

# **Navy Expeditionary Combat Command**

## Expeditionary Medicine Concept of Operations



**01 October 2007**

**Prepared for Commander, Navy Expeditionary Combat Command**

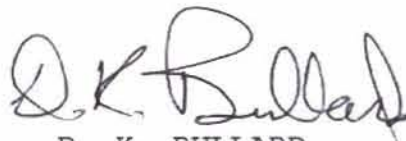


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LETTER OF PROMULGATION

1. The Navy Expeditionary Combat Command Expeditionary Medicine Concept of Operations (CONOPS) is approved for implementation.
2. The Expeditionary Medicine CONOPS provides an overview and description of the expeditionary medical capabilities that support the Navy Expeditionary Combat Command (NECC) and subordinate units. It describes the mission, vision, employment theory, capabilities, organization and command relationships associated with delivering critical expeditionary medical support to all NECC components and other designated Navy and Joint forces.
3. Commander, Navy Expeditionary Combat Command is responsible for maintaining the content of the Expeditionary Medical CONOPS and will be assisted by the NECC Surgeon.
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D. K. BULLARD

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## PURPOSE

The purpose of the Expeditionary Medicine Concept of Operations (CONOPS) is to provide a conceptual framework for the establishment, development, and operational employment of Health Services (HS) capabilities within the Navy Expeditionary Combat Command (NECC) and its components. This CONOPS will describe the NECC HS mission, vision, capabilities, employment, projected operational environment, organization, and command relationships.

Joint and Service doctrine, including the new taxonomy of capabilities of care, and emerging military missions in response to world events, has rapidly progressed. The Sea Basing pillar of Sea Power 21 places increased reliance on forward-deployed or pre-positioned capabilities, including medical, to support war-fighting forces. Additionally, the requirement to conduct distributed operations in the 4th generation warfare environment raises new challenges for Health Services Support (HSS). To meet and overcome these challenges, senior operational medicine leaders will use the principles of operational art to translate strategic and doctrinal underpinnings into concrete and achievable Navy tactics, techniques, and procedures (NTTP) in support of Fleet operations.

The following assumptions are adopted in support of the Expeditionary Medicine CONOPS:

- As medical diagnostic and treatment methods, standards, and enabling technology change to meet current and future threats, NECC HSS doctrine, procedures, and resources will also change.
- NECC HSS operations will be integrated with NECC forces and as directed with special operations, joint and coalition forces, and international health organizations.
- NECC mobile and modular expeditionary resources may often be the first medical capabilities able to respond in a designated area of responsibility (AOR).

This CONOPS reflects the current state HS capabilities and operational concepts for the NECC enterprise. It is written with POM-08 as the baseline and is constrained to capabilities and systems that will be or could be introduced in significant quantity within the fiscal year development plan. While the focus of this CONOPS is on the near term (through FY 2008), discussions of capabilities to be added by FY 2013 as well as Doctrine, Organization, Training, Materiel, Leadership and Education, Personnel, and Facilities (DOTMLPF) enhancements to optimize HSS to NECC forces are included. It is a dynamic document, to be updated as necessary to reflect changes in NECC Force Medical organization, capabilities, operational concepts, and doctrine.

This CONOPS does not address mission-specific operations or tactics. Separate NTTP and mission-specific guidance will be developed and provided in other documents.

## EXECUTIVE SUMMARY

### INTRODUCTION

In January 2006, the Chief of Naval Operations (CNO) established the Navy Expeditionary Combat Command (NECC) to provide oversight of the current Navy expeditionary forces and to develop new capabilities to address emerging missions in the rapidly evolving maritime security environment. NECC's purpose is three-fold:

(1) To centrally organize, man, train, equip, and maintain the existing Navy expeditionary forces, including the Naval Construction Force (NCF), Navy Explosive Ordnance Disposal (EOD) Groups, Naval Coastal Warfare (NCW) Groups, Mobile Diving and Salvage (MDS) Units, Navy Expeditionary Logistics Support Group (NAVELSG), Navy Expeditionary Guard Battalion (NEGB) and Combat Camera to deliver more effective combat support and combat service support capability.

(2) To establish and coherently organize new and evolving expeditionary warfighting capabilities, including riverine, maritime civil affairs, expeditionary foreign military training, maritime expeditionary security, management of in lieu of (ILO) forces, enhanced support for humanitarian assistance, and other emerging missions, that support Maritime Security Operations (MSO) around the world. Since NECC's stand-up, many of these emerging capabilities are now available through the following new commands and their subordinate units: Riverine Group, Maritime Civil Affairs Group (MCAG), Expeditionary Training Command (ETC), and Expeditionary Readiness Combat Command (ECRC). The Expeditionary Intelligence Command (EIC), Expeditionary Medical Command (EMC), and Maritime Expeditionary Security Force (MESF) are additional NECC capabilities in development that are scheduled to have an initial operational capability (IOC) in Calendar year 2007.

(3) To serve as the single process owner for the man, train, equip, deploy and redeploy functions for all Navy Individual Augmentee (IA), ILO, and Ad Hoc units.

Based on operational requirements, NECC works with operational commanders to deploy mission-specific units or multi-mission integrated adaptive force packages (AFPs) to fulfill Joint Force Maritime Component Commander (JFMCC) or Navy Component Commander (NCC) demands by using both the existing solid foundation of core capabilities in the Navy Expeditionary Force and emerging new mission capabilities. Combining these forces under a unified command structure increases the overall readiness and responsiveness of the Navy to support existing and evolving irregular warfare missions in major combat operations (MCO), MSO, or maritime homeland security/defense (M-HLS/D).

NECC combines the Navy's expeditionary forces under a single commander to provide the Joint Force Maritime Component Commander (JFMCC)/Navy Component Commander (NCC) with the capability to conduct operations across the full spectrum of maritime expeditionary operations, including maritime security operations; theater security cooperation support; security

assistance; shaping operations; and stability, security, transition, and reconstruction (SSTR) operations.

Based on operational requirements, NECC will deploy mission-specific units or multi-mission integrated AFPs to fulfill JFMCC/NCC demands by using the existing solid foundation of core capabilities in the Navy's expeditionary force and emerging new mission capabilities. Combining these forces under a unified command structure increases the overall readiness and responsiveness of the Navy to support evolving irregular warfare missions in Major Combat Operations (MCO), MSO, or M-HLS/D.

Naval Force Health Protection for the 21st Century (NFHP-21) provides the conceptual framework for developing an uninterrupted continuum of health care for naval forces during pre-deployment, deployment, and redeployment. As such, NFHP-21 serves as the baseline from which Expeditionary Medicine and HS will be integrated into the NECC Force.

Military support for SSTR operations provides guidance, establishes DOD policy, and assigns responsibilities for stability operations per DoDD 3000.05. It establishes stability operations as a core US military mission that DoD shall be prepared to conduct, support and shall be given priority comparable to combat operations. In addition, it establishes the requirement to "ensure DoD medical personnel and medical capabilities are prepared to meet military and civilian health requirements.

Effective delivery of Expeditionary Medicine in a dynamic and changing expeditionary environment is a demanding challenge. This challenge is complicated by the fact that the NECC Force and its assigned mission are new and evolving. MSO continues to grow as an essential part of the Navy's overall contribution to national objectives. Because of the demands of this important mission area have expanded over time, NECC was established to deliver an agile and flexible force ready to support today's requirements, but also responsive enough to adapt to meet evolving requirements when necessary. In some cases NECC is changing and adapting existing forces to meet today's demands, in others they are establishing operational capabilities that are totally new to the Navy. To ensure the readiness of the NECC Force, the NECC Health Services (HS) that support the force will have to be equally agile and flexible. Some of the requisite HS services essential to the NECC Force exist today, but some of this capability is being established and evolved to keep pace with the overall evolution of NECC capabilities. This CONOPs will describe both today's existing HS capability and that which is planned for the future in order to meet the demands of the operational requirements in the expeditionary environment.



## NECC HEALTH SERVICES (HS)

### Mission

The NECC HS mission is to organize, man, train and equip mission-trained and task-organized health service support (HSS) capability to the NECC Force that is:

- Aligned to be effective, flexible, and responsive to JFMCC/NCC and operational demands.
- Provides sufficient capability and capacity to meet HSS requirements for MCO, MSO, M-HS/D, SSTR operations, Humanitarian Assistance/Disaster Relief (HA/DR) and other missions as assigned.
- Maintains a solid foundation of organic capabilities and mission-driven specialty care that can respond rapidly to evolving irregular warfare area requirements.
- Focuses on providing essential preventive/casualty care and treatment required to maximize readiness and deliver a healthy and fit NECC Force regardless of the mission or location.

### Vision

The NECC's HS vision is to:

- Prepare integrated HS support into ready task-organized combat support and combat service support force packages that are aligned to be effective, flexible, and responsive to JFMCC/NCC demands
- Ensure expeditionary forces have sufficient HS capability and capacity to meet requirements for MCO, MSO, M-HLS/D, SSTR operations, HA/DR and other missions as assigned.
- Maintain a solid foundation of core and mission-driven specialty HS capabilities that can respond rapidly to evolving irregular warfare missions by integrating with and being fully supportive of operational units in a way that enhances overall readiness and mission effectiveness.
- Deliver a healthy and fit NECC Force through seamless and professional delivery of *Prevention and Protection* linked to effective *Casualty Care and Management*.
- Provide rapid and effective trauma and emergency care management necessary to sustain the NECC force across the expeditionary environment.

### Focus

The NECC HS focus is the creation and sustainment of mission-specific HSS capabilities to support NECC operating forces and/or units.

## **Capabilities**

NECC HS capabilities will be organized, manned, trained, and equipped with mission-trained personnel with sufficient capability and capacity to meet NECC Force requirements for MCO, MSO, M-HLD/S, SSTR operations and other missions as assigned. NECC HS deployable capabilities will be fully integrated into assigned operational units.

To support adaptive force planning, NECC HS will provide tailored all-source HS information to commanders, mission planners, and deployed units assigned to define medical threats in the operating environment.

## **Functions**

NECC forces need timely, accurate, and substantive HSS. Required HS functions include the following:

### ***Health Services Support - Planning***

After a mission is assigned, HS will support NECC operational and tactical planning through:

- Medical intelligence preparation of the operational environment
- Assist the commander in establishing mission-specific HSS priority requirements
- Prepare the medical estimate and health threat assessment using HS products and databases
- Identify HS gaps
- Prepare Class VIII supply support requirements.

### ***Healthy and Fit Force***

Healthy and Fit Force is the first of three pillars of NFHP-21. The goal of a *Healthy and Fit NECC Force* is to maintain the health of Sailors and Marines from their accession through separation or retirement. A *Healthy and Fit NECC Force* depends on:

- Aggressive health promotion
- Health risk identification and mitigation
- Preventive medicine and wellness programs that are directed by Commander, NECC, managed by the NECC Surgeon, and adopted by individual Sailors and Marines.

### ***Prevention and Protection***

Prevention and Protection is the second pillar of NFHP-21. The goal of *Prevention and Protection* is to protect the NECC force from natural, environmental, occupational, industrial, operational, behavioral, and chemical, biological, radiological, nuclear, or conventional hazards throughout all phases of NECC operations. Preventing casualties from injury or illness will be a primary function of NECC HSS to maintain an effective force and reduce logistical

requirements. NECC HS personnel will proactively promote *Protection and Preventive* through the following:

- Prevention of infectious disease
- Protection against environmental and occupational injury and illness
- Prevention of combat stress casualties
- Prevention of chemical, biological, radiological, and nuclear casualties
- Risk communication
- Integrated preventive medicine, occupational safety and health, environmental health, and industrial hygiene programs
- Comprehensive pre-, post-, and intra-deployment health surveillance programs
- Timely, accurate, and continuous medical intelligence
- Availability of effective countermeasures including personal protective equipment, collective protection systems, immunizations, vaccines, and chemoprophylaxis treatment.

### ***Casualty Care and Management***

*Casualty Care and Management* is the third pillar of NFHP-21. This goal of this function is to deliver quality, timely casualty care and management of injured and ill forward-deployed personnel. Providing essential care in theater, backed by the capacity for expeditious evacuation to definitive care outside the theater of operations, is a key component of the Force Health Protection (FHP) concept. The casualty care and management prevention function is accomplished through the execution of the following five critical core capabilities:

- First Responder
- Forward Resuscitative Care (FRC)
- Expeditionary theater hospitalization
- En route care
- Definitive care.

NECC HSS will provide essential care to the injured and ill in theater, in order to return them to duty, or stabilize them for rapid evacuation to definitive care outside the theater of operations.

### **Health Services Capabilities**

To perform the HSS functions described above, NECC HS personnel must be capable of performing the following Navy mission essential tasks (NMETs) in accordance with the Universal Joint Task List (UJTL)/Universal Navy Task List (UNTL):

- Perform triage
- Provide ambulatory health care
- Provide surgical and inpatient care
- Provide basic dental care
- Coordinate patient movement

- Provide industrial and environmental health services
- Maintain records
- Obtain and analyze medical information
- Train medical and non-medical personnel
- Provide HSS for humanitarian and civic assistance
- Provide medical staff support
- Provide first responder and forward resuscitative care
- Provide en route care.

### **Capability Employment**

At NECC Headquarters, HS capabilities will be organized and assigned to provide a comprehensive HSSE capability. HS capabilities embedded in the NECC subordinate component commands will provide organic HSS while in-garrison and via casualty aid stations (CAS) when deployed. If mission or force size dictate, appropriately sized expeditionary medical support teams will provide mission-driven specialty HSS to NECC operating forces when required to complement organic HS capabilities. Organic and specialized HSS capabilities will be task organized by specialty unit type codes (UTCs) to deploy as part of AFPs that are scalable and responsive to operational requirements of the mission.

HS personnel supporting NECC forces will be integrated at the unit level during operations, group level training, readiness events, deployments, mission planning, and force execution phases. Capability-based HSS will be provided to NECC forces operating in a wide variety of locations including the littorals, from a Sea Base, and during disaggregated operations.

Capabilities-based planning between NECC commanders and the NECC Surgeon is critical to ensure objectives under specified conditions for medical support will be met. HSS information flow to NECC units is crucial during planning and force execution phases.

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### Capabilities

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MSO, M-HLD/S, and other missions as assigned. NECC HS deployable capabilities will be fully integrated into assigned operational units.

