Corps continues to maintain high operational readiness for operations in Operation Enduring Freedom and Iraqi Freedom. Dental is aggressively integrating with both Medical and Line communities to prepare for our latest challenge - homeland defense. They deploy routinely with Marine Expeditionary Units and aboard ships, where beyond their dental duties they assume roles in triage and surgical support at Marine battalion aid stations and battle dressing stations. Dental personnel continue to play a significant role in peace keeping and nation building through humanitarian assistance and disaster relief missions in third world countries.

PRIMARY RESPONSIBILITIES

Mission: Ensure Dental Readiness While Optimizing Dental Health

Vision: Dental Health for Those Entrusted to Our Care

MANPOWER

Dentists:	1,275
Active Duty:	1,015
Reservists	260

LOCATIONS OF SERVICES

28 Medical Treatment Facilities
3 Marine Battalions
11 Aircraft Carriers
34 Amphibious
2 Hospital Ships
2 Support Ships
9 Seabee Detachments

POSSIBLE SPECIAL PAYS:

- Additional Special Pay (ASP)
- Variable Special Pay (VSP)
- Incentive Special Pay (ISP)
- Board Certified Pay (BCP)
- Multi-Year Special Pay

MEDICAL SERVICE CORPS



A BRIEF HISTORY

During World War II, 1,429 officers were given temporary appointments in the Hospital Corps and a total of 845 pharmacists, optometrists, and other specialists allied to medicine and dentistry were given temporary appointments as Naval Reserve officers. These two groups emphasized the need for a permanent officer category to complement officer corps then comprising the Medical Department.

The Army-Navy Medical Service Corps Act of 1947 provided a permanent commissioned corps of specialists to complement the existing Medical Department officer categories. The original legislation provided for the Corps to be comprised of four sections: Supply and Administration, Medical Allied Sciences, Optometry and Pharmacy and authorized the Secretary of the Navy to create other sections, as necessary. The Women's Specialist Section was established in 1952, and in 1965, was re-titled the Medical Specialist Section to permit the appointment of male officers. The Podiatry Section was established in 1953.

During Operations Desert Shield/Storm 317 Reserve Medical Service Corps officers were recalled to replace those deployed and to provide the additional manpower in theater necessary.



A Radiation Health Officer decontaminates an air-filter housing. Although the levels of radiation did not pose any immediate danger by direct exposure, precautions were taken to prevent inhalation or ingestion of radioactive particles. (Photo courtesy of Naval Medical Research Unit - San Antonio, Texas)

Since 1991, the Reserve component of the Medical Service Corps has continued to work alongside active duty personnel to administer and provide quality health care throughout the world.

PRIMARY RESPONSIBILITIES

Mission: The Medical Service Corps community supports Navy Medicine's readiness and health benefits mission.

Vision: One Corps of many specialties meeting today's needs and tomorrow's challengers.

MANPOWER

Active Duty:	2,526
Reservists	349

SPECIALTIES

The Medical Service Corps, the most diverse corps within Navy Medicine, is comprised of thirty one subspecialties, organized under three major categories:

Healthcare Administrators :

Financial Management
Education/Training Management
Patient Administration
Health Care Info Systems
Manpower, Personnel
Healthcare Facility Planning
Operations Analysis
Plans, Ops, & Med Intel
Healthcare Administration

Material Logistics

Clinicians:

Audiology
Clinical Psychology
Occupational Therapy
Optometry
Pharmacy
Dietetics
Physical Therapy
Physician Assistant
Podiatry
Social Work

Scientists:

Entomology
Environmental Health
Industrial Hygiene
Medical Technology
Aerospace Physiology
Aerospace Exp Psych
Research Psych
Radiation Health
Physiology
Microbiology
Biochem/Toxicology

LOCATIONS OF SERVICES

Navy Medical Treatment facilities
Naval branch clinics
Ships
USMC battalions
Fleet Marine Force
Seabee detachments
Research centers and laboratories
EMF Kuwait and EMF Djibouti
Iraq and Afghanistan
Staff positions throughout the Navy and Marine Corps

POSSIBLE SPECIAL PAYS:

Members of the Navy Medical Service Corps are offered a number of special pays commensurate with their specialty, years of service, and intention to remain on active duty. These medical special pays include:

- Accession Bonus
- Incentive Pay
- Retention Bonus
- Board Certified Pay
- Optometry Special Pay
- Optometry Retention Special Pay
- Pharmacy Accession Bonus
- Pharmacy Officer Special Pay

HOSPITAL CORPS



Sailors assigned to Naval Medical Center San Diego listen as Hospital Corpsman 2nd Class Neil Chicheste instructs on proper field casualty care during an operational medical symposium. The symposium is a four-day event to orient staff who have not deployed before on Fleet Marine Force medical equipment and to experience medical operations in a simulated combat environment. (Photo by Mass Communication Specialist Seaman Clay M. Whaley)

HOSPITAL CORPS HISTORY

Established by Congressional Law on 17 JUN 1898, the Hospital Corps is the only enlisted corps in the military. They are the most decorated singular group of enlisted men and women with 22 Medals of Honor, 174 Navy Crosses, 31 Distinguished Services Medals, 946 Silver Stars, and 22 ships named in honor. In the early 1900's the Hospital Corps numbered less than 2,000, but that is stark contrast to the nearly 26,000 of today, honorably serving in support of the Navy and Marine Corps. The essence of a Hospital Corpsman is the honor they carry of the sacred trust of treating their fellow injured and ill service members, the unspoken bond.

The HM rating is the largest and most diverse in the Navy. Because of the broad spectrum of NECs available to a Hospital Corpsman, the performance of their duties span from the special operation environments of Afghanistan, under the sea, to most advance hospitals

in the world utilizing the most advanced technology and sciences, and scores of other environments. Where ever there are Sailors and Marines, a Navy Corpsman will be there.

All corpsmen attend boot camp for 10 weeks and then HM 'A' School for 14 weeks. After completion of A school, Corpsmen may go directly to Fleet, or medical treatment facilities (MTF), or Field Medical Training Battalion (8 weeks) for duty with the Fleet Marine Force. Within the rating, there are 38 occupational specialties, which require further technical training via C-schools. Most specialty training is long and intense; many are at least one year in length. Some of the most demanding specialties, such as independent duty corpsmen, go through a series of schools as their career progresses. One of the specialties, morticians, requires civilian licensing prior to entry into the Navy.

