PURPOSE:

- This instruction applies to all Navy medical activities (NMA) inside and outside of the continental United States (CONUS/OCONUS) which acts as the sourcing commands for augmentation requirements for operational platforms. Deployable medical systems such as expeditionary medical facilities (EMFs) have no peacetime staffing, and hospital ship (T-AH) platforms maintain only a reduced operating status (ROS) crew during peacetime. Peacetime medical staffing levels of operational and medical support units are maintained below required wartime and contingency staffing levels.

- Personnel assigned to sourcing commands are ordered to a component unit identification code (CUIC) that identifies their operational platform assignment billet sequence code (BSC).
DIFFERENT PLATFORMS:

- Reserve Unit
- Reserve Unit
- Smaller Hospitals
- Health Clinic
- Health Clinic

Medical Center (Definitive Care)
Forward Support Hospital (Temporary)
Battalion Aid Station

Red = Wounded
Yellow = Manpower

The Battle
The Corpsman
RESPONSIBILITIES:
CHIEF, BUREAU OF MEDICINE AND SURGERY (BUMED):

• Directs, coordinates, and monitors the execution of the HSAP and software program used by the BSO 18 (Budget Submitting Office) to monitor readiness.
• BUMED when tasked by the Chief of Naval Operations (CNO), will task specific echelon 3 commander for execution.
• Monitors augmentation requirements and CUIC assignments for the overall readiness of platforms.
• Provides recommendation or nominations for commanding officers (CO), executive officer (XO) and command master chief (CMC) for Navy medical platforms.
• Provides input regarding augmentation platform personnel fill rates and training readiness for the Joint Quarterly Readiness Report.
• Establishes guidelines for developing Deployment Support Centers (DSC).
BUMED DEPUTY CHIEF OF STAFF:

• BUMED Deputy Chief of Staff, Human Resources (BUMED-M1) is responsible for CUIC and links between authorized billets and to operational requirement in the Navy’s official manpower data system.

• Detailers and commands assigned personnel to only one CUIC BSC (Billet Sequence Code). Example you are at Walter Reed National Military Medical Center, and within 10 days of check-in, you are assigned to the CUIC of the USS Gerald Ford. Which means if the USS Gerald Ford is heading out to a mission and needs staff for their Manning requirements, or their staff is pulled away to another mission and they need additional Manning to maintain their day-to-day operations, you may be required to backfill this position until their staff is returned or your deployment time has ended.

• Once assigned to a CUIC you are assigned there until PCS or no longer qualified.
BUMED DEPUTY CHIEF OF STAFF FOR RESOURCE MANAGEMENT AND COMPTROLLER:

• BUMED Deputy Chief of Staff for Resource Management and Comptroller (BUMED-M8) maintains financial control, jurisdiction, and statutory responsibility for all appropriations issued to BUMED.

• BUMED-M8 will provide fiscal guidance on issues involving operational readiness and training.
NAVY MEDICINE SUPPORT COMMAND:

• Manpower, Personnel, Training and Education Command (NAVMED MPT&E) is the financial expense limitation holder (ELH) for the expense operating budget (EOB) and exercises both operational and financial oversight.

• MPT&E in conjunction with platform sponsors; plan, budget, and monitor readiness training requirements for personnel augmenting.

• NOMI (Naval Operational Medicine Institute) is a subordinate command of NAVMED MPT&E who manages the EOB.
NAVY MEDICINE REGIONS:

• Monitor, assist in training, and provide medical and non-medical personnel to support the full spectrum of Navy and Marine Corps combat and contingency operations.

• Monitor capability of sourcing commands to meet augmentation requirements, gender ratios, and training status via Expeditionary Medicine Platform Augmentation Readiness and Training System (EMPARTS) or the Navy’s official manpower data system.

• Assist sourcing commands within their area of responsibility (AOR).