To support adaptive force planning, NECC HS will provide tailored all-source HS information to commanders, mission planners, and deployed units assigned to define medical threats in the operating environment. Figure (1) shows the broad range of NECC Force capabilities that will require HS support.



Figure 1. NECC Force Capabilities in the JFMCC Environment



## DESCRIPTION

NECC Health Services will be organized, manned, trained, and equipped to provide tailored all-source HS information to commanders, mission planners, and deployed units. This will include country/region-specific disease and medical risk assessment information that might affect operations. NECC HS personnel will understand operational requirements and will be fully integrated into their assigned operational units.

### NECC HEALTH SERVICES FUNCTIONS

NECC forces require timely, accurate, and substantive Health Services support. Required HS functions include those discussed in the following paragraphs.

#### NECC Surgeon

The NECC Surgeon serves as the principal medical advisor to the Commander, NECC. The NECC Surgeon is the subject matter expert in all matters pertaining to the health promotion, health care delivery, and the well being of its active duty and reserve personnel and will establish plans, policies, doctrine, and requirements for the HS activities within NECC to accomplish the following tasks:

- (1) Oversee all matters relating to HS readiness, manpower, training, and equipping for headquarters-managed and component HS functions and capabilities.
- (2) Provide HS to support the commander's situational awareness including potential crises, threats, and developments that affect the command and force.
- (3) Identify HS resource limitations or shortfalls critical to the accomplishment of the assigned mission.
- (4) Develop force medical and dental material and logistic requirements. Implement directed medical and dental policies, material standards, and logistical procedures. Oversee and track force compliance.
- (5) Develop and maintain HS agreements between NECC, COMUSFLTFORCOM, and the Bureau of Medicine and Surgery (BUMED) to provide in-garrison HSS, augmentation capability and capacity to NECC and its subordinate commands.
- (6) Coordinate HS individual augmentation with COMUSFLTFORCOM.
- (7) Maintain oversight and reporting responsibilities for headquarters and component HS oversight programs.
- (8) Designated as the privileging authority for all medical practitioners assigned to NECC.
- (9) Validate medical temporary additional duty (TAD) requests and forward as required.
- (10) Provides direct oversight and leadership to the JFMCC Surgeon on all matters relating to HSS and Force Health Protection.
- (11) Ensures that the JFMCC Surgeon's staff is sufficient in size and balanced in experience and rank to effectively accomplish the mission.

### **In-Garrison Care**

NECC subordinate commands with appropriate assigned medical personnel will establish an in-garrison capability to promote, maintain, and preserve the health of each individual assigned and unit readiness. The capability shall consist of medical personnel, facilities, and administrative structure to provide comprehensive health care and recommendations through the chain of command on matters that may affect unit readiness. The Senior Medical Officer (SMO) or Senior Medical Department Representative (SMDR) shall advise their Commanding Officer on how to accomplish each HSS mission through contingency planning, the completion of associated medical administrative requirements, delivery of preventive and episodic medical care, and the maintenance of medical department spaces. NECC will promulgate a force-wide standard operating procedure (SOP) to meet medical/dental requirements. The SOP will clearly identify the following relationships:

- Role and responsibilities between the in-garrison capability and fixed medical/dental treatment facilities (MTFs/DTFs).
- Roles, responsibilities and capabilities for scaleable expeditionary forces.

### **Expeditionary Health Service Support (EHSS)**

Similar to other Fleet commands, NECC is currently manned with organic medical forces to provide first responder medical support. Navy EHSS capability gaps have been identified through exercises such as Vanguard 2005 and in the global war on terrorism (GWOT). Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM), established the Fleet Health Domain (FHD) to address new opportunities for the Fleet to meet evolving EHSS requirements above the FRC level through modular medical capabilities. The ability to provide modular EHSS medical capabilities at and above the FRC level will allow NECC to support expeditionary operations with enhanced medical capabilities without interrupting and/or degrading its organic capability to meet mission requirements.

### **Expeditionary Health Service Support (EHSS) Teams**

EHSS teams will be trained and equipped to support a wide spectrum of worldwide contingency operations with rapidly deployable, lightweight and highly mobile preventive medicine, primary care, emergency surgery, and emergency medical capability. The full spectrum of operations includes humanitarian and disaster response, small scale contingencies, and major theater war. Robust medical training is essential for each team to engage in a wide spectrum of contingency operations. EHSS teams can support crisis actions requiring lightweight, rapid response assets and in deliberate planning actions as independent modular components that deploy at various phases of the deployment cycle. These teams also significantly increase the flexibility to support other contingency operations by NECC forces. Flexibility is essential in the programming, planning and deployment process to allow for the most efficient deployment of EHSS Teams and supporting modules.

### **Expeditionary Primary Care Teams (EPCTs)**

An Expeditionary Primary Care Team (EPCT) provides scaleable first responder care to support mission-driven requirements. The EPCT is scalable in size and could be as large as a unit aid station (one General Medical Officer and eight to ten Hospital Corpsman) or as small as one non-physician medical provider (i.e., independent duty corpsman). An EPCT may include one or more of the following components: outpatient primary care, dental, mental health, preventive medicine, medical administration and ancillary services. The EPCT will arrive on location and assess existing medical needs and assets. Initial assessment and triage are important specific capabilities of the EPCT. The EPCT can stand alone in austere conditions or be used to augment existing local military or civilian medical capabilities. Additionally, when tasked, an EPCT can support medical operations directed to the local populace and wounded enemy prisoners of war. Team members are multifunctional and will support any function for which they are trained, if not otherwise employed. The SMO/SMDR will identify courses of action(s) to equip and man EPCTs through the chain to meet mission-driven requirements.

COMUSFLTFORCOM will coordinate the provision of EHSS capabilities above the FRC level with the Bureau of Medicine and Surgery (BUMED) and the NECC Surgeon. The following EHSS teams will provide mission-driven specialty teams to NECC forces when mission requirements or force size dictate:

- Expeditionary Surgical Team (EST)
- Expeditionary Trauma Team (ETT)
- En Route Care Team (ERCT)

### **Expeditionary Surgical Team (EST)**

An Expeditionary Surgical Team (EST) provides forward initial emergency resuscitative (damage control) surgery, capable of functioning from a small platform or from a shore based position. An EST can serve as a beach evacuation station, reinforce an EPCT, and/or operate as an intermediate casualty collecting and clearing point between forward medical elements (e.g., triage/evacuation platoon) preparing to relocate.

### **Expeditionary Trauma Team (ETT)**

An Expeditionary Trauma Team (ETT) provides initial emergency life and limb saving actions, capable of functioning from a small platform or shore based position. The ETT mission is to act as the intermediate casualty collecting and clearing point between forward medical elements (e.g., triage/evacuation platoon) preparing to relocate.

### **En Route Care Team (ERCT)**

An En Route Care Team (ERCT) provides treatment of patients during movement between capabilities in the continuum of care.

## NECC HEALTH SERVICES CAPABILITIES

To perform the Health Services functions described above, NECC Health Services personnel must have the capabilities discussed in the following paragraphs.

### Medical Planning

Health Services (HS) will support NECC operational and tactical planning by:

- Developing, appraising, and reviewing medical doctrine, contingency medical policy and requirements, medical capabilities, adequacy of medical support, and guidance for medical augmentation plans.
- Evaluating the impact of changing demands on the operating forces and recommending program changes for health care requirements.
- Developing and reviewing the effectiveness of health care requirements and operational alternatives.
- Directing HS operational involvement in CBRN warfare defense matters.
- Directing and monitoring medical and dental participation in readiness exercises.
- Preparing intelligence estimates for medical and dental implications.
- Integrating NECC health care support operations.
- Providing recommendations for NECC use of Deployable Medical Units (DEPMEDS), including Expeditionary Medical Facilities (EMFs) and Forward Deployable Preventive Medicine Units (FDPUMs) to ensure that all necessary requirements, including manpower, training, pre-positioning, and other support have been provided.
- Providing logistic support requirements to regarding medical materiel requirements, and other mobilization materiel support requirements.
- Developing and reviewing medical support of OPLANs and contingency response plans, to assess readiness and adequacy of supportability of medical requirements to NECC commanders.
- Reviewing requirements and concept developments for theater medical capabilities with an emphasis on patient evacuation procedures.
- Providing time-phased total force healthcare manpower requirements to planners.
- Conducting and reviewing studies and analyses of NECC casualty rates for battle injury and disease non-battle injuries (DNBI).
- Participating in host nation support to include potential detainee planning considerations.
- Reviewing and validating all medical wartime mobilization requirements, including manning documents and Navy training plans (NTPs)/Navy training system plans (NTSPs).

### **First Responder Care Capability**

Health Services will provide the following:

- Basic/advanced first aid
- Physician/Non-physician primary care
- Temporary patient holding services
- Basic life support
- Basic trauma life support
- Basic/Advanced emergency medical services
- Initial resuscitative care
- Intravenous fluid therapy
- Advanced cardiac life support
- Basic mental health services
- Basic dental services
- Basic preventive medicine services
- Limited pharmacy services
- Limited laboratory services
- Limited radiology services
- Casualty evacuation services.

### **Forward Resuscitative Care Capability**

Health Services will provide the following:

- Medical officer advanced life support
- Medical officer advanced trauma life support
- Medical officer resuscitative care
- Emergency/trauma team care
- Initial advanced burn management
- Blood and blood product therapy
- Fluid Therapy
- Post-surgical temporary holding services
- Basic medical-surgical nursing care
- Basic nursing care
- Basic post-operative care
- Trauma surgery
- General surgery
- Thoracic surgery
- Orthopedic surgery
- Basic pharmacy services
- Basic laboratory services
- Basic radiology service.

## **RAPID DEPLOYABILITY**

Effectiveness in the identified HSS mission areas demands that NECC medical personnel be able to quickly deploy capability packages from U.S. bases to forward areas. Designated medical forces will be ready for strategic lift within 96 hours of notification.

## **ADAPTIVE FORCE PACKAGING**

NECC forces can be tailored by capability to meet a wide range of operational needs. Based on operational requirements, NECC forces will be task organized to provide a unit with a single, specific expeditionary skill set (e.g., EOD detachment) or with a multi-skill (e.g., combined Riverine, EOD, and Expeditionary Logistics) AFP. AFPs can vary in size and composition to meet mission requirements. If operational scope and responsibilities dictate, NECC will assign a tailored command headquarters element to provide mission planning, oversight, and execution of a deployable AFP or multiple AFPs. Operational Control (OPCON) of an NECC AFP and headquarters element will be maintained by the regional JFMCC or NCC.

When an AFP is formed, the NECC staff will coordinate with the JFMCC/NCC and subordinate NECC division/group staffs to determine the HS composition, training, and equipment requirements for the AFP. AFP Health Services requirements will be consolidated through the chain of command for validation. The NECC Surgeon, in coordination with the NECC N3, will recommend sourcing solutions from assets available within NECC-managed HSS capabilities. When required HS capabilities cannot be resourced from NECC assigned mission or there is a requirement for capabilities that do not exist within NECC the Surgeon will coordinate the appropriate request for outside HS capability or augment via U.S. Fleet Forces Command (USFLTFORCOM) to the Bureau of Medicine (BUMED).

## **BUMED TASK-ORGANIZED MEDICAL TEAMS**

When mission requirement or scope mandates, mission-driven specialty teams can be formed by BUMED and made available to operational forces. Requests for these kinds of teams must be coordinated through NECC and approved by BUMED. A description of these types of teams is provided in the following paragraphs.

### **Expeditionary Medical Facilities (EMFs)**

EMFs are transportable, modular, medically and surgically intensive, and employable in a variety of operational environments. The standard configuration for an EMF starts at 10 beds, and can be incrementally built to support up to 250 beds. An EMF is an advanced base functional component (ABFC) designated medical facility planned as a grouping of personnel, facilities, equipment, and materiel designed to perform a specific function or accomplish a particular mission. EMFs are designed to be employed in sustained operations (60+ days) involving large ground force units. They provide moderately sophisticated resuscitative medical and surgical care, and selected specialty care. The primary concept of the scalable EMF configuration is to provide only the medical core elements of the assembly required to meet mission requirements; it can be assembled and operational in 3–5 days. The EMF can be used with onsite infrastructure

support, or augmented with a base operating support (BOS) package. The smallest EMF is a 10-bed (EMF-10) health-care facility that can be configured with a surgical, medical, or humanitarian capability. A typical EMF-10 configuration consists of 40 medical department personnel, one operating room (OR) table, four intensive care unit beds, and six acute care beds. The footprint for an EMF-10 occupies one-half acre. It can be set up in slightly more than half a day with limited BOS.