The HM rating has 25, 481 on active duty and is manned at 97%. The Re-

serve Full Time Support strength is 638. There are ~700 Hospital Corpsmen supporting Health Service Augmentation Program and Individual Augmentee missions, ~6,500 supporting Fleet Marine Force, and ~ 5,000 in serving on ships, submarines, SEABEES, and other sea duty platforms. At any given time, there are ~2,700 in training. As a result of the 2005 BRAC and completion in 2011, the Navy moved a majority of enlisted medical education to Fort Sam Houston in conjunction with the Army and Air Force making the Medical Education and Training Command the largest military medical training facility in the world.

The diversity of the HM rating is evident with the NEC listing.

NECS AND SCHOOL LOCATIONS

- HM-0000**- Hospital Corpsman Basic- San Antonio, Texas
- HM-8402**- Submarine IDC- Naval Undersea Medical Institute (NUMI) Groton, Conn.
- HM-8403**- Recon IDC- Fort Bragg N.C.
- HM-8404** - Fleet Marine Force- FM-TB Camp Lejeune, N.C.
- HM-8406** - Aerospace Medicine Technician- FMTB Camp Pendleton, Calif.
- HM-8401** - SAR Medical Techs- Naval Operational Medical Institute (NOMI) Pensacola, Fla.
- HM-8409** - Aviation Physiology- NOMI Pensacola, Fla.
- HM-8407** - Radiation Health Technician- Naval Undersea Medical Institute Groton, Conn.
- HM-8408** - Cardiovascular Technician- San Antonio, Texas
- HM-8410** - Biomedical Equipment Technician- San Antonio, Texas
- HM-8416** - Nuclear Medicine Technician- San Antonio, Texas
- HM-8425** - Surface Force IDC- NOMI San Diego, Calif.
- HM-8427** - Recon Corpsman- Fort Bragg N.C.
- HM-8432** - Preventative Medicine Technician- San Antonio, Texas

- HM-8434** - Hemodialysis Technician- Portsmouth, Va.
- HM-8452** - Radiographer- San Antonio, Texas
- HM-8454** - Electronneurodiagnostic Technician- San Antonio, Texas
- HM-8463** - Optician- Naval Ophthalmic Support & Training Activity (NOSTRA), Yorktown, Va.
- HM-8466**- Physical Therapy Technician- San Antonio, Texas
- HM-8467** - Occupational Therapy Technician- San Antonio, Texas
- HM-8482** - Pharmacy Technician- San Antonio, Texas
- HM-8483** - Surgical Technologist- San Antonio, Texas
- HM-8485** - Behavior Tech- San Antonio, Texas
- HM-8486** - Urology Technician- San Antonio, Texas
- HM-8489** - Orthopedic Castroom Technician- San Antonio, Texas
- HM-8493** - Dive Medicine Technician- DSTC Panama City, Fla.
- HM-8494** - Dive IDC- NOMI San Diego, Calif.

INDEPENDENT DUTY CORPSMAN (IDC) 8425- SURFACE FORCE, 8402- SUBMARINE, 8494- DIVE, 8403- RECONNAISSANCE

Independent Duty Corpsman is the rating's master level NECs. They are trained to work in remote locations without direct supervision of a physician. Their operational environment dependant on how each are trained. Every IDC is the Medical Department Representative on their platform or unit in which they serve. The largest group is the Surface IDCs, and they work aboard surface ships, with the units of the Fleet Marine Force, or the SEABEES. Submarine IDCs serve aboard fast attack and Trident missile submarines. Dive IDCs are stationed with various dive and special operational units. Reconnaissance IDC serve primarily with the Marine Corps Special Operations Command. All can be found at various isolated duty stations ashore independent of a medical officer. Although IDCs are responsible directly to the Commanding Officer for the health and care of the crew, they perform a myriad of functions as it relates to their role as the MDR. A few functions associated with their duties are shipboard or unit administration, health education and training, logistics, preventive medicine, and industrial health surveillance. Senior personnel assigned to shore and operational staffs provide medical assistance, training, and inspection services to operational forces and component units. Additionally, when assigned ashore, they serve primarily as nonphysician health care providers at fixed medical treatment facilities (MTFs). Independent Duty Corpsmen are truly the best of the best within the Hospital Corps.



Hospital Corpsman 3rd Class Sergio Lopez, right, assigned to Riverine Squadron (RIVRON) 3, Detachment 1, and a Colombian marine conduct a river patrol. RIVRON-3 is participating in Amphibious-Southern Partnership Station 2012, an annual deployment of U.S. military training teams to the U.S. Southern Command area of responsibility. (Photo by Army Spc. JuanCarlos Paz)

HOSPITAL CORPS



Hospitalman Gabriel Bacolod, right, assists Hospital Corpsman 3rd Class Rupert Ramirez don a hazardous material suit for a decontamination training exercise at Naval Medical Center San Diego. Decontamination training ensures readiness in response to a chemical, biological and radiological attack. (Photo by Mass Communication Specialist Seaman Clay M. Whaley)

FLEET MARINE FORCE HOSPITAL CORPSMAN HM 8404

There are more than 6,500 Corpsman stationed throughout the FMF with another 4,000 assigned in support roles within medical treat facilities ready to augment when the need calls. FMF school has two locations; Field Medical Training Battalion (FMTB) East, Camp LeJeune, N.C. and FMTB West, Camp Pendleton, Calif. The course is 8 weeks in length with five classes per year and 250 students per class per FMTB. Graduates are assigned to the Marine operating forces, Reserve Forces and medical treatment facilities. 8404s are the most operationally active NEC. Retention has increased despite the high deployments cycle during the war. 8404s provide medical services for personnel in field units. They provide technical and administrative assistance to support the mission and functions of Navy and Marine Corps field units and assist in the procurement and distribution of supplies and equipment for field use and combat areas. They maintain field treatment facilities, render first aid and emergency medical treatment to unit personnel/combatants, and coordinate and perform medical evacuation procedures. They also ensure observance of both field sanitary and preventive measures in specialized warfare as well as conduct first aid and health education training programs.



