



U.S. Fleet Forces Command Fleet Health Services (N01H)

Force Medical Readiness/Ready Medical Forces

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Fleet Surgeon

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USFFC's Mission

- **Train, certify, and provide combat-ready Navy forces to combatant commanders that are capable of conducting prompt, sustained naval, joint, and combined operations in support of U.S. national interests.**
- **Command and control subordinate Navy forces and shore activities during the planning and execution of assigned Service functions in support of Chief of Naval Operations (OPNAV).**
- **Provide operational planning and coordination support to Commander, U.S. Northern Command (CDR USNORTHCOM), Commander U.S. Element NORAD (CDR USELEMNORAD), and Commander, U.S. Strategic Command (CDR USSTRATCOM).**
- **Command and control subordinate forces during the planning and execution of joint missions as Joint Forces Maritime Component Commander North (JFMCC-N) to CDR USNORTHCOM.**

USFFC MFT (OPNAVINST 5440.77B), 5 April 2012



USFFC Vision, Lines of Effort, and Focus Areas

“As the **Navy force provider** for naval component and combatant commanders **worldwide**, Fleet Forces Command aligns and executes all elements of **readiness** to effectively and consistently deploy credible, combat-ready forces who are ready to fight and win decisively in contested or denied environments of all kinds. To outpace adversaries and threats of tomorrow, we must strengthen our naval power at and from the sea by maintaining and modernizing the Fleet, developing advanced warfighting concepts and doctrine, and accelerating warfighting capabilities to the Fleet.”

Five Lines of Effort

1. Force Development
2. Force Generation
3. Force Employment
4. Safety and Security
5. Sailors, Civilians, and Family

Eight Focus Areas

1. Integrate Fleet Readiness Account Execution
2. Improve Maintenance Period Performance
3. Improve & Increase Advanced Training
4. Mainstream Maritime Operations Center (MOC) Functionality in Contemporary Environments
5. Enhance Fleet Sustainment
6. Strengthen our Naval Power At and From the Sea
7. Improve **Health** of Our People and Organization
8. Evolve Safety and Security Culture



USFFC Surgeon's Roles and Responsibilities

- Serves as senior medical leader, special assistant, and principal medical advisor to the USFFC Commander/Deputy Commander on all medical matters.
- Serve as co-chair of the Fleet Health Integration Panel (FHIP).
- Monitors, assesses, plans, directs/coordinates, and synchronizes health service support (HSS) and force health protection (FHP) for Budget Submitting Office (BSO) 60 to include policies, procedures, and force structure development.
- Assists with manning, training, equipping, and sustaining medical capabilities sourced through USFFC.
- On order, activate JFMCC-N Surgeon cell to execute HSS/FHP operations.
- Collect, review, and disseminate medical intelligence and derived FHP guidance to the Fleet.
- Write and execute medical annexes/appendices to USFFC's Operation Order and other plans.
- Coordinate with OPNAV, BSOs 18, 70, and 27, and U.S. Navy type commands (TYCOMs) to codify integrated medical training and certification requirements for Naval Expeditionary Health Service Support (NEHSS) adaptive medical force packages.
- Credential/privilege medical providers assigned to Fleet ships and units.
- Certify Amphibious Ready Groups/Marine Expeditionary Units and Carrier Strike Groups to execute integrated medical functions/tasks.
- Recommend medical experiments and initiatives to develop HSS and FHP capabilities and doctrine, organization, training, materiel, leadership and education, personnel, facilities, and policy (DOTMLPF-P) solutions for identified gaps.
- Coordinate funding for medical requirements with USFFC N8/N9.
- Monitor Fleet medical readiness.