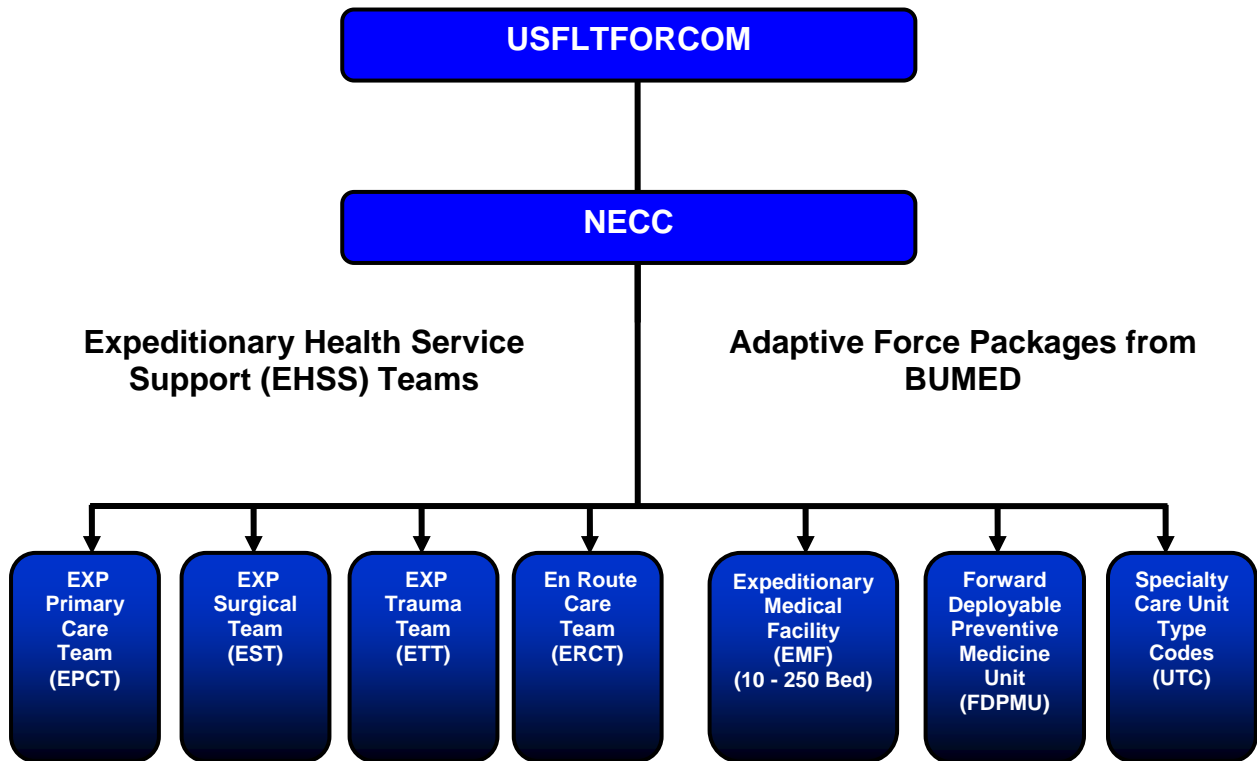
### **Forward Deployable Preventive Medicine Unit (FDPMU)**

An FDPMU is a joint deployable platform with personnel and equipment that can be mobilized within 96 hours to provide real-time forward-deployed analytical capability for chemical, biological or radiological agents, preventive medicine/environmental health risk assessment, and force health protection consultation. The FDPMU comprises a 13-member “scalable” team consisting of the following elements consisting of preventive medicine, disease vector control/surveillance, chemical detection, radiological detection, and microbiology laboratory testing/analysis to include biological warfare agents. The FDPMU provides full-spectrum preventive medicine forward capabilities that are modular, scalable, adaptable, expeditionary, mobile, interoperable, organic highly trained preventive medicine assets, manned/unmanned sampling detection, forward lab (portable with wide-ranging sample testing/analytical capability), integrated preventive medicine data/medical information system, and public health support capability that spans the full range of military operations, from combat to humanitarian assistance/disaster relief operations.

### **Specialty Care Unit Type Codes (UTCs)**

Specialty care unit type code (UTC) medical augmentation teams may be called upon to support specific missions as identified. Examples include the special psychiatric rapid intervention team (SPRINT), which provide short-term mental health and emotional support immediately after a disaster or in a combat stress scenario with the goal of preventing long-term medical psychiatric dysfunction or disability. Another example is the humanitarian support teams (HSTs) care for noncombatant casualties or patients in response to migrant/refugee processing and support, natural disaster relief, non-combatant evacuation operation (NEO), and exposure to chemical or biological hazards.

## ***NECC HS Deployable Capability***



**Figure 2. NECC Health Service Capability**



## CAPABILITY EMPLOYMENT

### OVERVIEW

At NECC Headquarters, HS capabilities will be organized and assigned to provide a comprehensive expeditionary medical capability. HS capabilities embedded in the NECC subordinate component commands will provide FRC and first responder care. Appropriately sized EMFs will deploy in support of NECC component operating forces as directed to complement organic units. Organic and specialized HSS capabilities will be task-organized by specialty unit type codes (UTCs) to deploy as part of AFPs that are scalable and responsive to Combatant Commanders (CCDRs).

HS personnel supporting NECC forces will be involved with deploying NECC units early in mission planning. They will be fully integrated during unit training/certification and the force execution phase of the operation. Capability-based HSS will be provided to NECC forces operating in a wide variety of locations including in the littorals, from a Sea Base, and during disaggregated operations. Capabilities-based planning between NECC component commanders and the NECC Surgeon is critical to ensure objectives under specified conditions for medical support will be met. A continuum of health services will be supported adopting capabilities-based planning.

Current and near-term HSS capabilities that will be employed to augment organic NECC Medical forces may include the FDPMU to provide robust preventive medicine services, or an Expeditionary Resuscitative Surgical System (ERSS) to provide robust surgical capability. Current HSS will also be displayed as an integral layer of the common operating picture (COP) so that supported commanders can correlate the tactical and strategic situation with known enemy/adversary facilities, order of battle, and current positions and strengths. HSS will be provided in a timely, effective, and cost-efficient manner while adhering to the highest professional standards of ethical practice.

Naval Force Health Protection for the 21<sup>st</sup> Century (NFHP-21) provides the conceptual framework for developing an uninterrupted continuum of health care for naval forces during pre-deployment, deployment, and re-deployment. The intent of NFHP-21 is to provide a global standard of care for the treatment of sick, injured, and wounded personnel based on the civilian emergency medical services (EMS) concept of the “Golden Hour” for trauma and emergency medical management. Given the tyranny of time and distance that exists for deployed maritime forces, the “Golden Hour” standard of care for these forces has the goal of providing maximum stabilization of all casualties within one hour. “Maximum” takes into account the capability of care immediately available and the goal of initiating movement of a patient to a location with a higher capability of care within one hour. Actual movement may take more time than this depending on the actual circumstances.

HS conducts ongoing real-time assessments of the status of the fitness of individuals. NECC missions will vary significantly in type, scope, and scheme of maneuver, and include sustained operations ashore. Many missions to include support and sustainment operations, humanitarian assistance, disaster relief, and homeland defense will encounter mixed civilian and military

casualties. As NECC develops new concepts and operating capabilities to rapidly project and sustain naval power in future joint environments, aspects of Naval HSS will need to transform to maintain the health of individuals and units to fulfill their missions.

NECC HS will integrate prevention and clinical programs designed to protect and maintain a healthy and fit force, preventing disease and non-battle injuries, and providing casualty care and management afloat and ashore (see Figure 3).

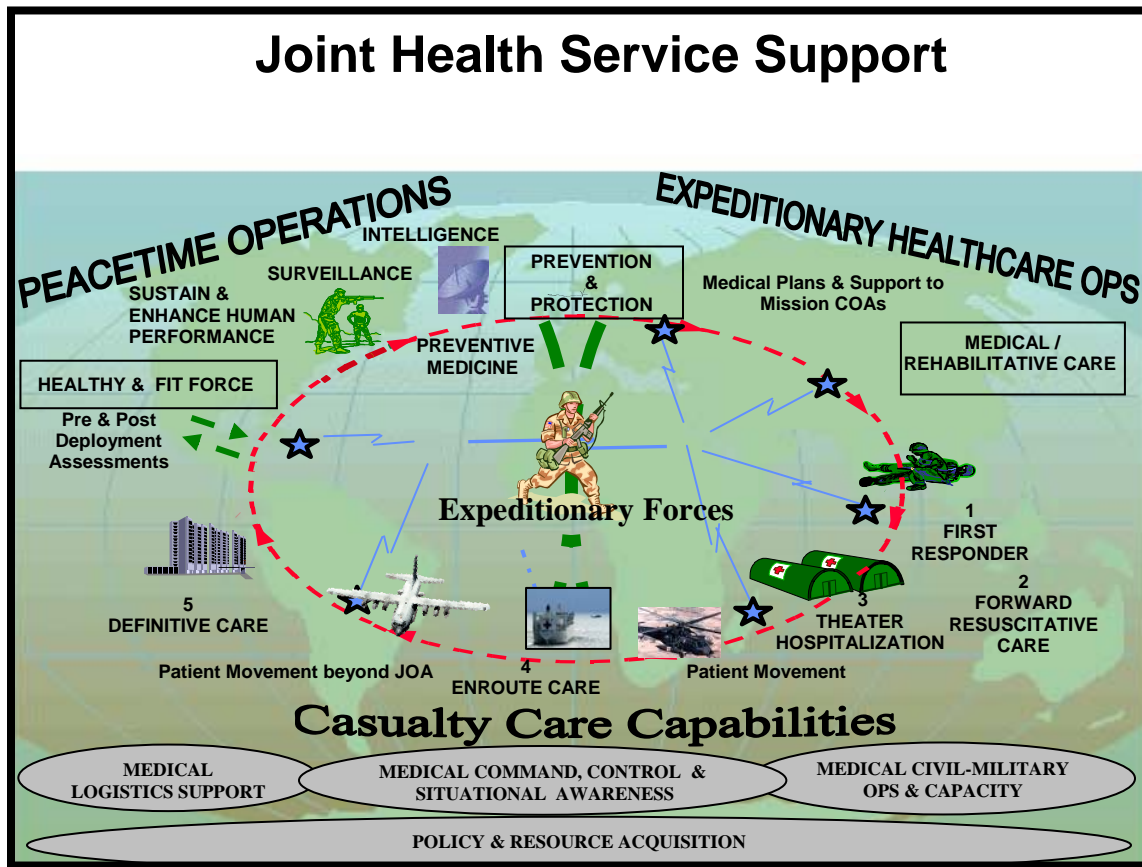
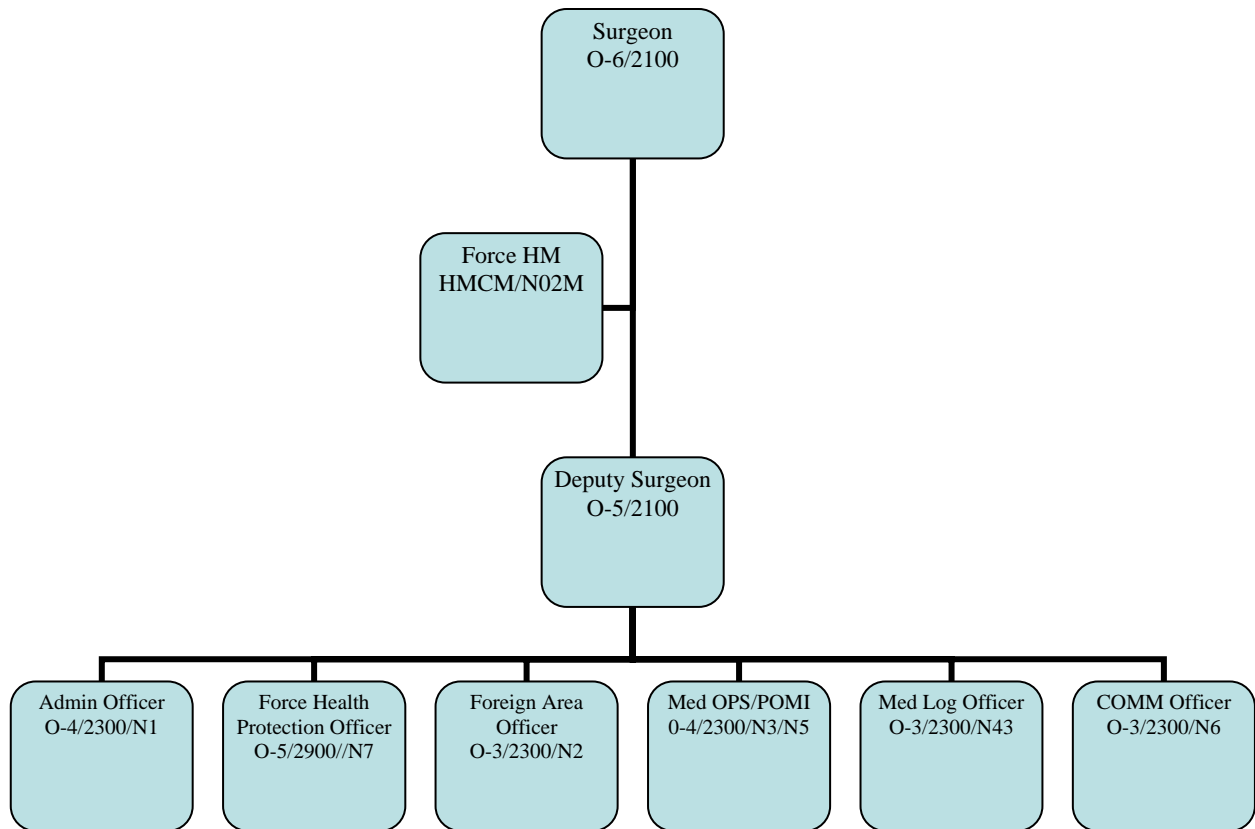


Figure 3. Joint Health Service Support

### NECC HEADQUARTERS HEALTH SERVICES

The NECC Headquarters Health Services staff (see Figure 4) will be organized under the NECC Surgeon Health Services Support to provide HSS to the Commander, NECC. This will provide global situational awareness to the HSS staff for force medical management planning and execution. The HSS staff will also manage all aspects of the various headquarters-managed HS functions and capabilities. Finally, the HSS staff will support the organic HS functions and capabilities within all NECC component commands.



**Figure 4. NECC Headquarters Staff Organization**

**NECC Surgeon for Health Services.** Establishes plans, policies, doctrine, and requirements for the HS activities within NECC to accomplish the following tasks:

- Oversee all matters relating to HS readiness, manpower, training, and equipping for headquarters-managed and component command HS functions and capabilities
- Provide HS to support the commander's situational awareness including potential crises, threats, and developments that affect the command and force
- Identify HS resource limitations or shortfalls critical to the accomplishment of the assigned mission
- Develop force medical and dental material and logistic requirements. Implement directed medical and dental policies, material standards, and logistical procedures. Oversee and track force compliance.
- Develop and maintains HS agreements between NECC, COMUSFLTFORCOM, and the Bureau of Medicine and Surgery (BUMED) to provide in-garrison HSS, augmentation capability, and capacity to NECC and its subordinate commands
- Coordinate HS individual augmentation with COMUSFLTFORCOM
- Maintain oversight and reporting responsibilities for headquarters and component command HS oversight programs
- Designated the privileging authority for all medical practitioners assigned to NECC.
- Validate Medical Temporary Additional Duty (TAD) requests and forward as required.

**NECC Deputy Surgeon for Health Services.** The Deputy Surgeon will be a Diving Medical Officer (DMO) and will act as the senior DMO for NECC to oversee diving medicine operations. The DMO will have waiver authority related to diving medicine activities. The Deputy Surgeon also establishes plans, policies, doctrine, and requirements for in-garrison and forward deployed medical HSS activities within NECC to accomplish the following functions and tasks:

- Ambulatory Health Care
- Surgical Care
- Triage
- En Route Care
- Dental Care
- Ancillary Services
- Patient movement
- Logistics
- Preventive Medicine
- Radiation Health
- Health and dental record maintenance
- Medical information management
- Training medical and non-medical personnel

The Deputy Surgeon will develop the NECC In-Garrison standard operating procedures (SOP) to consolidate NECC HS policies and procedures. HSS disciplines required to meet those HSS areas include primary care; outpatient services; emergency medical care; medical specialty care to include dental, preventive medicine, radiation health and stress management; ancillary services to include laboratory, radiology and pharmacy; and casualty evacuation procedures (CASEVAC). Deployed HS detachment units will draw on HSS resources at the JFMCC and CCDR levels when required. HS personnel must be fully cognizant of requirements to provide an uninterrupted continuum of care for all NECC forces, regardless of their operating environment. The senior medical department representative (SMDR) must be fully capable of integrating with and supporting all maritime operations.