Hospital Corpsman 3rd Class Heidi A. Dean, assigned to the Female Engagement Team supporting 3rd Battalion, 5th Marine Regiment, gives a medical class to local Afghan children during a health initiative in Sangin, Afghanistan. The initiative is being conducted to train local health care providers, treat sick and injured, and enhance Afghan National Security Force relations in the area. The battalion conducts counterinsurgency operations with the International Security Assistance Force and is assigned to Regimental Combat Team 2. (Photo by Lance Cpl. Joseph M. Peterson)

PHYSICAL THERAPY TECHNICIAN AND OCCUPATIONAL THERAPY ASSISTANT HM 8466 AND 8467

These technical fields play a vital role in healing all service members. Training for both technicians is in San Antonio, Texas and are 17 and 18 weeks respectively with additional on-the-job training following the didactic phase. Physical Therapy graduates will possess basic knowledge of human anatomy and physiology and physical therapy methodologies such as ambulation and activities of daily living (ADL) training, exercise techniques, physical agents, measurements and general treatment techniques. Students receive experience in various settings, especially in outpatient orthopedic, sports medicine, and neurological rehabilitation, therapeutic exercise, and physical agents.

Physical Therapy Technicians assist therapists/medical officer in administering physical therapy, to include assisting with the performance of special evaluations, rehabilitative exercises and treatment on patients with various musculoskeletal injuries or postoperative rehabilitation needs. OTAs assist Occupational Therapists with the performance of special evaluations and rehabilitative exercises on patients with various musculoskeletal injuries or postoperative rehabilitation needs to include tendon lacerations, fractures, burns, hypertrophic scarring, edema, hypersensitivity and wound care. OTAs are charged with carrying out extensive treatment plans on patients and are directly responsible for the continuing rehabilitation of a variety of patient diagnosis.

- HM-8496** - Morticians- a dozen Navy wide- Must have civilian licenses- Recruited as Morticians
- HM-8503** - Histology Technician- San Antonio, Texas
- HM-8505** - Cytotechnologist- San Antonio, Texas
- HM-8506** - Medical Laboratory Technician- San Antonio, Texas
- HM-8541** - Respiratory Therapy Technician- San Antonio, Texas
- HM-8701** - Dental Assistant- San Antonio, Texas
- HM-8702** - Advanced Dental Assistant- San Diego, Calif.
- HM-8708** - Dental Hygienist- PJC Pensacola, Fla., CCC Camp Lejeune, N.C.
- HM-8752** - Basic Dental Laboratory Technician- San Antonio, Texas
- HM-8753** - Advanced Dental Laboratory Technician- San Antonio, Texas
- HM-8765** - Maxillofacial Technician- Bethesda, Md. 🇺🇸

WOUNDED WARRIOR CARE

TRAUMATIC BRAIN INJURY

Traumatic Brain Injury (TBI) has been called one of the “signature injuries” of the conflicts in Iraq and Afghanistan. A blow or jolt to the head or a penetrating head injury can disrupt the brain’s normal functioning. TBI is normally associated with blast exposures in theater, but can also occur aboard ships and in garrison, especially in training environments. The leading causes of TBI in the military are:

- Explosive blast, bullets, and fragments
- Falls
- Motor vehicle crashes
- Assaults

TBIs are classified as mild, moderate, severe, and penetrating, with mild TBI (mTBI) being the most common. Mild TBIs are also known as concussions.

The most common symptoms of mTBI are:

- Headaches
- Dizziness
- Fatigue
- Problems concentrating

- Memory problems
- Irritability
- Balance problems
- Changes in vision
- Trouble sleeping

From Jan. 1 to Dec. 31, 2010, there were 31,353 diagnosed cases of combat and non-combat-related TBI across all the DoD services. Of those, 4,749 were Marines and 3,087 were Sailors. In the first two quarters of 2011, there have been 17,439 diagnosed cases of combat and non-combat-related TBI across all the DoD services. Of these, 2,732 were Marines and 1,612 were Sailors.

DoD requires deploying “boots on the ground” Sailors and Marines to take the Automated Neurocognitive Assessment Metrics (ANAM) prior to deployment, and screening questions to identify service members who have sustained a TBI during deployment are part of the mandatory Post-Deployment Health Assessment (PDHA) and Reassessment (PDHRA). In theater, service members with potential TBI are screened by corpsmen using the Military

Acute Concussion Evaluation (MACE) and sent for further medical assessment as needed.

The Navy has several initiatives to assess and care for Sailors and Marines with TBI. Navy Medicine’s Wounded, Ill, and Injured (WII) Program oversees several clinical initiatives to help identify service members with clinical symptoms and BUMED Instruction 6310.12 has defined the level of care provide at all Navy medical facilities and NAVMED POLICY 11-004 defines the level of training required for providers taking care of patients with TBI. To better identify cognitive and physical symptoms in service members that may not be found in traditional testing, the Naval Health Research Center is testing a Computer-Assisted Rehabilitation Environment (CAREN) system that allows medical personnel to assess the patient in a variety of settings (i.e. urban, mountain, maritime).

In addition to Navy-unique TBI programs, Navy Medicine works closely with operational medical leaders and our Army, Air Force, Veterans Affairs, Defense and Veterans Brain Injury Center (DVBIC), and Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury colleagues to provide the best care possible to our Sailors and Marines.

CONCUSSION RESTORATION CARE CENTER (CRCC)

Navy Medicine has worked closely with the Marine Corps to staff and equip a Concussion Restoration Care Center (CRCC) at Camp Leatherneck, Afghanistan. The CRCC is a new concept created to provide musculoskeletal and post-concussion care in theater to service members who can likely return to duty after a short period of rehabilitative care, but whose injuries are not severe enough to require medical evacuation.

The CRCC is staffed with a sports medicine family physician, physical therapist, occupational therapist, and

a psychologist. This team augments the Combat Operational Stress Team (COST) and Marine medical staff attached to the Medical Battalion.

The CRCC has seen a significant number of patients since it opened on Aug. 30, 2010, and has been very effective in meeting its mission of restoring service members physically and cognitively to return to full duty. Through Sept. 30, 2011, 1,219 patients have been treated. During this span, 751 patients with concussions were evaluated and 468 musculoskeletal evaluations were performed. All of the patients with concussions were able to return to duty in an average of 12 days. The CRCC estimates its total return-to-duty rate is 98%. Patients undergo a comprehensive evaluation to monitor progress and to validate that they are able to return to duty.

Patients of all branches of service receive care through the CRCC, with the majority of patients being Marines and Sailors. The CRCC setting also provides an opportunity to educate injured service members on the nature and effects of concussion and allows them to recover in a protected environment.