• Analyze EMPARTS or the Navy’s official manpower data system to identify shortfalls and residuals, and submit recommendations for fill.
NAVY MEDICINE REGIONS:

- Conduct quarterly readiness reviews using EMPARTS or the Navy’s official manpower data system to verify HSAP compliance.
- Provide assistance to sourcing commands, HSAP assist visits, technical guidance, and administrative support to activities within their AOR when requested.
- Annual review of the HSAP policy and procedures manuals prepared by sourcing commands within the respective AOR.
- Oversee economic and effective delivery of medical, dental and other health care services in the area of operational responsibility as directed by the Chief, BUMED.
- Training and providing medical personnel to support the full spectrum of Navy and Marine Corps combat, contingency, and planning/preparations for disaster support operations.
COMMANDS:

• CONUS Port of Embarkation (POE) – [Leaving for deployment]
  • Parent command are responsible for travel and Temporary Additional Duty (TAD) expenses from parent command to POE for USMC.
  • All others (EMF, T-AH, FDPMU) become the responsibility of the GAINING operational command upon arrival at the POE.

• CONUS Port of Debarkation (POD) – [Coming Home]
  • Parent commands are responsible for travel and TAD expenses from POD upon detachment.
COMMANDS:

• CONUS Replacement Center (CRC)
  • Augmented personnel required to process through CRC sites prior to deployment to the combatant command are funded by parent command for travel and TAD to the CRC.

• Combatant Commander (COCOM)
  • Responsible for travel and TAD expenses during the deployment.
COMMANDING OFFICERS:

• Appoint, IN WRITING, a command readiness officer (CRO) or plans, operations, and medical intelligence (POMI) officer to address operational readiness.

• Appoint, IN WRITING, an operational support officer (OSO).

• Ensures coordination of active and reserve augmentation credentialing process. A summary of each health care provider’s credentials must be forwarded to the receiving command before deploying.

• Commands are responsible for maintaining personnel readiness requirements.

• Ensures that the deployment history of all Active Component personnel is entered into EMPARTS AND Individual Personnel Tempo (ITEMPO) data systems.
COMMAND READINESS OFFICER (CRO) OR PLANS, OPERATIONS, AND MEDICAL INTELLIGENCE (POMI) OFFICER:

• Establish a DSC (Deployment Support Center) and develop a local policy and procedures manual for implementation of the DSC and execution of the HSAP.
• Maintain knowledge of platform requirements as reflected in the CUIC billets and AMD (Activity Manning Document).
• Coordinates with manpower officer/staff to ensure appropriate CUIC billet assignments are made.
• Updates EMPARTS or the Navy’s official manpower data system to maintain readiness status of HSAP personnel.
COMMAND READINESS OFFICER (CRO) OR PLANS, OPERATIONS, AND MEDICAL INTELLIGENCE (POMI) OFFICER:

• Use the HSAP to ensure deployable personnel complete administrative requirements within 30 WORKING days of reporting. Deployable personnel MUST maintain administrative readiness requirements. – Sailor responsibility.

• Coordinate military medical readiness skills training requirements for assigned personnel to ensure training requirements are met.

• Ensure HSAP personnel are identified, notified, and prepared for deployment within 30* days of reporting to command. *could be within 10 days or reporting.

• Ensure senior leadership elements are identified, aware of their responsibilities in the event of a deployment, and have a clear understanding of administrative and training requirements for their respective platforms.
COMMAND READINESS OFFICER (CRO) OR PLANS, OPERATIONS, AND MEDICAL INTELLIGENCE (POMI) OFFICER:

- Conduct entry and exit interviews for staff personnel executing PCS orders and coordinate with contingency offices and military personnel (MILPERS) departments to ensure database files are correct.
- Budget and execute plan to obtain clothing and equipment required to support augmentees and to coordinate readiness training.
- Assign all qualified residual personnel to vacant platform billets.
- Assign all qualified residual personnel to fill temporary billet vacancies for individuals in a non-deployable status based on appropriate substitution policy.
OPERATIONAL SUPPORT OFFICER (OSO):

• Be familiar with the policies and procedures governing HSAP, DSC (Deployment Support Center), and local readiness programs (Institution based).

• Able to assume readiness officer or POMI officer functional responsibilities.

• Advise and support the CO regarding Reserve issues in the event of implementation of the HSAP.
NAVY MEDICAL PERSONNEL:

• Complete administrative readiness requirements within 30 days of check-in and maintain requirements continually thereafter. – **SAILOR RESPONSIBILITY**.

• Update and report results of delinquent administrative requirements to the POMI/OSO within 15 (FIFTEEN) days of notification of change in A- or T-Status.