#### **NECC Medical Force Master Chief**

Senior Hospital Corpsman responsible for enlisted medical manning, training, personnel, and diving issues. Also responsible for program management and credentialing for all Independent Duty Corpsmen assigned to NECC and its component commands.

#### **Surgeon's Staff**

The Surgeon's staff will include an Administrative Officer, Force Health Protection Officer, Foreign Area Officer, Medical Logistics Officer, and a Communications Officer and should be sufficient in size to accomplish the following tasks:

- Coordination of Force Health Protection and HSS initiatives
- Identify deployment health surveillance requirements
- Standardization and interoperability of NECC HS forces
- Development of the HSS plan and courses of action (COA) analysis to include the full spectrum of NECC missions (Annex Q Medical Plans)
- Review of subordinate plans and operations
- Coordination of patient movement requirements to include en route care
- Identification of reach back support requirements
- Medical care and treatment requirements
- First responder
- Forward Resuscitative Care capabilities
- Theater hospitalization capabilities
- Dental service requirements
- Preventive medicine to include CBRN health threats
- Medical intelligence preparation of the operational environment
- Identification of available veterinary services
- Combat and operational stress control and mental health services
- Health service logistics support
- Medical laboratory services
- Blood distribution services
- Medical communication system and intelligence
- HSS for medical SSTR operations
- Return to duty policies
- Health risk communication
- Lessons learned procedures

**Administration Officer (N1 Support).** The medical administration officer will be responsible for maintaining all administrative records and support for the N02M staff to include credential records of providers, plans and policy directives, and all correspondence archiving. The administrative officer will directly liaison with the N1 regarding HS administrative support.

**Force Health Protection Officer (N2/N7 Support).** The NECC Force Health Protection Officer (FHPO) mission will focus on preventive medicine (PVNTMED ) and combat stress management.

- **Preventive Medicine (PVNTMED).** Implementation of a comprehensive range of PVNTMED services is essential for preventing casualties from environmental, occupational, operational, and CBRN warfare. Injuries and casualties attributed to this total threat from the environment are referred to as disease and non-battle injuries (DNBI). DNBI casualties have accounted historically for far more battlefield admissions than actual battle injuries. The prevention of DNBI is essential for preserving the highest levels of overall combat readiness. Achievement of this objective for NECC forces requires a program focused on the prevention and control of DNBI. The effectiveness of the program requires

individual members and commanders to control or minimize identified threats. The FHPO is responsible for identifying the potential threats, developing a course of action, and advising commanders of risk and threat countermeasures. Commanders are ultimately responsible for facilitating the implementation and utilization of this advice in the overall conduct of the unit's mission. Key objectives for the FHPO are summarized below:

- Identification of preventable threats and countermeasures to include all phases of unit training and deployment preparations through medical intelligence sources
  - Preparing health threat assessment briefs for deploying forces.
  - Coordinate environmental health site assessments
  - Identify populations at risk of injury or illness
  - Collect and disseminate environmental and epidemiological information on the theater of operations to the supported commander and HSS units
  - Recommend PVNTMED augmentation to support OPLANs
  - Recommend immunizations and other measures to counter medical threats
  - Train individuals in personal hygiene, personal protective measures, protection equipment, field sanitation practices, and other measures necessary to minimize the risk of infectious and communicable diseases of military importance.
- **Combat and Operational Stress Reactions (COSR).** The prevention of combat stress, or combat and operational stress reactions (COSR), is another key of Force Health Protection. COSR is the manifestation of psychological and physical strains and distresses resulting from combat or combat related conditions. Combat stress is a significant though misunderstood contributor to the loss of combat effectiveness among troops. Recognition and treatment of combat stress in forward positions can result in a high percentage of troops returned to duty within days. Combat stress may be reduced or prevented through:
    - Developing a realistic training (“train as we fight”) in which conditions are created similar to those a unit would face on the battlefield. The more realistic the training, and the more confidence unit members have in their own training, equipment, peers, and leaders, the less vulnerable they are to combat stress.
    - Working with NECC Commanders to identify personnel prone to stress and measures taken to assist COSR identified personnel.
    - Instituting a small-unit leader COSR training program.

**Foreign Area Officer (N2 Support).** The purpose of foreign humanitarian assistance (FHA) is to relieve or reduce the results of natural or manmade disasters or other endemic conditions such as human suffering, disease, or privation that might present a serious threat to life or loss of property. The Foreign Area Officer (FAO) will coordinate the humanitarian assistance (HA) mission. Joint Publication 3-07.6, Joint Tactics, Techniques, and Procedures for Foreign Humanitarian Assistance, provides specific details. FHA provided by US forces is limited in scope and duration, and is designed to *supplement* or complement the efforts of host-nation

support (HNS) civil authorities or agencies. The FAO will emphasize a first responder care approach that focuses on preventive programs such as immunization and oral re-hydration therapy, promoting involvement by the refugee community in the provision of health services, and stressing more effective coordination and information gathering. The first responder care approach offers long-term advantages, not only for the directly affected population but also for the country hosting the refugees. A first responder care strategy is sustainable and strengthens the national health development program.

**Medical Plans and Operations Officer (N3/N5 Support).** The preparations and planning for HSS must be initiated early and designed specifically to support the operation. Since the NECC area of responsibility (AOR) presents unique hardships, HSS planning must consider long lines of communication with limited lift, short warning time, minimal combat and combat support forces; multiple missions from routine medical support to deployed forces; to humanitarian or contingency operations; and health threats and environmental stressors. Timely and effective planning and coordination are essential to achieve the proper HSS capabilities within the theater. The following basic factors must be used for sound HSS planning:

- Providing the commander a healthy and fit force; preventing casualties; effectively caring for combat casualties; and managing the delivery of responsive HSS to the deployed force.
- Providing essential care of the injured and ill in theater and their rapid movement to en route care.
- Preparing an HSS casualty estimate and HSS concept of operations.
- Coordinating the efforts of the health services to make maximum use of available resources to include identifying deficiencies and risks
- Planning to assure flexibility for unforeseen contingencies such as CBRN warfare.

**Medical Logistics Officer (N02M/N43 Support).** The Medical Logistics Officer is responsible for the planning, procurement, movement, storage, distribution, maintenance, evacuation, disposition of materiel (equipment and supplies/spare parts), and the provision of essential services. The medical logistics officer shall directly liaison with the NECC N43 on all issues of logistics or support affecting the readiness of HS units. HSS is one of the six functional areas of naval logistics, along with supply, transportation, maintenance, engineering, and other service. The medical logistics officer responsibilities include the following:

- Ensure logistics support, activation, and deactivation plans are developed.
- Provide configuration data management for installed equipment.
- Ensure that the authorized medical allowance list (AMAL) and authorized dental allowance list (ADAL) remain current and meet projected mission requirements.
- Ensure up-to-date load-out requirements are provided to cognizant supporting agencies/commands on a regular basis.
- Establish non-medical supply support capabilities.
- Ensure HSS logistics includes medical supplies, equipment, and services.

- Support load out and sustainment of expeditionary HSS operations.
- Coordinate with the Single Integrated Medical Logistics Manager (SIMLM) in support of joint deployments.
- Maintain proficiency in the use of the tactical medical logistics planning tool (TML+).

**Communications Officer (N6 Support).** The communications officer will work closely with the NECC N6 to ensure NECC HS units have requisite computer and voice connectivity. These responsibilities include the following:

- Assignment of the radio network dedicated to patient movement throughout the full operational medical continuum for fixed and deployable medical treatment facilities globally.
- Develop communications requirements for HSS and document requirements in support of Annex K OPLANs.

The communications officer shall ensure that expeditionary HSS units have the ability to communicate with the following organizations:

- Reliable, real time and, when possible, redundant communications within a theater and from theater to CONUS.
- CCDR Surgeon's office.
- Appropriate medical regulating offices.
- Units providing class VIII supply and blood bank support.
- Air and surface patient movement control agencies and units.
- Units within the chain of command.
- Supporting and supported units within and outside theater.
- Short-range radio communications should be accessible to ensure communication between expeditionary medical treatment facilities, evacuation vehicles, boats, aircraft, and evacuation operational C2.

#### **NECC COMPONENT HEALTH SERVICES FUNCTIONS, CAPABILITIES, AND OPERATIONS**

NECC component commands will have Health Services personnel assigned to provide direct Health Services support. Component Health Services personnel will be fully integrated into the units and will receive unit-specific skills training in addition to expeditionary combat HS training. These personnel will provide the basis for full-time integrated HS support to their assigned units and will be the means by which to access additional capabilities and capacity from the NECC staff.

As NECC's medical mission continues to evolve the establishment of an expeditionary medical command is planned. This transformation will bring all expeditionary (tactical) medical capabilities and units under a single echelon IV command.



In addition to medical personnel assigned to NECC component commands, it is fully expected that if the transition of expeditionary medical responsibilities from BUMED to NECC occurs it will become necessary to establish a separate Expeditionary Medicine Command to deal with the myriad policy, command and control, training, and medical logistics issues across the Navy Expeditionary Combat Enterprise (see Figure 5).

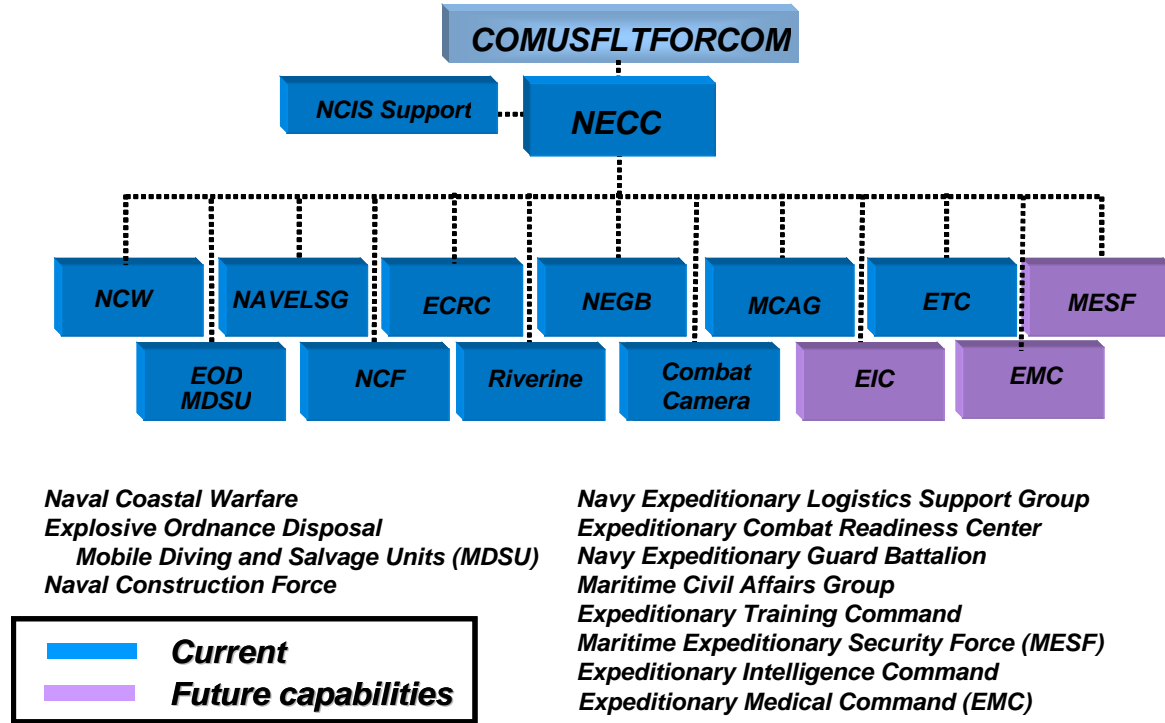
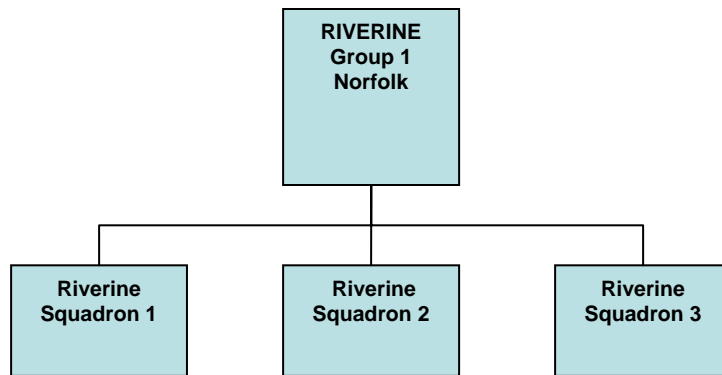


Figure 5. NECC Component Health Services Organization

**HEALTH SERVICES SUPPORT TO NECC COMPONENT COMMANDS**

**Health Services Support to Riverine Force Operations**

The Navy’s Riverine Force consists of one group staff—Riverine Group One—and three deploying Riverine Squadrons. Riverine Group One will not ordinarily deploy, but may deploy in the event of a major operation involving two or more of the Riverine Squadrons. The riverine and riparian environments require organic first responder HSS (see Figure 6).



**Figure 6. Riverine Health Services Organization**

The focus of the Navy's Riverine Group will be on conducting maritime security operations and theater security cooperation in a riverine area of operations or other suitable area. This might entail protecting critical infrastructure, securing the area for military operations or commerce, preventing the flow of contraband, enabling power projection operations, joint, bi-lateral or multi-lateral exercises, personnel exchanges, and humanitarian assistance. The force will be capable of combating enemy riverine forces by applying fires directly, or by coordinating supporting fires. It will share battle space with the other services and an effort will be made to close the seams in doctrine, tactics, techniques, and procedures, and command, control, communications, computers, intelligence, surveillance and reconnaissance.