NATIONAL INTREPID CENTER OF EXCELLENCE (NICoE)

The National Intrepid Center of Excellence (NICoE) for Psychological Health (PH) and Traumatic Brain Injury (TBI), dedicated on June 24, 2010, is housed in a 72,000 square foot, two-story facility located adjacent to the new Walter Reed National Military Medical Center on the campus of the National Naval Medical Center in Bethesda, Md., NICoE was built as a gift from the American people, through philanthropic donations to the Intrepid Fallen Heroes Fund. The Navy was appointed the executive agent of the NICoE Aug. 10, 2010 by the DoD. NICoE has been treating patients since October 2010.

NICoE is an advanced facility dedicated to advancing the diagnosis, clinical care and research of complex combat-related TBI and PH issues affecting Service members who seek restoration to full duty and deployment. It is designed to provide the most advanced



Marine Cpl. Daniel Riley swims during the United States Olympic Committee Paralympic Military Sports Camp at Naval Medical Center San Diego (NMCSD). The three-day event is designed to introduce Paralympic sports such as archery, basketball, biathlon, cycling, rowing, sitting volleyball, strength and conditioning, swimming and track and field to service members. (U.S. Navy Photo by Mass Communication Specialist 3rd Class Amanda L. Kilpatrick/HIPAA Complete).

services for advanced diagnostics, initial treatment plan and family education, introduction to alternative and complementary therapeutic modalities, referral and reintegration support for military personnel with mTBI, PTSD, and/or complex psychological health issues. Further, the NICoE conducts research, tests new protocols and provides comprehensive training and education to patients, providers and families while maintaining ongoing telehealth follow-up care across the country and throughout the world.

THE ROLE OF CASE MANAGEMENT IN THE CARE OF THE WOUNDED WARRIOR

Navy Case Managers provide services to the Wounded Warrior that span the entire care continuum from point of injury to either return to active duty service or medical separation from service.

The journey from theatre to stateside care is only the beginning of a long road of recovery for returning WII Warriors who are often facing extensive care and rehabilitation for life-changing physical, psychological and cognitive injuries. The

complexity of medical health care and military systems is often overwhelming to the WII service members, thus driving a critical need for someone to coordinate care and support services. Case managers are the “SOS or 1-800” contact for the patient and family throughout the continuum of care. The case managers of Clinical Case Management along with Navy Safe Harbor and the U.S. Marine Corps Wounded Warrior Regiment working together has allowed for a more holistic transition of the WII into the VA or civilian care systems by addressing both the medical and the non-medical needs concurrently to help reduce the stress and confusion of transition. Clinical Case Management has been recognized by the Case in Point Magazine (Case Management of Society’s official publication) by being awarded the 2010 platinum award for best military case management program. Military case management, both medical and non-medical, is at the heart of ensuring the development of comprehensive plans of care for each patient and then linking all communications, hand offs, support services and smooth



Lynn Boulanger, occupational therapist and certified hand therapist uses mirror therapy to help address phantom pain that Marine Cpl. Anthony McDaniel has been experiencing in the Occupational Therapy department at Naval Medical Center San Diego (NMCSD). (Photo by Mass Communication Specialist Seaman Joseph A. Boomhower)

WOUNDED WARRIOR CARE

transitions for these WWII service members and their families.

COMPREHENSIVE COMBAT AND COMPLEX CASUALTY CARE

The Comprehensive Combat and Complex Casualty Care (C5) rehabilitation program is located at Naval Medical Center San Diego (NMCSDD). Working in concert with other services at NMCSDD and with community partners, C5's continuum of care addresses the physical, emotional, spiritual, and mental health well-being of its patients.

C5 is a program of care that manages a severely injured or ill patient from medical evacuation through inpatient care, outpatient rehabilitation, and eventual return to active duty or transition from the military.

Program components:

- Trauma Service--coordinates overall inpatient clinical management of injured service member
- Orthopedic, reconstructive plastic surgery, and wound care
- Amputee care, prosthetics, and rehabilitation
- Physical, occupational, and recreational therapy
- Mental health assessments and care
- Traumatic Brain Injury (TBI) care
- Pastoral care and counseling
- Family support and career transition services

The C5 facility renovation began Nov. 22, 2006 to provide an aesthetic and medically advanced setting for prosthetic and rehabilitation services. The project maximized available space, including the conversion of an outdoor

courtyard to a multi-terrain obstacle course. The outdoor area now contains ramps, stairs, and beams that allow patients to work on ambulation and balance. Sand, gravel, rock and brick terrains simulate surfaces encountered in everyday communities. A 30-foot climbing wall will enable work on agility, problem solving and muscle strengthening.

As part of the rehabilitation center, a training apartment gives patients the opportunity to practice tasks in an environment that they will encounter upon discharge. There is a full kitchen, complete with microwave, stove/oven, refrigerator and dishwasher, as well as a bedroom, living room and bathroom with a tub/ shower combination. The living room offers a computer work station with a wide variety of computer assistive devices such as one handed keyboards, print enlargers and voice activated technology.

The state of the art gait lab includes a high resolution, accurate motion capture system to digitally acquire, analyze and display three dimensional motion data. It will provide quantitative documentation of walking or running ability as well as identification of any underlying cause for gait deviations.

Art work throughout the hallways feature talent from San Diego disabled artists, including our own patients.

Prosthetic services include:

- Casting, fitting, and alignment for amputees by certified prosthetists and prosthetic technician staff.
- Lamination station to fabricate carbon interfaces for both definitive and temporary prosthetic sockets
- Advanced bionic technology room to fit power knees, microprocessor knees, powered ankles, and upper extremity myoelectric arms.
- In house lab to facilitate everyday prosthetic adjustments.
- Advanced patient casting room with Computer Assisted.
- Design and Manufacturing (CAD-CAM) system.
- Laser technology for scanning the anatomical residual limb (limi-

- nates the need for plaster casting).
- Hand held scanner for visual tracing and mobility.
- Modification of limb shapes with most advanced computer software technology.

OPERATIONAL STRESS CONTROL (OSC)

OSC is a Line owned and led (OP-NAV N135) program, supported by Navy Medicine designed to build resilient Sailors, families and commands; and to increase the acceptance of seeking help for stress-related injuries and illnesses through education, training and communication.

OSC seeks to educate all Sailors, families, and command leaders to take care of themselves, to stay fit and healthy (psychologically, physically, and emotionally); to look out for one another; and take action when they see themselves or others reacting negatively to stress.