• Within 30 (Thirty) days of platform assignment, coordinate with department head, senior leadership element, readiness officer or POMI officer, security officer, and staff education and training department to complete training and become familiar with the directives and uniform requirements of their assigned platforms.
OCONUS NMAs (OUTSIDE OF CONTINENTAL UNITED STATES NAVAL MEDICAL ACTIVITIES):

• Collaborates with appropriate NAVMED Region, maintains current manning documents which accurately reflect requirements for FULL expansion AND review this data ANNUALLY.

• United States Naval Hospitals (USNAVHOSPs), (I.E. Okinawa, Yokosuka, Guam, etc) if tasked: develop procedural guidance for the reception, transportation, berthing, orientation, and assimilation of augmentation personnel.
MANNING PRIORITY:

• Platforms will be manned to the maximum extent possible.
• Order for manning priority
  1. Marine Forces (MARFOR)
  2. Casualty Receiving and Treatment Ship (CRTS)
  3. Forward Deployed Preventive Medicine Unit (FDPMU)
  4. Expeditionary Medical Facility (EMF)
  5. Construction Battalion Unit (CBU)
  6. Hospital Ship (T-AH)
  7. Outside Continental United States (OCONUS) Medical Treatment Facility (MTF)
  8. Blood Processing Unit (BPU)
MARFOR:

• Medical augmentation support assigned to Marine Expeditionary Force (MEF), Marine Division (MARDIV), Marine Aircraft Wing (MAW) or Marine Logistics Group (MLG) that provide up to Level 2 Health Service Support (HSS).

• All hospital corpsman will be qualified Field Medical Service Technicians (NEC 8404) for assignment to Marine Operating Forces. HSAP billets assigned to USMC units will be filled with qualified personnel up to the staffing goals (minimum 80% peacetime and 95% wartime) staffing for organic Marine Corps billets.

• All officers assigned shall attend U.S. Marine Corps Field Medical School for Officers.

• MARDIV must specifically request females otherwise is supported by males ONLY.

• Females may be assigned to MARFOR, MEF, MLG and MAW.
CRTS:
• Casualty Receiving and Treatment Ships
• 84 personnel each that provide up to Level 2 HSS.

FDPMU:
• ForwardDeployed Preventive Medicine Unit
• Provide task-organized preventive medicine services beyond the organic capability of the supported force.
• FDPMU OIC is designated by the Commanding Officer (CO), Navy Environmental Health Center.
• On activation, the FDPMU assumes the name of the FDPMU equipment set unit identification (UIC) regardless of the primary sourcing command for the manpower set (example FDPMU 4).
EMF:

• Expeditionary Medical Facility
• Task-organized to provide up to Level 3 HSS.
• EMF Companies (COs) are designated by BUMED.
• On activation, the EMF assumes the name of the primary sourcing command for the manpower set (example: EMF Kuwait and EMF Djibouti).

CBU:

• Construction Battalion Units
• Support Naval Mobile Construction Battalions (NMCB) that provide up to Level 1 HSS. All hospital corpsman will be qualified Field Medial Service Technicians (NEC 8404) for assignment to NMCB.
T-AH:
• Hospital Ships
• Hospital Ships provide up to Level 3 HSS.
• The ships are owned by Military Sealift Command (MSC) and operated by civilian mariners.
• T-AH Commanding Officer (CO) and Executive Officer (XO) are nominated by BUMED.

OCONUS MTF:
• Outside Continental United States Medical Treatment Facility
• Personnel augmentation and expanded bed capacity are provided to USNAVHOSPs Yokosuka, Okinawa, and Guam for up to Level 4 HSS of regional contingency plans.
BPU:

- Blood Processing Unit
- Support Armed Services Whole Blood Processing Laboratory (ASWBPL) and Blood Donor Centers (BDCs) whose staff increase during contingencies.