The unique nature of riverine operations requires forces tailored and packaged for the mission and environment assigned to the Joint Force Maritime Component Commander. The proximity to ground forces in adjacent areas may dictate a joint or combined command. When operating with ground forces the riverine group may be integrated with the ground forces in an operation, or attached to a force in support of a larger mission.

The riverine group commander is responsible for providing medical service to all personnel in the afloat base of operations and in the evacuation, receipt, and treatment of patients afloat within the area of operations. These responsibilities also include casualty reporting, evacuation by surface craft or aircraft from the area of operations to the nearest medical facility. Attached HS personnel will best be able to support the riverine force when they have training in riverine capabilities and NTPs.

The deployed riverine group, squadron, or detachment HS section will draw on HS resources at the JFMCC and CCDR Joint Health Services Operations Center levels. Horizontal information sharing with other U.S. and partner nation forces operating in their area will also be valuable. In many instances, riverine force personnel will themselves be primary collectors of medical information/intelligence as they gain familiarity with their area of operations. In addition, the capacity of HS sections in the riverine tactical operations centers to access the global information grid to pull information from non-organic sensors will increase the overall HS capabilities situational awareness. The assets that make riverine forces suitable for logistics missions also make them ideal to support medical evacuations. Assigned rotary wing aircraft are obviously useful to provide rapid transport of critical patients. High-speed riverine craft can also be used to

transport critical care patients if aircraft are not available. At a minimum, the riverine group and squadrons will have some assigned medical support personnel to meet the first responder care medical mission.

### **Health Services Support to Maritime Expeditionary Security Force Operations**

The Maritime Expeditionary Security Force (MESF) will deliver security operations worldwide, day and night, across the weather spectrum in the transition areas in the near-coastal and littoral regions and other designated areas. As described in the *CNO Guidance for 2006* and *Navy Operations Concept 2006*, the United States faces a new strategic era characterized by a changing and uncertain world. The security environment and operational demands associated with this new era require the Navy to establish a dedicated, focused and professional security force. The first step in establishing the MESF involves the transition of the existing Naval Coastal Warfare (NCW) into a more capable, adaptable and ready force. Although the MESF CONOPS has been completed and signed-off, the reorganization is still ongoing and the NCW structure is still currently in use.

This new organization will form, train, prepare, certify, deploy, and employ as AFPs to meet mission requirements, vice deploying identical units to meet every security mission. MESF will also provide the advantage of a focused structure that can adapt to new and emerging security missions. At a minimum, based on CNO direction, MESF will be trained and equipped to conduct visit board search and seize (VBSS) Level III, Detention Operations, and support for TSC Operations to provide Navy and joint commanders new and expanded capability in these critical mission areas. Further, the MESF structure provides the foundation to develop and implement new security skills to support MSO as they evolve in the future. MESF implementation provides the Navy an essential first step in establishing a dedicated and professional maritime security force essential to today's MSO. Once the initial transition is complete, MESF will provide a structure that could establish a single integrated force across all security missions. Establishing one standard for training, certification, and NTTP, MESF provides a structure to improve the overall security readiness and capability of the Navy.

MESF effectively protects and defends assets at designated Navy locations containing combatant ships, tactical and special aircraft, and other designated assets and infrastructure against Levels I and II threats. MESF will be able to fully integrate, interface, and be interoperable with joint, coalition, and partner nation forces. MESF primary mission areas dictate the need for timely, accurate, and substantive HSS (see Figure 7).

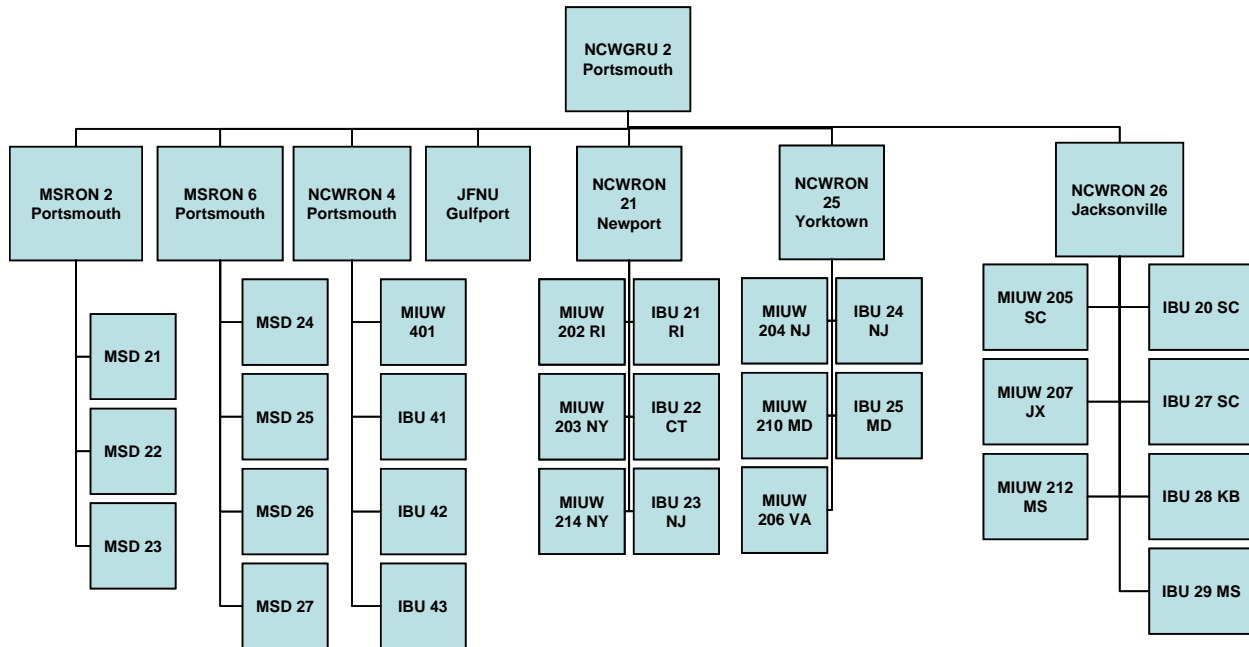
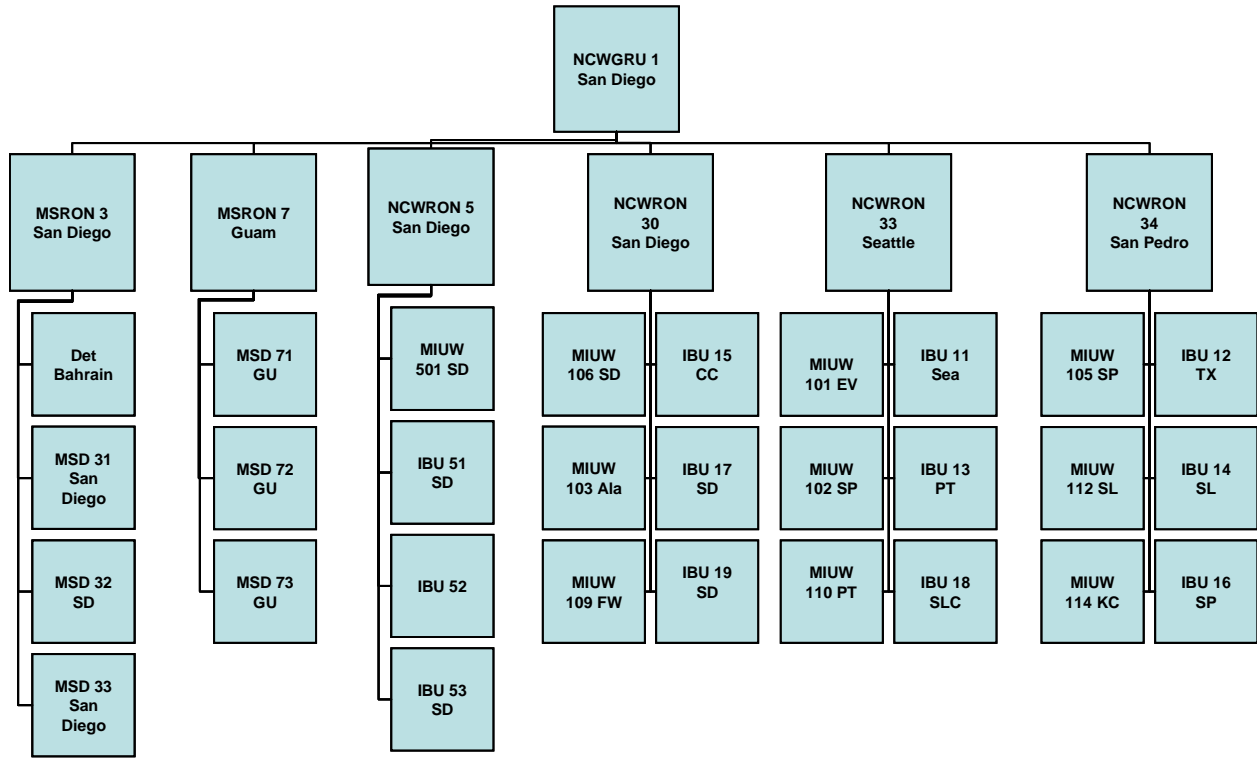


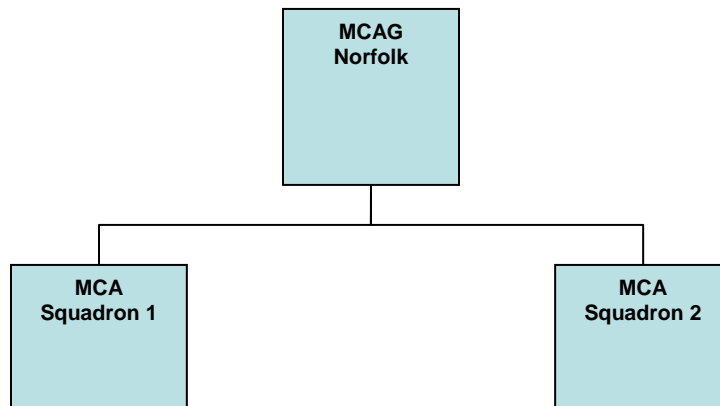
Figure 7. MESF Health Services

Health Services disciplines required to meet those HSS areas are primary care outpatient services, emergency care services, medical subspecialty services, ancillary services and patient movement.

Deployed MESF detachment Health Services sections will draw on Health Services resources at the JFMCC and CCDR levels. Horizontal information sharing with other U.S. and partner nation security forces operating in their area will also be invaluable.

### **Health Services Support to Maritime Civil Affairs Group Operations**

The Maritime Civil Affairs Group (MCAG) Health Services staff will provide guidance, oversight, and support for MCAG HS plans, operations, training, reporting, and casualty care capabilities (see Figure 8). The HS staff will develop the medical concepts of employment once the support of MCAG planning and operations as the required capabilities for current operational/tactical HSS are identified by the MCAG, Squadron, and team commanders for mission planning and operations.



**Figure 8. MCAG Health Services Organization**

HS personnel will support the MCAG and subordinate commands by providing timely, tailored all-source medical information to the commander, mission planners, and deployed elements. MCAG HS capabilities must be able to accomplish or support the following functions and tasks:

- Operational and planning support
- Coordination of HS information management
- HS operational and deployment planning
- HS preparation of the operational environment
- Health Threat Assessments
- Current HSS to the full range of MCAG operations.

The primary mission areas supported in these operations are FHA/DR in response to complex humanitarian emergencies (CHE), and as an element of a COCOM theater security cooperation plan (TSCP). The principal purpose of military HSS in FHA/DR or CHEs is to alleviate deteriorating health conditions and avert epidemics. Secondly, military HSS provides a strong, credible statement of US humanitarian interests. Commanders should focus support on an interagency approach to restore essential health services in collaboration with the host nation and/or international organizations. The scope of HSS will vary with the type and scale of emergency, as well as the level of national or regional development. Generally, this will entail initial emergent care, basic primary care, and preventive medicine support. Dental support and minor surgery may also be provided as a gesture of good will. A clear focus must remain on transition to other medical support organizations (e.g., host nation or NGOs) from the outset, particularly if taking a lead role during the initial stages of the response.

This HSS requires the capability for horizontal information sharing with other U.S. and partner nation forces in their area and for information exchange with civil authorities, especially U. S. Coast Guard and other maritime agencies.

### **Health Services Support to Naval Construction Division Operations**

The First Naval Construction Division oversees approximately 16,000 Seabees worldwide. There are four active duty Naval Mobile Construction Battalions based in both Gulfport, MS, and Port Hueneme, CA. Battalions deploy regularly around the globe to support combatant commanders. A Seabee Readiness Group is located at both bases to provide training and mobilization capability in those homeports. Twelve reserve battalions are geographically dispersed throughout the United States. Six Naval Construction Regiments exercise command and control over the 20 total battalions and other specialized units, including two Underwater Construction Teams, two Construction Battalion Maintenance Units and one Naval Construction Force Support Unit.

Due to the nature of Naval Construction Division (NCD) construction and defensive operations, naval construction forces (NCFs) may require additional HSS from organic assets and networked reach-back capability to support force health protection operations. Deployable, task-organized NCF units can range from Division elements to unit level detachments.

The NCF performs contingency construction operations throughout the world and provides a force capable of defending itself. A Mobile Construction Battalion Detachment is capable of deploying in 48 hours and subsisting organically up to 30 days. To support this DoD unique capability, the NCF HS organization plays a pivotal role in supporting the planning of future NCF operations. Existing medical doctrine and manning for the NCF will be reviewed and aligned with NECC HS policies and procedures. NCF assets will often operate outside the confines of traditional areas of operations, which necessitates robust HSS capabilities to support the fulfillment of the commander's critical information requirements, security of assets, and the overall success of operations (see figure 9).