Formal OSC curriculum has been integrated into Navy's Training Continuum at career milestones and at accession and leadership schools. Specific pre- and post-deployment OSC training is being delivered at all Navy Mobilization Processing Sites and Returning Warrior Weekends.

OSC Awareness Training, including signs, symptoms, and mitigation strategies for stress injuries and illnesses, has been presented to more than 258,000 Sailors and 750 spouses as of October 2011.

MY ONGOING RECOVERY EXPERIENCE (MORE)

The new online program called Navy MORE (My Ongoing Recovery Experience) rolled out Aug. 20, 2010. While it is on line, it is only available to those enrolled in the program. The Navy MORE program will provide never-before-achieved continuity of care for military personnel, family members and retirees in early recovery from addiction anywhere in the world, at anytime.

The online Navy MORE program – created in collaboration with Hazelden, one of the world's largest and most respected private, non-profit alcohol and drug addiction treatment centers – is a customized, interactive and confidential



Marine Sgt. Joshua Elliott, attached to Naval Medical Center San Diego's (NMCSDD) Wounded Warrior Battalion-West detachment, uses a Primus RS machine to help straighten his hand muscles in the Occupational Therapy department at NMCSDD. (Photo by Mass Communication Specialist Seaman Joseph A. Boomhower)

recovery tool.

It is available free-of-charge to military personnel, family members and retirees who are in the Navy Substance Abuse and Rehabilitation Services program in recovery anywhere in the world where Internet access is available.

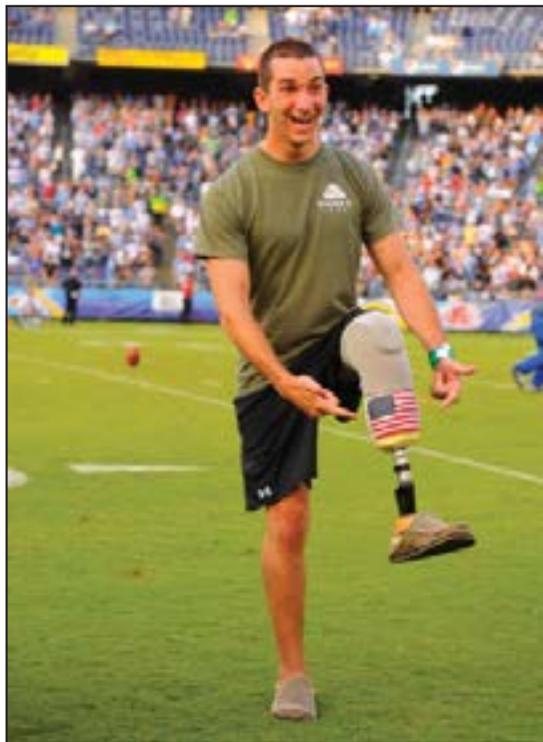
During the next five years, the U.S. Navy will invest \$3.25 million in the program, which will be accessible through the Department of Navy Substance Abuse and Rehabilitation Services to military personnel, family members and retirees who complete primary treatment for addiction to alcohol or other drugs.

The Navy MORE program is expected to provide post-treatment support to 1,000 patients a year during the first year of operations. Minnesota-based Hazelden has worked closely with the U.S. Navy for more than three years, including addiction-related training for more than 300 Navy and Marine Corps substance abuse counselors, directors, social workers, psychologists and clergy from approximately 47 bases and seven shipboard sites in 20 states and seven foreign countries.

Through Navy MORE, military personnel, family members and retirees who are enrolled will have access to:

- A searchable online library of text and video on topics related to recovery, AA and other Twelve Step programs.
- Weekly online support groups facilitated by a licensed addiction counselor.
- Push messages directing patients in recovery to the next steps in their own program.
- Online fellowship tools to foster an atmosphere of support, enabling Navy MORE participants to interact with one another online.
- A Case Management Solutions home page where the Recovery Coach can manage information on how patients are doing.
- A 24/7 suicide prevention hot line with telephone numbers to call for service members and families when there is a suicide risk. In addition, a "Help Now" button links directly to clinically appropriate information that a program user can use in case they are considering suicide. ●

A Navy Hospital Corpsman from Wounded Warriors Battalion West shows his prosthetic leg during a halftime presentation at Qualcomm Stadium during a preseason NFL game between the Seattle Seahawks and the San Diego Chargers. (Photo by Mass Communication Specialist 2nd Class Tyler J. Wilson)



MENTAL HEALTH CAPABILITIES

OPERATIONAL STRESS CONTROL RESOURCES

Changes in today's Naval Service have led to the need for a new way to view Operational Stress Control (OSC). The Navy is moving beyond the historical perspective of viewing stress-related problems as a failure to cope and is moving toward a culture that promotes psychological health. OSC is the Navy's comprehensive approach to address the psychological health of Sailors and their families. The end state is mission-ready Sailors, families and commands.

The foundation of OSC is the stress continuum model which provides Sailors, leaders, and family members a visual tool for assessing stress responses and practical steps to take to mitigate stress injuries.

OPERATIONAL STRESS CONTROL AND READINESS (OSCAR) TEAMS

The Marine Corps, in collaboration with Navy Medicine, has deployed the Operational Stress Control and Readiness (OSCAR) program which embeds psychological health professionals within operational units.

The OSCAR program provides early intervention and prevention support throughout all of the phases of deployment. The OSCAR program is now available at all three active Marine divisions.

Each OSCAR team consists of two mental health providers and two specially trained psychiatric technicians as well as OSCAR "extenders" – unit corpsmen, chaplains, and religious ministry chaplain who supplement the

medical and mental health professionals by bridging the gap between Marine OSCAR mentors and OSCAR mental health professionals.

OSCAR team members are embedded with units both in garrison and in field training evolutions and provide a variety of non-clinical support activities including psychological health surveillance, command liaison, preventative psychological health training, and coordination with external mental health services.

MARADMIN 597/11, Operational Stress Control and Readiness Training Guidance, released Oct. 7, 2011, mandates that each battalion or equivalent command will establish, train, and maintain OSCAR teams by Jan. 31, 2012. OSCAR teams will assist commanders in preventing, identifying, and managing combat and operational stress issues by good example, mentoring, and by reducing stigma related to seeking behavioral health assistance.