NON-DEPLOYABLE STAFF:

- Non-deployable personnel codes are listed in EMPARTS.
JOINT FORCE MARITIME COMPONENT COMMAND (JFMCC) MEDICAL AUGMENTATION CELL (MAC):

- Functional area medical responsibilities within the JFMCC command element (CE) can exceed the core organic capability of the assigned Fleet Surgeon staff, and require augmentation by medical departments personnel with functional area expertise to permit the JFMCC to optimally function in support of the Joint Task Force Commander. [*We play well with others in the sandbox, use of other services medical staff to augment the US Navy Medical staff.*]
- JFMCC is tasked-organized to fit requirements identified by the JFMCC CE and COCOM.
- Task-organization allow the JFMCC Surgeon to build a customized HSS cell to support the specific mission.
- Once the mission exceeds the capabilities of the organic Surgeon staff, augmentation will be sourced by Fleet Forces Command (FFC).
PERSONNEL SELECTED FOR CUIC, REQUIREMENTS:

• The parent Command:
  • Will submit to the Inter-Facility Credentials Transfer Brief (ICTB) through the Centralized Credentials and Quality Assurance System (CCQAS).
  • Commanders, Commanding Officers (Cos), and OIC (Officer-in-Charge) are responsible to coordinate with COCOMs regarding evaluations, fitness reports, advancement requirements, and leadership training.
PERSONNEL SELECTED FOR CUIC, REQUIREMENTS:

• The Sailor:
  • Physically qualified for deployment.
  • Annual review of health record for accuracy and completeness. (DD 2766, Deployment Medical Record)
  • Two pair of spectacles if corrective lens are required.
  • Gas mask inserts, if required, and correct type of platform equipment.
  • Annual review of dental record – MUST BE CLASS 1 or 2 to qualify for deployment.
PERSONNEL SELECTED FOR CUIC, REQUIREMENTS:

• The Sailor:
  • Family Care Certificate as required (NAVPERS 1740/6).
  • Common Access Card (Armed Forces Identification Card).
  • Personnel Identification Tags.
  • Medical Warning Tags, (if required).
  • Security Clearance as required by billet, IAW SECNAVINST 5510.30B, Chapter 6.
  • Verified Credentials. Copy of NAVPERS 1070/604, Enlisted Qualifications History)
  • Written notification of platform assignment and training requirements.

Know Both Names
PERSONNEL SELECTED FOR CUIC, REQUIREMENTS:

• The Sailor:
  • Copy of NAVPERS 1070/602W, Dependency Application/Record of Emergency Data Worksheet.
  • Copy of Serviceman’s Group Life Insurance (SGLI) Election and Certification.
  • Maintain their wills, allotments, insurance, and powers of attorney.
  • Required uniforms for assigned platform.
UNIFORMS:

- Enlisted personnel are not obligated to purchase organizational clothing.
- Officers are required to purchase uniforms. Organizational clothing and individual equipment (OCIE) items will be issued by the operational platform.
- Sourcing commands (home commands) are required to budget, purchase, and issue camouflage utility uniforms for EMF, CBU, and FDPMU assigned personnel.
- T-AH and CRTS assigned personnel must comply with current shipboard uniform regulations.
- Augmented personnel to MARFOR will be issued OCIE by the gaining MARFORCOM. **Sourcing commands do not provide uniforms.**
- BUMED does not provide uniforms for personnel assigned to individual augmentation missions.
UNIFORMS:

• Purchase of name and service cloth strips is the responsibility of the Sailor.

• Parent command CRO (Command Readiness Officer) will ensure uniform information is collected and entered into the EMPARTS for assigned personnel.

• Personal Protective Equipment (PPE) is prescribed by the COCOM for the mission.

• Individual Protective Equipment (IPE), formerly known as Chemical Defense Equipment (CDE) is prescribed by the COCOM for the mission. Navy units are responsible for the requisition, issue and maintenance of mission-specific IPE.
TRAINING:

• Sailors designated to augment operating forces will receive standardized training based on mission essential tasks.

• The Operational Forces will identify and validate training requirements based on the continuum of individualized training and avoid repeating entry-level training.

• Training requirements of the Fleet and USMC must be properly coordinated through the component and Type Commander (TYCOM) to ensure a fully mission-capable force.

• The mission essential tasks of the supported organization and complexity of the skills employed will ultimately influence training duration.
NAVY MEDICINE SUPPORT COMMAND (NMSC):

- Validate the adequacy of medical training against service standards of care of the operational environment, coordinate training, and serve as the resource advocate for medical training requirements.

- Identify training programs that support Universal Naval Task List (UNTL), Marine Corps Task List (MCTL) and validated Operating Force requirements.

- Develop standardized, requirement-driven, performance-based medical training.