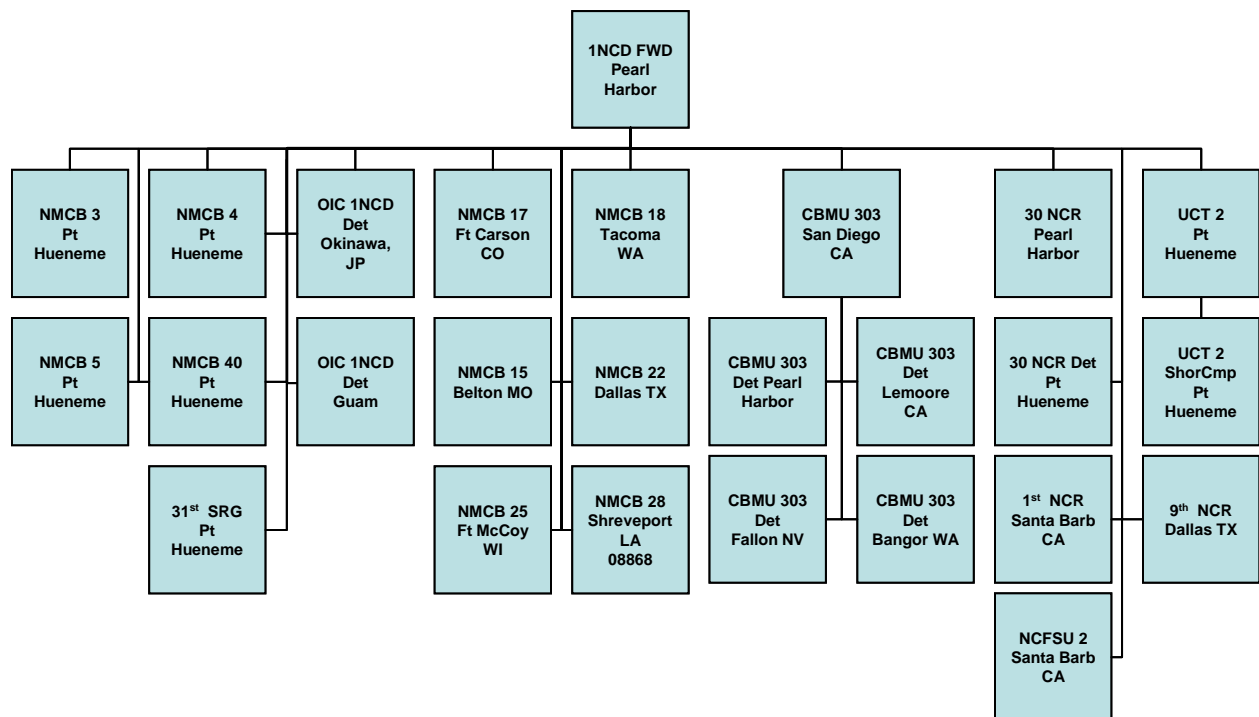
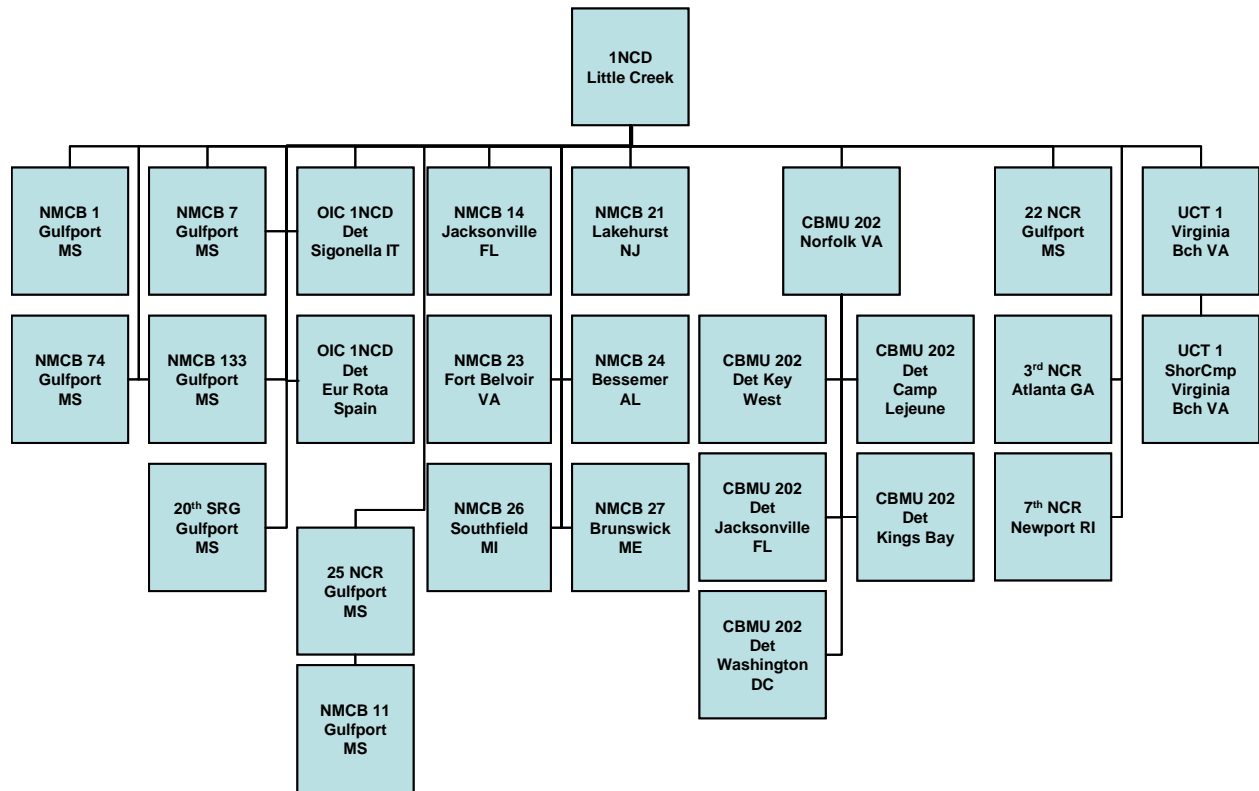
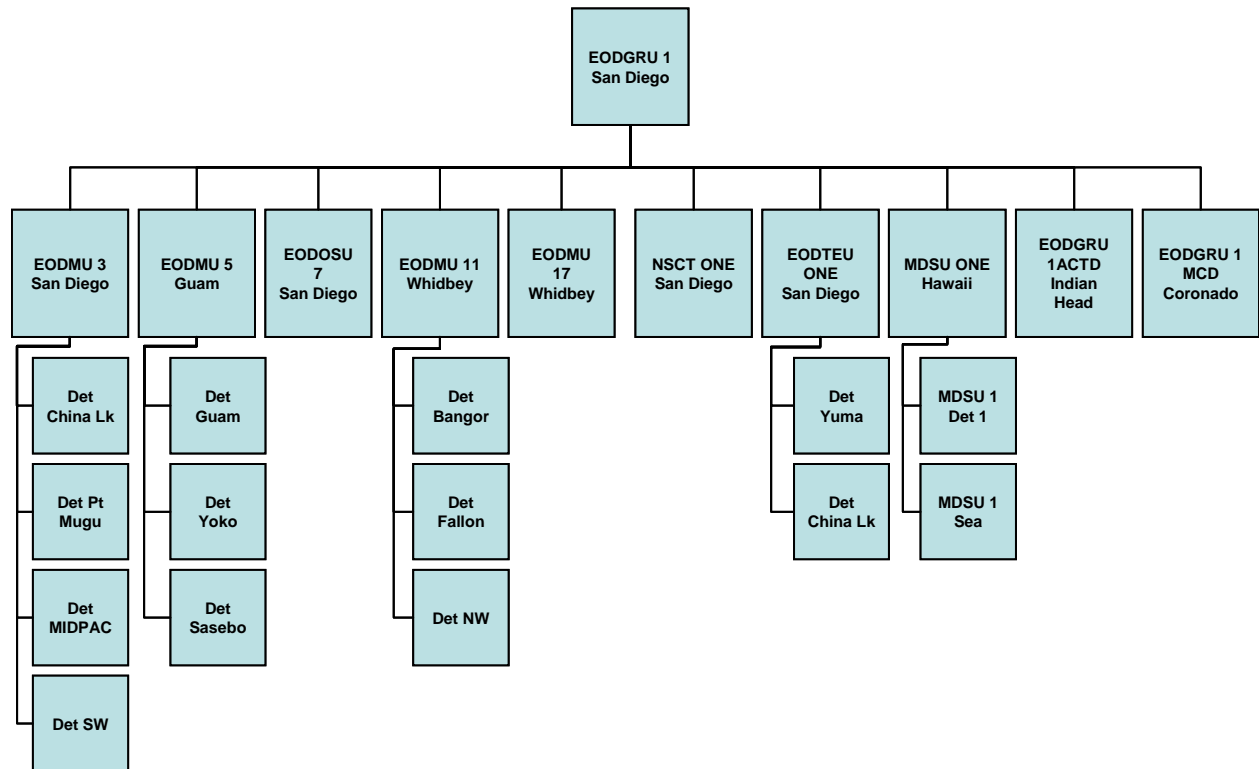


Figure 9. NCD Health Services Organization

**Health Services Support to Explosive Ordnance Disposal Operations**

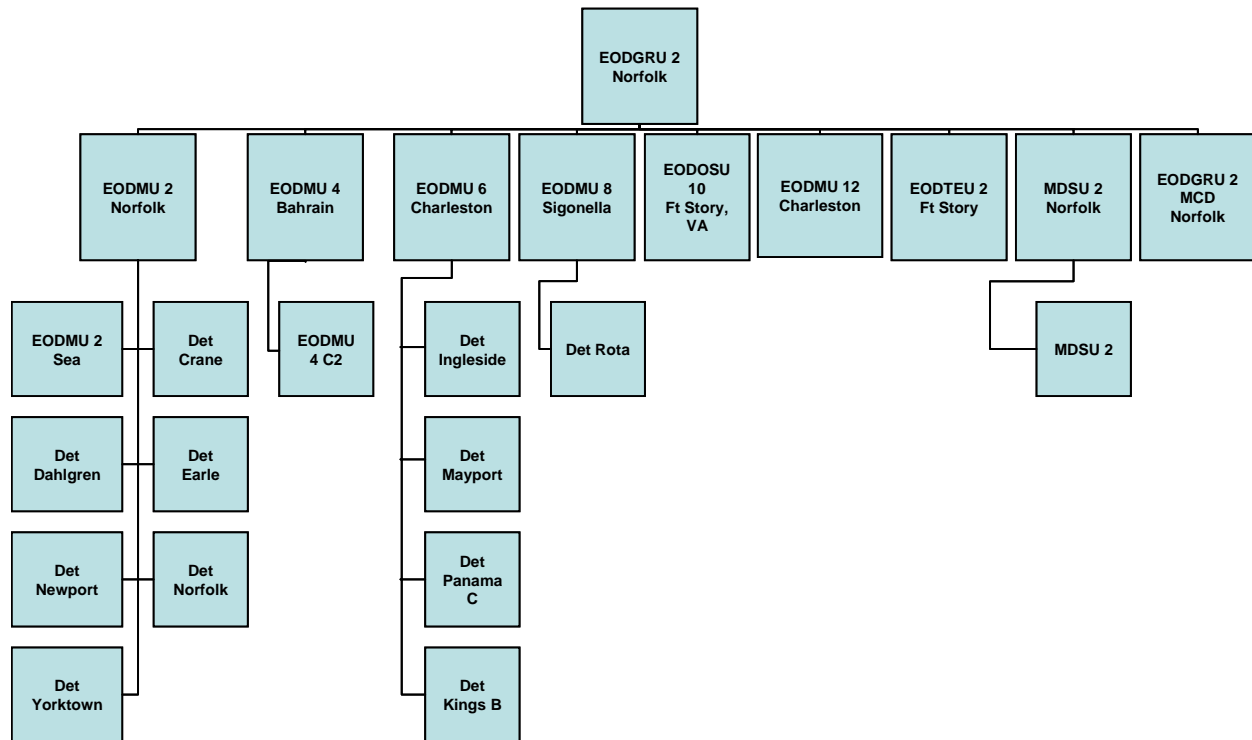
Navy EOD forces are organized into two groups, one on each coast. Each group is further divided into EOD mobile units. In addition, EOD Group 1 includes the Naval Special Clearance Team, which specializes in shallow-water missions. Finally, each group has a dedicated Training and Evaluation Unit, which performs pre-deployment training and certification. EOD forces are deployed as task forces or detachments. These units are formed as AFPs and are structured to meet specific employment requirements. These deploying units may be in support of forces from any of the services or JTF/CTFs or operate as stand alone detachments.

EOD force employment presents unique HS support requirements. Adequate understanding of the tactical situation in terms of adversary capabilities and intentions will reduce the risk to mission and personnel. In-depth understanding of EOD capabilities and their tactics, techniques, and procedures (e.g., explosive device technology) will require Diving Medical Officers (DMOs) to develop EOD specific medical policies and procedures for the NECC medical to ensure HSS is successful. Primary HS support to EOD units will be provided by their organic HS personnel (see Figure 10) aided by the EOD group staff.



**Figure 10: EOD Group 1 Health Service Organization**





**Figure 11. EOD Group TWO Health Service Organization**

Undersea medicine encompasses medical support to the submarine service and the diving community. COMSUBLANT/COMSUPPACINST 6000.2 series, Standard Medical Department Organizational Manual for Submarines, and USN Diving Manual, Volume 5, provide additional guidance that addresses diving medicine and recompression chamber operations. For any diving operation, Navy policy calls for the dive team to have a medical evacuation (MEDEVAC) plan and to know the location of the nearest or most accessible diving medical officer and recompression chamber. Diving medical personnel should be involved in pre-dive planning and in training to deal with diving-related medical emergencies. Undersea medical personnel have the following responsibilities:

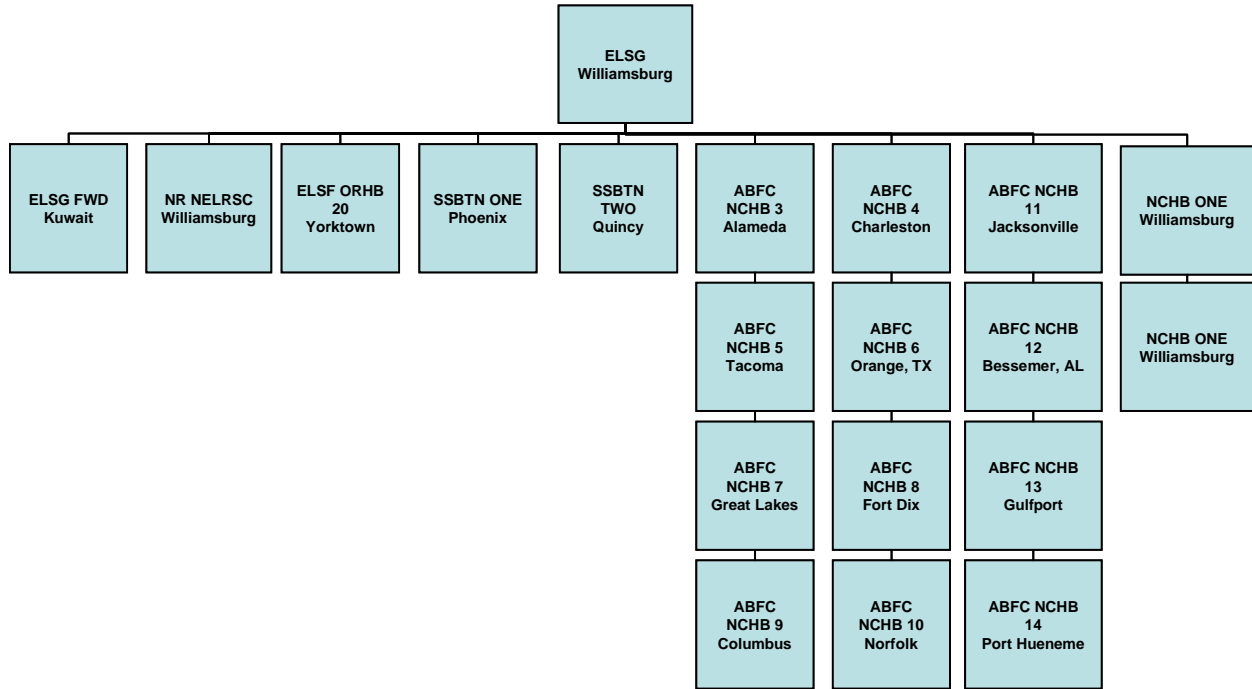
- Conduct physical and psychological examinations of candidates and designated submarine and diving personnel as appropriate.
- Conduct submarine and diving medical safety inspections and provide accident prevention instruction and guidance.
- Conduct an appropriate submarine and diving-specific environmental and industrial health-monitoring program.
- Ensure appropriate training is provided for submarine and diving (including special operations) medical personnel.
- Provide medical expertise in diving mishap investigations, administrative matters, and human factor issues.