SPECIAL PSYCHIATRIC RAPID INTERVENTION TEAM (SPRINT)

SPRINTs are Navy Medicine's primary response resource in providing rapid short term support following operational mishaps and critical events involving loss of lives. The mission of SPRINT is to provide individuals with educational and supportive services in group and individual settings that are designed to facilitate the normal recovery process and reduce the potential for future problems that can impact operational readiness. Critical events for which a SPRINT is activated tend to be low frequency but high magnitude and dynamic occur-

rences that affect a command or community. SPRINT activation incidents include aviation mishaps, motor vehicle accidents with death resulting, natural disasters such as earthquakes, tornados, etc., and attacks on Navy vessels. A full team is typically comprised of a psychiatrist and/or psychologist, social worker, psychiatric nurse practitioner, chaplain, and neuropsychiatric technicians. Team composition is flexible and scalable by design which allows team composition to be built according to the nature and size of the event.

SPRINTs are located at NNMCMC Bethesda; NMC Portsmouth; and NMC San Diego, but the flexible composition of the team means that mission specific teams can be created and deployed on very short notice. The addition of having trained and experienced medical personnel in forward deployed areas ensures that Navy Medicine not only has the correct medical capabilities, but also the flexibility that allows appropriate medical assets to be integrated from different areas to provide timely care in response to dynamic requirements.

OVERCOMING ADVERSITY AND STRESS INJURY SUPPORT (OASIS)

Naval Medical Center San Diego's Overcoming Adversity and Stress Injury Support (OASIS) is a new treatment program that provides intensive mental health care for service members with combat related mental health symptoms from post traumatic stress disorder, as well as major depressive disorders, anxiety disorders and substance abuse problems. OASIS offers a comprehensive individualized treatment plan designed to meet the needs of patients.

Care is provided seven days a week for 10-12 weeks, and service members reside within the facility while they receive treatment. Services include weekly individual psychotherapy, daily group psychotherapy, family skills training, medication management, intensive sleep retraining, vocational rehabilitation and complementary medicine techniques such as yoga and meditation led by ex-



The Marine Corps, in collaboration with Navy Medicine, has deployed the Operational Stress Control and Readiness (OSCAR) program which embeds psychological health professionals within operational units. The OSCAR program provides early intervention and prevention support throughout all of the phases of deployment. (Photo by Samuel C. Peterson)

perts in these fields.

The OASIS staff is comprised of mental health professionals including psychiatrists, psychologists, licensed clinical social workers, recreation therapists, registered nurses, case managers and psychiatric technicians.

BEHAVIORAL HEALTH INTEGRATION PROGRAM

Objective: To implement and sustain the Behavioral Health Integration Program (BHIP) in the Medical Home Port across 69 Navy sites as required by a DoD Instruction (in draft) and the Medical Home Port Instruction.

Behavioral Health Integration Program in the Medical Home Port is

- An innovative way to combine two best practices for behavioral health integration in the primary care setting.
- The creation of three new Medical Home Port team members whose sole responsibility is to assist the MHP team in addressing the behavioral health needs of all patients (active duty, dependents and retirees).

- Internal Behavioral Health Consultant – a licensed independent mental health provider who provides same day and scheduled appointments at the request of the PCM. The goal is to support the PCM in addressing the behavioral health needs of the population.

- Care Facilitator – typically a nurse who provides care facilitation at the request of the PCM. The primary focus is on patients with depression and/or PTSD.

- External Behavioral Health Consultant – a licensed independent psychiatric prescriber who is located remotely but remains readily available to the MHP team for consultation.

The Behavioral Health Integration Program was developed to address the following concerns:

- A significant number of patients with unmet mental health needs.

- Due to limited access the majority of retirees and dependents are sent out of the military health system for care which increases cost.

- Inconsistency in the quality of care delivered in primary care.

- A desire to meet the quadruple aim as outlined by the Tricare Management Agency (TMA).

- Stigma associated with seeking mental health services.

Current state of the Behavioral Health Integration Program

- Implementation of the program across the Enterprise

- 14 sites have identified Internal Behavioral Health Consultants

- Nine MTFs have requested funding to hire BHIP-MHP personnel through

the MHP PMO

- Training of the new BHIP-MHP Team Members

- Training program and materials have been developed.

- Training is being scheduled through the regions and will begin in November 2011.

USMC WOUNDED WARRIOR CLINICAL SERVICES STAFF

It is essential that wounded, ill and injured Marines and Sailors receive coordinated care for a successful recovery. Effective treatment programs for injured Marines and Sailors, assigned to Marine Corps units, are individualized and complex. The course of recovery can be long, may require multiple and repetitive needs assessments, complex documentation, and include medical and psychological health (PH)-related interventions as the injured Marine or Sailor makes the transition back to a functional and productive life, either back to military duty or to civilian life. Many specialists may be involved—including but not limited to trauma surgeons, mental health providers, physical therapists, occupational and vocational therapists, etc. The USMC Wounded Warrior Regiment (WWR) is the one over-arching program that follows an injured Marine or assigned Sailor through this entire transition which often takes more than a year.

To ensure success with Marines and Sailors with significant injuries that impact their psychological health and well-being, BUMED developed a contract, in conjunction with, and to support the USMC WWR, to provide Licensed Clinical Services Staff, primarily experienced clinical social workers and nurses, and experts in PH, especially Post Traumatic Stress Disorder (PTSD), and in Traumatic Brain Injury (TBI). Currently, a total of 11 BUMED-

contracted staff members support this comprehensive program world-wide at the WWR Headquarters, East and West Coast Battalions and their Detachments for injuries related to PH and TBI to ensure that every Marine and Sailor, assigned to the Marine Corps units, receive the best prevention, identification, and treatment that is available. In addition, they assist USMC leadership

SPECIALTY	ACTIVE	RESERVE	CIVILIAN	CONTRACTOR
Psychologist	114	108	74	296
Psychiatrist	110	38	25	173
Social Worker	32	116	65	213
Mental Health Nurse	66	20	42	128
Mental Health Nurse Practitioner	15	3	7	25
Other Licensed MH Provider	0	25	29	54
Tech/Counselor	300	44	151	495
Total	637	354	393	1384

MENTAL HEALTH CAPABILITIES

in developing policies and procedures for PH and TBI, facilitate clinical assessments, and support the successful case management of individuals assigned to the WWR. Currently, staff are assigned at Camp Lejeune (1); Camp Pendleton (1); Marine Corps Base Hawaii (1); and Quantico (4). At Quantico, there is also a TBI program coordinator, a PH program coordinator, and 2 administrative assistants. WWR staff, Marine Corps units and families are also provided support. Program objectives include increasing Marines and Sailors awareness of PH and TBI symptoms and resources and improving the continuity and coordination of care for the wounded Marines and Sailors transitioning back to military duty or civilian life. Just in FY11, they received more than 1,600 referrals for assistance (double the number of referrals they received in FY10) and made more than 15,000 client contacts for the provision of services and support.