- Distributed training programs will be used to maximize readiness and retain personnel on station. [Training comes to you, NO TAD]

- Direct subordinate commands to provide resources for training and provide personnel for validated operational training requirements.

- Perform periodic assessments of skills proficiency.
U.S. MARINE CORPS TRAINING:

• The Marine Corps Training and Education Command (TECOM) is responsible for promulgating individual and collective training for medical forces supporting the USMC.

ALTERNATIVE METHODS OF TRAINING:

• Alternative methods for achieving readiness skill training are highly ENCOURAGED.

• Examples:
  • Mission support
  • Operation deployments
  • Field exercises
  • Military/Civilian training
  • Classroom instruction
  • GME
  • Continuing Medical Education (CME)
  • Continuing Education Unit (CEU)
PERSONNEL MANAGEMENT:

• Parent commands are to ensure all deployment history is entered into EMPARTS and ITEMPO data systems.

• Personnel with a past deployment history will NOT deploy for a minimum of 6 months (180 days) following end of last deployment.

• Personnel will not deploy earlier than 6 months (180 days) from their reporting date. Personnel may participate in pre- and inter- deployment training beginning 60 days AFTER reporting.

• Personnel will return from deployment no later than 6 months (180 days) from PCS or retirement and no later than 3 months (90 days) from separation (EOS).

• Exceptions to the above guidelines may be done if approval from the Regional Commander has EXHAUSTED alternative to GLOBALLY source the requirement within the region or when superseded by higher authority.
CASUALTY REPLACEMENT:

- **U.S. Marine Corps Assigned Personnel**
  - Immediately source from within.
  - Next go through BUMED-M1.
  - Replacements report to USMC CRC at Camp Lejeune, NC or Camp Pendleton, CA for pre-deployment training.

- **Navy Fleet Assigned Personnel**
  - Immediately source from within.
  - Next go through BUMED-M1.
  - Replacements report to designated Navy activity for pre-deployment training.

- **Individual Augmentation (IA)**
  - Immediately source from within.
  - Next go through BUMED-M1.
  - Replacements report to their designated activity for pre-deployment training.
STOP LOSS:

- Depending on the operational situation, the CNO may direct the implementation of a Stop-Loss Policy service-wide or for certain rates/officer specialties.
- USMC personnel management policies do not automatically apply to Navy personnel even when they are actively assigned to Marine Corps units as organic or augmented personnel.
DEPLOYMENT SUPPORT:

- BUMED typically authorizes direct liaison authority (DIRLAUTH) to subordinate commands to conduct liaison with supported units and activities.
- Command CRO
  - Reviews individual readiness.
  - Coordinates transportation and billeting requirements.
  - Submits deployment reports and provides deployment briefs to augmentation personnel.
  - Coordinates personal affairs briefs to deploying personnel.
  - Reviews individuals deployment history in EMPARTS to ensure personnel have not deployed within the previous 180 days.
- Command Public Affairs Officer (PAO) coordinates press release with local media and other public affairs.
DEPLOYMENT SUPPORT CENTER (DSC):

• Commands shall elect to form a DSC to support the timely onward movement of Navy Medical capability to support the COCOM.

• Example of a DSC:
  - CRO and support staff as needed.
  - Personnel Support Activities (PSA).
  - Staff Education and Training.
  - Transportation Office.
  - Professional Affairs Office (Credentials).
  - Medical/Dental Records Office.
  - Legal Services.
  - Pastoral Care.
  - Immunizations Clinic.
  - Ombudsman.
  - Family Services Center (FSC).
  - Security (discuss OPSEC and reporting requirements).
MEDICAL FLEET RESPONSE PLAN (MFRP):

• To surge Navy warfighting capacity for the National defense this requires a fundamental change in Navy and Medicine business policy that impacts staffing levels, training, funding, contracting, reserves and TRICARE.