- Provide guidance and support for hyperbaric chamber use and all matters of hyperbaric medicine.
- Provide input/serve on boards and councils for issues of undersea and hyperbaric medicine.
- Provide medical expertise in the MEDEVAC of submarine and diving patients
- Provide medical consultation to embarked commanders.
- Provide diving medical support and expertise to naval special warfare units during all operations that involve diving.
- Provide liaison among submarine, diving operational units, and shore-based MTFs regarding medical matters affecting operational readiness.

### **Health Services Support to Expeditionary Logistics Support Group Operations**

Commander, NAVELSG (COMNAVELSG) is organized and staffed to provide a wide range of supply and transportation support critical for peacetime, crisis response, humanitarian, and combat service support missions. NAVELSG consists of a full-time and selective reserve support staff, 12 Navy Cargo Handling Battalions (NCHB), and two Navy Supply Support Battalions (NSSBs). COMNAVELSG supports more than 120 Naval Reserve Battalions and Companies located throughout the United States, encompassing more than 90% of the U.S. Navy's Supply and Training and Evaluation Units (TEU).

NCHBs are Naval Reserve commissioned units tasked with loading and unloading all classes of cargo except bulk petroleum. They are capable of worldwide deployment at battalion strength or in specialized detachments. The NCHB is organized, trained, and equipped to load and off-load cargo carried in maritime pre-positioning ships and merchant or container ships in all environments, operate in associated temporary ocean cargo terminals, load and off-load Navy cargo carried in military-controlled aircraft, and operate an associated expeditionary air cargo terminal. NSSBs are a NAVELSG selective reserve unit, providing warehouse and freight terminal support.



**Figure 12. Notional NAVELSG Health Services Organization**

The NECC Medical Logistics Officer will support the NAVELSG and deploying units by providing timely, tailored all-source medical logistics information to the commander, mission planners, and deployed elements. NAVELSG Health Services capabilities must be able to accomplish or support the following functions and tasks:

- Operational and planning support to include coordination with the SIMLM for joint operations
- Provide subject matter expertise in the use of the tactical medical logistics planning tool (TML+)
- Ensure detailed logistics support, activation, and deactivation plans are developed
- Ensure that the Authorized Medical Allowance List (AMAL) and Authorized Dental Allowance Lists (ADAL) meet projected mission requirements
- Ensure load-out requirements are provided to supporting commands as directed
- Establish medical and non-medical supply/re-supply capability for to meet logistic support capabilities.

## **ORGANIZATIONAL ISSUES**

### **COMMAND AND CONTROL**

#### ***Command Relationships***

The force will be under the administrative control of COMUSFLTFORCOM via the NECC. They will be under the operational control of the cognizant numbered fleet and the NCC.

#### ***Administrative Control***

NECC HS units will report administratively through their respective Group/Division Commanders to Commander, NECC (CNECC) for administrative matters. EMF and FDP MU units will report directly to CNECC for administrative control.

#### ***Operational Control***

NECC Health Services units will report through their respective Group/Division Commander to their respective Fleet Commander (Commander Second Fleet or Commander Third Fleet) for operational control when not deployed. Once deployed, HS units will report via the chain of command to the designated Unit, Squadron, Group, or JFMCC/NECC for operational control.

#### ***Integrated Operations***

In some instances based on the operation or the operational requirement, HS units or personnel may be integrated into an operation with another force. The commander takes all orders from and receives all support from the unit into which it is integrated.

#### ***Attached Operations***

The force(s) may be attached to other units to provide unique capabilities.

#### ***Reserve Component.***

Concepts for support to NECC by Navy Reserve HS personnel are under development. Reserve component personnel will be fully integrated into each mission area within the NECC enterprise as full partners, forming one force.

### **NECC HEALTH SERVICES MANNING**

USFLTFORCOM, in conjunction with the Fleet Health Domain (FHD), has programmed Navy HS manpower to meet the unique demands of NECC forces. NECC is responsible for managing force medical manpower requirements in coordination with the FHD.

### **NECC HEALTH SERVICES TRAINING AND READINESS**

NECC operational requirements dictate the development of a cadre of expeditionary Health Services subject matter experts to sustain support of mission requirements.

NECC forces must be trained and operated to address a full range of potential operations from major combat operations to maritime security operations. In many Phase 0 situations, deployed forces will be disaggregated. Small NECC units ashore for GWOT operations pose an additional challenge for balancing operational and medical needs. The proper utilization of expeditionary HSS capabilities may be a key factor in supporting disaggregated operations. All HSS units will be organized, trained, and equipped to facilitate distributed operations, with capabilities beyond those historically resident at the small unit level. The ability to re-aggregate will be enabled by focused cross training of small unit organic personnel. HSS requires more robust communications capability for FRC providers and an increase in the ability to rapidly surge medical assets in order to meet evolving mission requirements. Expeditionary HSS distributed capabilities will be additive in nature, providing maritime JTF commanders flexible and scaleable methods for tactical deployment and employment.

Hospital Corpsman designated with a primary NEC 9502 with orders to NECC will receive additional training commensurate to support training requirements.

#### **EQUIPMENT/MATERIEL**

All HS teams deploying in support of NECC forces will need to acquire AMALS/ADALS or support through Naval Medical Logistics Command. Component command-specific requirements will be addressed individually as determined.

#### **COMMUNICATIONS AND COMPUTERS**

Expeditionary HSS operations require reliable, secure, rapid communications and computer systems. Timely dissemination and accurate display of information is necessary to coordinate operations and HS. The Theater Medical Information Program (TMIP) is a tri-Service system that is designed to provide information to deployed medical forces to support all medical functional areas, including C2, medical logistics, blood management, patient regulation and evacuation, medical threat/intelligence, health care delivery, manpower and training, and medical capability assessment and sustainment analysis. TMIP will perform this service by integrating information from other medical systems that will integrate other medical applications that have been developed for use during deployments. TMIP integrates medical systems at the theater level to support deployed forces, to enhance the Services' capability to collect, process, and disseminate an uninterrupted flow of information, and to allow more efficient protection of lives and resources.

Theater Medical Information Program-Maritime (TMIP-M) is the Naval component of TMIP. TMIP-M provides a full suite for user-configurable support for all aspects of theater health services. TMIP-M provides improved casualty tracking and treatment and medical supply management. While the majority of the data entry and manipulation will be done by corpsmen, all NECC medical personnel will interface with TMIP-M in some way. TMIP-M provides commands with an integrated suite of applications capable of collecting, storing, processing, and disseminating medical data. The automated integrated system will allow healthcare providers to transfer medical information between echelons of care, forward healthcare data to DoD repositories, improve in-transit visibility of patients, and provide a suite of digital medical

references. TMIP-M will provide NECC with necessary interoperability with US Army Medical Communications for Combat Casualty Care (MC4) systems currently in use within the U.S. Naval Forces Central Command (NAVCENT) AOR.

TMIP-M is an interim system designed to meet a validated urgent need. NECC infrastructure will host TMIP software. Software included in TMIP-M is a composite of six subsystems referred to as the medical services delivery system applications:

1. TMIP Communications and Security Framework (TMIP Framework)
2. Composite Health Care System II Theater (CHCS II-T)
3. Battlefield Medical Information System Tactical (BMIS-T- handheld application)
4. Medical Reference Component (MRC)
5. Medical Survey Component (MSC)
6. Lower Echelon Reporting and Surveillance Module (LERSM)

These applications will interface with and pass medical data collected to the Joint Medical Workstation (JMeWS) data warehouse, which was developed by the Joint Medical Information System program executive office and hosted by the Defense Information Systems Agency (DISA).

TMIP-M subsystems support the functional areas of medical command and control (C2) and health care delivery. The JMeWS and LERSM are the medical C2 components of TMIP-M. The C2 functionality will provide health care providers and medical planners with analytical capability, medical situational awareness, and the capability to conduct medical surveillance. The applications that will support the medical services delivery system will document medical encounters to include conducting pre/post-deployment health assessments.

HS personnel deploying in support of NECC forces will require portable computers with both classified/non-classified capabilities for imagery mapping, scan, print, email, secure chat, office productivity software, plug-n-play networking, and FT. Providing essential care in theater, backed by the capacity for expeditious evacuation to definitive care outside the theater of operations, is a key component of the Force Health Protection (FHP) concept. To support this NECC provides the following capabilities:

- Distributed, collaborative command and control
- Dynamic, multi-path and survivable networks
- Adaptive / automated decision aids

#### **MAINTAINABILITY/RELIABILITY**

Disaggregated operations will place increased emphasis on the need to maintain robust and timely communications with widely dispersed units, especially those with only minimal FR capabilities separated by time and distance from FRC. In such circumstances, the use of rapid

CASEVAC and consideration for the employment of additional HSS resources, such as ERSS, shore-based EMFs, or FDPMUs should be strongly considered.

## DOTMLPF IMPLICATIONS

### DOCTRINE

The existing doctrine for HSS to naval operations is based primarily on NWP 4-02, Naval Expeditionary Health Service Support Afloat and Ashore and does not address NECC force operations. In addition, command and control has changed significantly and should be closely reviewed for incorporation into an updated doctrine. The following Naval doctrinal shortfalls should be addressed:

- Navy HS doctrine should be reviewed for incorporation of HSS to NECC force operational concepts.
- Navy HS doctrine should be reviewed for possible addition of publications specific to HSS to NECC forces.
- NECC command relationships, operating concepts, and supported/supporting requirements and capabilities need to be integrated into joint doctrine publications.
- NECC NTP for HSS to component forces should be developed.
- CCDR Joint Health Services tactics, techniques and procedures should be reviewed and updated to incorporate supported/supporting relationships, requirements, and capabilities related to HSS for NECC forces operating in CCDR areas of responsibility. This should include supporting relationships with DoD HS combat support agencies and theaters to formalize HS reach-back capabilities for deployed NECC forces.
- Theatre-wide command and control capability or a common operating picture throughout the taxonomy of care to include patient movement or medical readiness systems.
- Enhanced forward resuscitative care, advanced triage and diagnostic care.
- CASEVAC/MEDEVAC/ENROUTE CARE for each phase of an operation, to include the Sea Base.
- Medical force surge capacity and "Quick Reaction Force" surge capacity.
- CONOPS for T-AH employment.
- Transition of USN HSS responsibilities to host nation and other government organizations.
- HSS of detainees on the Sea Base.
- Expeditionary, scalable, interoperable, modular medical support systems.
- HSS for FHA and stability operations
- Scalable plug & play capability for medical care in a Sea Based platform.

### ORGANIZATION

The organization set forth in this document addresses the operational and administrative command and control of NECC HS capabilities as currently envisioned. If NECC enterprise missions change or expand in size or scope, a review of the organization would be in order. As currently envisioned, forces will operate within the JMFCC operational environment. As the operational environment is redefined and adjusted by mission requirements, the NECC HS



organizations and command relationships may need to be reexamined. The following specific organizational relationships should be addressed:

- Ensure that NECC component forces are properly and adequately addressed in CCDR, JTF/CTF, and JFMCC organizational structures.
- NECC and components ensure that the HSS organization within each component is adequate to the mission and properly integrated into the supported and supporting command organizations. Recommended changes should be submitted to NECC as required.
- Requirements for Naval Deployable Medical Systems, EMFs and FDPUMs, as direct support detachments or as part of organic NECC Health Services capabilities in support of AFPs must be established.
- Develop a task organized unit, rapidly sourced with personnel of specific skill sets, knowledge and availability (include reserves) to provide specialized expertise.
- Provide medical "Quick Reaction Force, within 48 hours.
- Manage an integrated patient movement/evacuation system able to clear the sea base.
- Develop a NAVFOR/JFMCC command and control capability.
- Resolve Navy Medicine Force Structure issues.
- Manage or jointly integrate in-country distribution and transportation for Class VIIIA and Class VIIIB.
- Source and align the ability to identify and track the health of the force.
- Provide operationally trained and experienced health care professionals.

## **TRAINING**

Navy and Marine Corps training organizations will conduct the initial training for the force. After the first NECC component units' HS personnel receive training and are able to provide feedback to NECC, training should be examined and potentially revised to respond to the changing missions. It is expected that NECC alone will eventually conduct that basic training, with integrated naval or joint exercises conducted as intermediate and advanced training. Training must allow personnel and operational tempos to remain within current Navy policy. The following specific training shortfalls should be addressed:

- The baseline training requirements for NECC Hospital Corpsman Master Training Specialists (NEC 9502) needs to be established and maintained.
- Unit-specific training must be coordinated with each NECC component to include requirements for HS personnel.
- Operational medicine positions and career pathways for a wider cadre of operationally experienced HSS professionals.
- Technological training deficiencies include using HSS technology to support timely decision making, maintaining visibility of patient movement assets, interoperability of disparate communications.
- Identify and treat operational psychological conditions of the service member and their families.