RESERVE PSYCHOLOGICAL HEALTH OUTREACH PROGRAM (PHOP)

The U.S. Navy and Marine Corps



El-Brenda Wiley, left, a psychological health outreach program counselor, advises U.S. Navy Ensign Chris Love, center, assigned to the reserve component of Cargo Handling Battalion 4, and his wife during a pre-deployment family readiness conference in Charlotte, N.C. (Photo by Mass Communication Specialist 2nd Class Maddelin Angebrand)

Reserve communities face increasing difficulties with stress and Psychological Health (PH) and Traumatic Brain Injury (TBI)-related issues as a result of serving in combat areas over the past 10 years. In addition to having the same problems that active duty service members can experience upon returning from deployments, reservists encounter challenges that are exclusive to the Reserves which can cause increased stress in their lives and exacerbate deployment-related injuries resulting in PH issues and TBI. Civilian employers and family members may not understand nor be able to identify with the deployment experiences that a Reservist had. Therefore, that initial relief of being home can be mitigated over the subsequent weeks and months. Navy Reservists, and some Marine Corps Reservists, also bear the burden of being deployed on an individual augmentation basis, away from their reserve units. So even after they return to their drilling unit, they don't see their battle buddies and their unit leaders only see them infrequently which can increase the possibility that PH issues can go unnoticed. Reserv-

ists are also provided time off following deployment, which increases the length of time commands are able to get "eyes on" them even longer. Reservists also face access to care challenges, since their eligibility and access to military or VA health care is dependent on a number of factors such as the length of time since redeployment, a timely completion of Line of Duty (LOD) determinations, finances, and even where they live—which is often hours from where they drill. The processes involved in providing a Reservist proper care to resolve PH issues can also be cumbersome and lengthy in terms of administrative procedures required, even prior to beginning care. So at any point in the process, from initial identification of a PH issue to its resolution, the opportunity to provide a Reservist with needed services is diminished or can be missed.

To address this gap in care and create a PH "safety net" for Reservists and their families who are at risk for not having stress injuries identified and treated in an expeditious manner, and to improve the overall PH of reservists and their families, in 2008 BUMED developed the Psychological Health Outreach Program or PHOP to serve both the Marine Corps Reserve and the Navy Reserve. The program now includes 55 licensed mental health providers dispersed throughout the country. For the Navy Reserve, three to six member PHOP teams are embedded at each of the five Regional Reserve Component Commands (RCC) to cover all of the Naval Operational Support Centers (NOSC) within each region. For the Marine Forces Reserve, four to six member PHOP teams are located at six Home Training Centers (HTCs) that were identified as central geographically to cover all of the Marine Reserve units within each region.

Each team has two Outreach Coordinators who:

- Clinically assess Reservists who are referred by NOSC or HTC Medical Department Representatives (MDRs), after the Post-Deployment Health Assessment/Reassessment (PDHA/PDHRA)

Screening, by other NOSC/HTC or RCC staff, their families and friends, or by self-referral.

- Provide outreach telephone calls to all demobilizing Reservists who have been identified as having returned from deployment in the last six months to screen and offer support.

- Assist Reservists with LOD determination processing if the reason for referral is suspected to be service connected.

- Conduct follow up communication with Reservists who have been referred for services.

All of the members of each PHOP Team:

- Provide PH outreach and educational/training and support to MDRs at each NOSC and HTC.

- Provide outreach services to larger reserve populations identified as being at risk for PH issues.

- Find and build relationships with appropriate PH resources in each community where Reservists live and drill in order to have awareness of what is available and be able to refer with a "warm handoff" all reservists and family members who can benefit from the resources and support services.

- Resource a 24/7 information line for unit leaders or reservists and their families to obtain information regarding local resources for all areas of their quality of life which can negatively or positively impact their PH (e.g. employment, finances, PH care, family support, child care, etc.).

RETURNING WARRIOR WORKSHOPS (RWWS)

Provided in a context of caring and support by reserve leaders, these week-end-long free workshops for demobilized service members and a loved one, began with the Navy Reserve more than five years ago, and are now considered the signature Navy Reserve Yellow Ribbon program of post-deployment support for effective reintegration. Planned in conjunction with Marine Forces Reserve Family Readiness Officers/Navy Reserve Regional Warrior and Family Support Coordinators, and Chaplains, these life-changing workshops, which are conducted in each Navy Reserve Region across the country quarterly,



Dr. David Williamson, medical director for the Inpatient Psychological Health and Traumatic Brain Injury program at the National Military Medical Center in Bethesda, Md., and his staff are breaking new ground in identifying and treating traumatic brain injuries and mental-health issues. (Photo by Seaman Alexandra Snow)

were developed to support the successful reintegration and growth of service members and their loved ones. Navy Medicine funds the event planning contract that ensures the high quality of the venue for these events, which are held in four-diamond rated hotels, and also the program facilitators.

Through the provision of engaging personal processes in a carefully planned flow of plenary and breakout sessions, which have been developed and refined for increased effectiveness and fit over time, a unique non-stigmatizing environment of healing is created that:

- Assists demobilized service members and their loved ones in identifying immediate and potential issues or concerns that often arise during post-deployment reintegration.

- Provides Chaplains and PHOP team members to provide appropriate resources to resolve issues and mitigate stress (both from deployment and from their life experiences).

- Encourages reserve members to share common experiences and challenges in a safe, supportive and non-threatening environment.

- Honors service members and their loved ones for their sacrifices in a formal Banquet of Honor -- a peak experience of the weekend.

- Engages service members and their families in process improvement both to improve the deployment cycle support process by commands, and the reintegration experience for the reservists and their loved ones. It provides encouragement and support that allows them to develop a greater awareness of ways to move forward and make plans for the future. Service members often realize Post-Deployment Growth and identify critical changes they want to make in their lives as a result of the weekend experience.