• Readiness Categories:
  • Routine Deployable forward deployed crisis response forces that are mission capable and ready to deploy within 5 days.
  • Surge Ready forces designated for the force build-up stage that are ready and capable of mobilizing and deploying in 30 days.
  • Emergency Surge additional forces designated for further follow-on stages that are ready and capable of deploying within 120 days.
MEDICAL FLEET RESPONSE PLAN (MFRP):

• Readiness Reporting: The Status of Resources and Training System (SORTS) establishes joint readiness reporting requirements for reporting readiness of personnel, training, and equipment. Based on metrics established to measure these three elements, SORTS provides five measures of unit readiness indicating the unit’s self-reported ability to execute the mission.
SLOTS CATEGORIES:

- C1; The unit is capable of undertaking the full wartime mission. Fully mission capable.
- C2; The unit is capable of undertaking the bulk of its wartime mission. Minor deficiencies.
- C3; The unit is capable of undertaking a major portion of its wartime mission. Has major deficiencies.
- C4; The unit is NOT able to perform its wartime mission unless it is provided additional resources or training.
- C5; The unit is NOT able to perform its wartime mission and is not mission capable.
NAVI MEDICINE HSAP PLATFORM READYNESS METRICS:

• Personnel Status: The billet fill rate for a CUIC HSAP platform is calculated by dividing the total number of platform billets by the total number of platform billets.

• Training Status: The percent of personnel trained is calculated by dividing the total number of personnel fully trained, by the total number of personnel currently assigned to the platform. Training requirements are specific to platform assignment.
SURGE CAPACITY – MARFOR:

• Routine Deployable; These are assets immediately available to the Marine Corps for deployment.

• Surge Ready; These personnel will be available to deploy with Marine Corps units within 30 days of notification.

• Emergency Surge; additional forces designated for further follow-on stages that are ready and capable of deploying within 120 days.
SURGE CAPACITY – CRTS:

• There are currently 11 augmentation teams identified for the large deck amphibious ships (LHA/LHD) of the fleet.

• Routine Deployable; Includes a Fleet Surgical Team (FST) personnel that are ADDU (Additional Duty) to the local MTF (Medical Treatment Facility).

• Surge Ready; These personnel will be available to deploy within 30 days of notification.

• Emergency Surge; additional forces designated for further follow-on stages that are ready and capable of deploying within 120 days.
SURGE CAPACITY – FDPMU:

• Is drawn from capability sets within the active-duty Naval Environmental Preventive Medicine Unit (NEPMU). May be deploy independently for specific disease vector component.

• Routine Deployable; Two FDPMU maintain “Ready FDPMU” status on a 6-month rotating basis. Deployable within days of notification.

• Surge Ready; Two FDPMU are maintained in this status. The “Surge Ready” FDPMU is the predeployment training phase for 6 months prior to designation as “Routine Deployable.” A “Surge Ready” FDPMU will be able to deploy within 30 day notification.

• Emergency Surge; Two FDPMU are in an “Emergency Surge” status after completing their duty as ready FDPMU. An “Emergency Surge” FDPMU will be able to deploy within 60 days of notification.
SURGE CAPACITY – EMF:

• Routine Deployable; Two EMF systems are maintained in this status for 1 year. The rotation plan will be staggered so one EMF will rotate on and off “Routine Deployable” status every 6 months. Upon completion of rotation, the EMF will move to “Emergency Surge” status.

• Surge Ready; Three active duty EMF systems are maintained in this status for 1 year. A “Surge Ready” EMF will be able to deploy task-organized EMF detachments up to 500 beds within 30 days of notification.

• Emergency Surge; Will be held in “Emergency Surge” status for 6 months prior to reentering the training and operational readiness cycle. An “Emergency Surge” EMF will be able to deploy task-organized EMF detachments up to 500 beds within 120 days of notification.
SURGE CAPACITY – T-AH:

• Routine Deployable; Mission capable forces that are ready to deploy within days in support of a 250-bed configuration.

• Surge Ready; Forces designated for deploying within 30 days to support a 500-bed configuration.

• Emergency Surge; Additional forces designated for further follow-on stages that are ready to deploy within 120 days in support of the 1,000-bed configuration.
AT THE END OF THE DAY…

• Know BUMEDINST 6440.5C IS Health Services Augmentation Program.
• HSAP is how Sailors know if they are ATTACHED to a deployable unit, not just your “Home” command.
• It is the SAILOR’s responsibility to remain DEPLOYABLE.
• There are specific time references, KNOW THEM.
• Females MUST BE REQUESTED for MARDIV assignment.
• There is pre-deployment training that must be done and documented.
TERMINOLOGY:

- A-Status; measures the percentage of administrative items completed.
- Organic; staff assigned and working, not augmented staff. “Home” unit.
- T-Status; measures the percentage of training items completed.