- Train members to develop and maintain the HSS portion of the COP.
- Surveillance, analysis, and mitigation using evidence-based methodologies, which correlate health conditions with deployment related exposures and stress.
- Force Protection for deployed HSS personnel and units.
- Logistical support, including providing a seamless support continuum throughout the phases of the operation to include service and joint logistics capabilities.
- Operational forces to deliver First Responder Care.
- Patient movement items.
- Identification of deployment-limiting conditions.
- AOR medical cultural awareness and communication.
- Joint, coalition, and interagency coordination and collaboration.
- HSS for detainees.
- Planning and functioning at the OPERATIONAL level of warfare.
- Standardized En Route Care, from CASEVAC throughout the continuum of care.
- Cross training of Radiology Technicians in other imaging modalities.
- Adapting MTF skill sets to the operational environment across the continuum of care.
- Maintain critical skills during sustained operations.
- Mission specific training in support of medical individual "Quick Reaction Force" surge capacity.
- Materiel solutions for the management of intra-thoracic, abdominal, and intra-cranial hemorrhage; orthopedic conditions; elevated intra-cranial pressure; hypothermia; and tissue regeneration across the continuum of care.
- Sustain and accelerate recovery time by using prophylaxis and therapeutic products in extreme environments.
- A forward surgical capability that is integrated into its own vehicle and shelter system.
- A portable, limited, isolation capability that can be established ashore or on the Sea Base.
- Tools/resources for self/buddy care training.
- Capability to relocate resuscitative surgery capabilities from platform to platform based on the composition of the Sea Base.
- Advanced, portable, and scalable, diagnostic, triage and forward surgical care equipment.
- Procure materials to support Single Integrated Medical Logistics Manager (SIMLM), and Theater Lead Agent Medical Materiel (TLAMM).
- Standardized, portable, power sources and oxygen generation systems that have a plug and play compatibility with the various platforms constituting the Sea Base.
- In-transit and in-theater distribution tracking of medical/HSS supplies, to include blood/plasma supplies.
- AOR and mission specific authorized medical allowance lists.
- Deployable, ashore or afloat, telemedicine capability for austere environments with global reach.
- Mitigate the consequences of environmental extremes (temperature, geography and altitude).
- A Sea Based confirmatory testing laboratory.
- Reliable methodology to correlate health conditions with deployment related exposure

and stress.

- Rapid screening and testing for communicable diseases.
- A portable, ashore and afloat, plug and play physiological monitoring capability with global connectivity.
- Mission specific development of personal protective equipment (PPE).
- An automated, standardized, interoperable and deployable medical support and readiness system, that identifies, analyze and tracks the actual health of the force and provides relevant metrics, and disseminate outcomes-based healthcare data.
- A common, interoperable medical readiness reporting tool (individual and unit).
- A rapid, waterborne, capability to MEDEVAC patients to and from the Sea Base.

## **MATERIEL**

As a new and evolving force, NECC is establishing a process to review, assess, and modernize the medical materiel readiness of the force. Although the materiel readiness of the force is currently adequate, a number of materiel issues will need to be addressed to support the realignment and sustainment of the current force as it grows in mission and scope. The NECC Health Services staff must coordinate and consolidate component-specific HSS requirements and match them to capabilities. Baseline NECC HS equipment requirements must be finalized. At a minimum, required HS equipment baselines include the following:

- The high operational tempo across the NECC Force has resulted in above-average wear and tear on equipment.
- Full equipment TOA was never programmed or procured for many individual units within NECC.
- Vital equipment and materiel upkeep required to sustain all EMC is not fully programmed or funded. This shortfall could affect the long-term combat readiness of these force components.
- To keep up with the threat, materiel procurement processes and fielding will require greater agility to rapidly insert and field emerging technology.

## **LEADERSHIP AND EDUCATION**

The NECC Health Services staff must coordinate with appropriate entities to provide education on HS capabilities and operations for NECC and component commanders and staffs..

- HSS "quick reaction force."
- HSS Surge capability.
- Standing Medical C2 cells.
- Enhanced forward resuscitative care, advanced triage and diagnostic care.
- Rules of care in FHA and stability operations.
- Scalable, interoperable, modular medical support systems, afloat and ashore.
- Patient evacuation to and from the Sea Base.
- The utilization and continued development of fleet lead initiatives for personal protective materiel and equipment.

- Operational Risk Management.
- Effective deployment health surveillance.
- Develop a functional health based concept for HSS.
- Rapidly communicate changes to established plans across all affected organizations.
- Develop a medical concept of operations, which includes coordinated and when appropriate integrated actions/efforts for support to FHA, DR, and stability operations.

#### **PERSONNEL**

The NECC Expeditionary Force continues to perform impressively in meeting the challenges of MSO. However, the force faces personnel challenges as a new and growing community.

Specific areas of concern include:

- Because of the ongoing demands of MSO, personnel tempo of operations (PERSTEMPO) across the force is high for both AC and RC units, and could negatively impact retention of quality sailors over time at current force levels.
- A lack of resources used (both money and training time) for personnel to develop critical expeditionary medical skill sets.
- The Expeditionary Warfare Specialty Pin qualification needs to be expanded to include all new and emerging components of the force, including enlisted ratings.
- An ability to surge specific skill sets for a medical quick reaction force, ashore or afloat, required to support operations across the range of military operations.
- An ability to surge specific skill sets (personnel) to provide required services, ashore or afloat, in crisis situations.
- JFMCC/NAVFOR HSS component.
- Sufficient, trained, personnel to support the medical/HSS liaison requirements .
- HSS and medical providers trained to conduct operational planning and interagency coordination.

#### **FACILITIES**

NECC comprises garrisoned units that are CONUS-based or forward deployed naval forces that require facilities to support operations, planning, maintenance, and training. In many cases, the Navy has directed the establishment of new force capability without programming the requisite funding for facilities to support the current force structure. As an expanding force, specific facility challenges include:

- In many cases, facilities are antiquated and do not fully support today's operational requirements. Some existing facilities are not adequate in design or size to accommodate a respective unit's personnel and equipment.
- A facility plan for the new EMC organization has not been submitted. Support in finding or funding adequate facilities may be required.
- AC/RC realignment may require facility modifications that have not yet been planned or funded.

- Expeditionary medical training ranges are required on both coasts to support the expanding set of expeditionary skill sets. Capability and capacity of these ranges must adapt as the NECC Force evolves.
- The normal planning, approval, and funding process for facility modification and improvement has the potential to limit rapid ramp-up of new or emerging NECC forces when they are required.
- Scaleable, deployable, clinical facilities with the ability to be established to support NECC contingency operations.
- Scaleable, deployable, isolation capability to support HSS/MEDEVAC operations.

### **JOINT TRANSFORMATION**

The NECC Expeditionary Medical Command transformation and DOTMLPF implication process must maintain strategic alliance with the Joint Force Health Protection (JFHP) CONOPS. The JFHP CONOPS, version 1.0, approved 14 August 2007, responds to the Deputy Secretary of Defense (DepSecDef) Memorandum on Improving Joint Warfighting through JFHP transformation to support a capabilities-based medical response.

Transformational guidance envisions the next generation of joint medical response capabilities to include integrated early warning health protection systems and programs designed to optimize human performance. Future medical support in the joint area of operations will be net-centric, interoperable, and where possible, interdependent. This concept gives direction to joint and service operational medicine and health care programs and is intended to influence science and technology efforts. It was developed by integrating input from across the medical community and by lessons learned from OPERATION ENDURING FREEDOM/ OPERATION IRAQI FREEDOM (OEF/OIF). It recognizes the need to transform the military health system (MHS) to better support future, non-traditional medical or health sector operations, including Stability, Security, Transition, and Reconstruction (SSTR) and shaping operations.

The three Joint and Naval Force Health Protection pillars are accomplished through significantly enhanced interoperability within the system and by new and enhanced capabilities. These capabilities are grouped into the following six JFHP functional areas:

- Human performance enhancement
- Health surveillance, intelligence, and preventive medicine
- Casualty management
- Patient movement
- Medical logistics and infrastructure support
- Command and control.

The strategy for implementation that incorporates a JFHP Transformation Plan Structure uses six integrated process teams (IPTs) aligned with the six JFHP functional areas. The JFHP CONOPS provides the governance and integration of efforts while developing overarching joint concepts. This plan, in accordance with the Joint Capabilities Integration and Development System (JCIDS) processes, will deliver the products (Joint Capabilities Documents [JCDs] and Transformation Solution Recommendations) necessary to develop the required capabilities.

The JFHP functions all fall under the focused logistics, Tier II JCA. Currently, the DOD health care leadership is championing these six JFHP functional areas and those of capacity-building for formal recognition as JFHP Tier III capabilities. The success or failure of the outcome should not deter the pursuit of the capability based assessment process. This process should lead to future DOTMLPF changes, submission of six joint capability documents (JCDs), and follow-on JCIDS documents thus allowing the NECC Expeditionary Medical Command to successfully prepare for the challenges and responsibilities of the joint warfighter in 2015-2020.

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- ZZ. COMSUBLANT/COMSUPPACINST 6000.2 series, Standard Medical Department Organizational Manual for Submarines, and USN Diving Manual, Volume 5

## ACRONYMS

ABFC	advanced base functional component
ADAL	authorized dental allowance list
AE	aeromedical evacuation
AFP	adaptive force package
AMAL	authorized medical allowance list
AOR	area of responsibility
BOS	base operating support
BUMED	Bureau of Medicine and Surgery
C2	command and control
CAS	casualty aid station
CASEVAC	casualty evacuation
CBRN	Chemical, Biological, Radiological, Nuclear
CCDR	Combatant Commander
CHE	complex humanitarian emergencies
CMOC	Civil Military Operations Center
CNECC	Commander, NECC
CNO	Chief of Naval Operations
COCOM	Combatant Command Authority
COMNAVELSG	Commander, Navy Expeditionary Logistics Support Group
COMUSFLTFORCOM	Commander, U.S. Fleet Forces Command
CONOPS	concept of operations
CONPLAN	contingency plan
CONUS	Continental United States
COP	common operating picture
COSR	combat and operational stress reactions
DEPMEDS	deployable medical units
DMO	diving medical officer
DNBI	disease non-battle injury
DOD	Department of Defense
DOTMLPF	doctrine, organization, training, material, leadership, personnel, facilities
ECRC	Expeditionary Readiness Combat Command
EHSS	expeditionary health service support
EIC	expeditionary intelligence command
EMF	expeditionary medical facility
EMS	emergency medical services
EOD	explosive ordnance disposal
EPCT	expeditionary primary care team
ERC	enroute care
ERCT	en route care team
ERSS	expeditionary resuscitative surgical system
ERSS	expeditionary resuscitative surgical system
EST	expeditionary surgical team

ETC	expeditionary training command
ETT	expeditionary trauma team
FAO	foreign area officer
FDPMU	Forward Deployable Preventive Medicine Unit
FHA/DR	foreign humanitarian assistance/disaster response
FHD	fleet health domain
FHP	force health protection
FHPO	force health protection officer
FOH	fleet operational health
FRC	forward resuscitative care
GWOT	global war on terror
HA/DR	humanitarian assistance/disaster relief
HNS	host nation support
HS	health services
HSS	health service support
HST	humanitarian support teams
IA	individual augmentee
IDC	independent duty corpsman
ILO	in lieu of
IMR	individual medical readiness
IOC	initial operational capability
JFMCC	Joint Maritime Component Commander
JMeWS	Joint Medical Workstation
MANMED	Manual of the Medical Department
MAP	medical augmentation program
MCO	Major Combat Operation
MDS	mobile diving and salvage
MESF	Maritime Expeditionary Security Force
MHLD	Maritime Homeland Defense
MHLS/D	maritime homeland security/defense
MHQ	Maritime Headquarters
MHS	Military Health System
MIO	Maritime Interdiction Operation
MIPOE	medical intelligence preparation of the operational environment
MOC	Maritime Operations Center
MOE	measures of effectiveness
MRA	medical readiness assessment
MRO	medical regulating office
MRRS	medical readiness reporting system
MSC	Military Sealift Command
MSO	Maritime Security Operations
MTF	medical treatment facility
NAVCHAPGRU	Naval Cargo Handling and Port Control Groups
NAVELSG	Naval Expeditionary Logistics Support Group
NAVELSG	Navy Expeditionary Logistics Support Group

NCC	Navy Component Commander
NCC	Navy Component Commander
NCD	Naval Construction Division
NCF	Naval Construction Force
NCF	Naval Construction Force
NCHB	Navy Cargo Handling Battalion
NCW	Naval Coastal Warfare
NECC	Navy Expeditionary Combat Command
NEGB	Navy Expeditionary Guard Battalion
NEO	non-combatant evacuation operation
NEPMU	Navy Environmental and Preventive Medicine Unit
NFHP-21	Naval Force Health Protection for the 21 <sup>st</sup> Century
NMETL	Navy Mission Essential Task List
NOMI	Naval Operational Medicine Institute
NORHB	Navy Ordnance Reporting and Handling Battalion
NSSB	Naval Supply Support Battalion
NTTP	Navy Tactics Techniques and Procedures
NWDC	Navy Warfare Development Command
NWP	Navy Warfare Publication
OFDA	Office of Foreign Disaster Assistance
POE	projected operational environment
PVNTMED	preventive medicine
ROC	required operational characteristics
SIMLM	Single Integrated Medical Logistics Manager
SMDR	senior medical department representative
SMO	senior medical officer
SPRINT	Special Psychiatric Rapid Intervention Team
SSTR	stability, security, transition, and reconstruction
TAD	temporary additional duty
TEU	Training and Evaluation Unit
TIC	toxic industrial chemical
TIM	toxic industrial material
TMIP	Theater Medical Information Program
TMIP-M	Theater Medical Information Program - Maritime
TML+	tactical medical logistics tool plus
TOE	table of equipment
TPFDD	time phased forces deployment data
TSCP	Theater Security Cooperation Plan
TSCP	theater security cooperation plan
TYCOM	Type Commander
UNTL	Universal Navy Task List
USAID	U.S. Agency for International Development
UTC	unit type codes
VBSS	visit board search and seize