Evaluations show that Reservists and their families or significant others are being positively impacted by attending the RWWs and that they would recommend them to others.

In Fiscal Year (FY) 11, 20 Navy Reserve and four Marine Corps Reserve RWWs were held. Navy Reserve data shows that, just in FY11, they have provided supported to 1,233 sailors (active or reservists), 37 Other Service Members, and 1045 loved ones. As of September 2011, based on the data reported to date, a total of 85 Navy Reserve RWWs have been held, which have served more than 10,000 attendees: 5,239 Sailors (active or reserve), 441 Other Service Members, and 4,561 loved ones. 🌐

PROJECT FOCUS

PROJECT FOCUS (FAMILIES OVERCOMING UNDER STRESS)

Deployments affect both the service member and the family. During wartime, routines and roles are disrupted. Deployments and reintegration may cause stress for children and spouses.

To overcome this challenge, Navy Medicine developed Project FOCUS (Families OverComing Under Stress) to serve the growing need of military families and children. In January 2009, the Bureau of Medicine and Surgery (BUMED) Family Programs Division was created under the Deployment Health Directorate in the Wounded, Ill, and Injured Warrior Support Command of BUMED and oversees FOCUS.

The program provides structured psychological health and resilience increasing activities to bridge gaps in shared family understanding that may follow stressful experiences and separations. FOCUS uses family training techniques to highlight areas of strength and resilience in the family and promote family growth to help address daily challenges. FOCUS is a psychological health service designed to help families

address the stress related to deployment. In FOCUS, families develop a shared understanding of how their own deployment experience creates a unique story to enhance resiliency and prepare for the next deployment. The program includes the entire family and is customized to suit its specific needs. FOCUS is offered in several formats: family consultations, family level training, small group training, and workshops. FOCUS builds strong connections with other military family providers to support a network of care for families.

FOCUS teaches family members how to talk together and assists with problem solving and goal setting. Family members learn how to support each other and prepare for future challenges.

SERVICES FOR PROVIDERS AND FAMILIES

Briefs – Briefs typically include an overview of FOCUS, and education about child development, the unique needs of military families, and the types of resiliency training strategies for families that can be helpful. Briefs range in length from 15-90 minutes depending on the request.

Educational Workshops – Workshops generally cover a specific topic, such as developmental reactions to deployment. They can be tailored to address topics for any stage of deployment and are approximately 60 minutes long.

Consultations – Consultations offer education to community providers, such as teachers or counselors, on family and child centered topics such as, child behavior changes during deployment, or reintegration. The lengths of consultations are generally 30-60 minutes but are flexible depending on audience and venue.

SERVICES FOR FAMILIES

Individual Family Resiliency Training – Individual Family Resiliency Training (IFRT) is a multi-session resiliency training program for active duty military families. Sessions are organized around the development of a family deployment timeline which is used to teach families how to manage feelings, improve communication, and learn problem solving and goal setting skills. IFRT is generally six to eight sessions but can be delivered flexibly, depending on the family's needs.

Skill Building Groups – Skill Building Groups provide an introduction to the key skills taught in Individual Family Resiliency Training. They are generally 90 minutes in length. The target audience can be parents, families, or children in specific age groups (school-aged children, teenagers, parents, or entire families).

Consultations – Family consultations provide guidance and professional expertise on a specific topic or start a general discussion about the effects of military life on the family. For example, parents may wish to discuss their child's upcoming transition from preschool to kindergarten which is happening simultaneous to a parent's deployment. Or a family may be preparing for its first deployment and want to know what kind of behavior changes they can expect in their teenager. Consultations are also provided around specific trauma, grief, or loss issues. Following the consultation, families can choose to participate in IFRT or be linked to other appropriate services. 🌐



Navy Medicine developed Project FOCUS (Families OverComing Under Stress) to serve the growing need of military families and children. (Photo by Mass Communication Specialist 3rd Class Charles Oki)

NCCOSC

THE NAVAL CENTER FOR COMBAT & OPERATIONAL STRESS CONTROL (NCCOSC)

The Naval Center for Combat & Operational Stress Control (NCCOSC) was established in 2008 as a BUMED program to improve the psychological health of Navy and Marine Corps forces. It is located at Naval Medical Center San Diego, with a satellite location at Naval Hospital Camp Pendleton.

All of the center's efforts are predicated on the importance of teaching Sailors and Marines to recognize and treat signs of stress before anyone is in a crisis. To this end, NCCOSC provides comprehensive programs that educate service members, build resilience, aid research and promote best practices in the treatment of combat and operational stress injuries.

Programs to build and strengthen psychological resilience are a major focus of NCCOSC. Equally important is the need to counteract negative assumptions associated with stress-related injuries and illnesses, and NCCOSC is involved in a number of measures to reduce any stigma associated with seeking help.

Ongoing NCCOSC initiatives:

- Psychological Health Pathways (PHP) standardizes the processes for clinical care programs that promote coordinated, evidence-based, high-quality health care;
- Combat Neurotrauma Registry (CNR) is an electronic database used to monitor individual patients throughout their care at military treatment facilities;
- Evidence-based curricula and presentations in Operational Stress Control are designed to train Navy mental health providers, line leaders and warriors at all levels;
- Outreach to diverse military audiences provides resilience-building information and custom-built presentations to communities within the Navy and Marine Corps;
- Research facilitation supports clinicians who lack the time, resources or experience to conduct research in



A Sailor plays the video game, Lethal Enforcers, during the Selective Serotonin Reuptake Inhibitors (SSRI) study being conducted by The Naval Center for Combat & Operational Stress Control. While playing the game, participants use a plastic light pistol to shoot foes, and avoid shooting friends, as they appear on screen in such different scenarios as target practice, a bank robbery or a getaway. (Photo courtesy of NCCOSC Public Affairs)

important areas related to diagnoses and care for stress injuries and illnesses;

• An engaging website – www.nccosc.navy.mil – and an active social media presence provide straightforward information to help combat stigma that may prevent service members from seeking help for psychological problems.

Each spring, NCCOSC organizes and sponsors the Navy and Marine Corps Conference on Combat & Operational Stress Control, which brings together military leaders, researchers, health professionals and family member for relevant topics. The 2011 event, which drew nearly 1,100 participants, highlighted the “Critical Role of Junior Leaders.”

The 2012 COSC Conference will be held May 22 to May 24 in San Diego. Its theme is “Joining Forces to Strengthen Resilience.”