Command Relationships/Surgeons



U.S. NORTHERN
COMMAND

CHIEF OF
NAVAL
OPERATIONS

U.S. STRATEGIC
COMMAND

CNSW
CAPT
Peter
Woodson



CAPT Kris
Belland



C7F
CAPT
Melanie
Merrick



NWDC
CAPT Rusty
Stiles

CAPT Paul
Kane

NAVSO/C4F
CAPT
William
Scouten

NAVCENT/C5F
CAPT
Guido
Valdes

CNE/AF/C6F
CAPT
Mike
McGinnis

C3F
CAPT Jose
Acosta



AIR FORCES
PACIFIC

CAPT Kevin
Brown



SURFACE
FORCES
PACIFIC

CAPT Jeff
Feinberg



SUBMARINE
FORCES
PACIFIC

CAPT Brett
Sortor



AIR
FORCES
ATLANTIC

CAPT Kim
Toone



SUBMARINE
FORCES
ATLANTIC

CDR Thom
Baldwin



SURFACE
FORCES
ATLANTIC

CAPT Tracy
Thompson



CTF 80
SURGEON

CAPT Chris
Lucas



NAVY
EXPEDITIONARY
COMBAT COMMAND

CAPT Peter
Johnson



MILITARY
SEALIFT
COMMAND

CAPT Daryl
Daniels



USFFC N01H Staff

Officers

- Surgeon
- Deputy Surgeon
- **Fleet Dental Officer**
- Senior Plans, Operations, and Medical Intelligence (POMI) Officer (Medical Planner)
- Commander, Task Force 80 (CTF-80) Surgeon/ Chief Medical Informatics Officer (CMIO)

Enlisted

- Senior Enlisted Leader (HMCM/ Independent Duty Corpsman (IDC))
- CTF-80 IDC
- **Biomedical Equipment Technician**
- **Administrative Assistant**

Additional Duty (ADDU) from BSO 18

- Fleet Nurse
- POMI Officers X 2
- Environmental Health Officer (EHO)/Force Health Protection (FHP) Officer
- Medical Logistician
- **Laboratory/Blood Bank Officer**

Civilians

- Medical Staff Services Professional (MSSP)
- Assistant MSSP/Administrative Assistant

Contractors

- MSSP
- Naval Health Research Center Contractor
- **Space and Naval Warfare Systems Command**



Commander, Naval Air Force Atlantic (CNAL) Force Medical

Mission

- Advises CNAL Commander on the provision of health care services for CNAL Forces.
- Serves as subject matter expert (SME) for aeromedical topics of interest.
- Man, train, and equip medical departments for initial medical response, forward resuscitation, and en route care.
- Goal is to meet requirements within the projected operational environment of carrier strike group operations and joint force integration.
- Oversees military healthcare system integration, support, and resource sharing with non-BSO 60 entities.

Personnel

- Force Surgeon – Aerospace Medicine Specialist
- Force Nurse – ADDU from BSO 18
- Force Radiation Health Officer
- Force Medical Admin Officer
- Force Environmental Health Officer – ADDU from BSO 18
- Force Corpsman
- Force Medical Logistics – Contractor

Equipment/Supply

- Collaborates with Navy Medical Logistics Command for Authorized Medical Allowance List (AMAL) review and updates for aircraft carrier medical departments.
- Manages Fleet pharmacologic programs.
- Manages the Shipboard Equipment Replacement Program (SERP).
- Monitors the TYCOM Shelf-Life Extension Program (SLEP).
- Provides Information Technology (IT) support for **electronic health record (EHR)** access and **Electronic Periodic Health Assessment (ePHA)** implementation.

Training/Other

- Conducts regular assist visits and inspections throughout the Optimized Fleet Response Plan (OFRP) to ensure medical personnel are able to provide basic medical care as well as emergent medical response as appropriate for each assigned ship's schedule.
- Assists with manpower issues including relief with unplanned losses and through integration of carrier air wing aerospace physician assistants .



CNAL Medical Capability

Carrier Medical Manning

- **Providers:** 1 Senior Medical Officer - Aerospace Medicine Physician or Flight Surgeon, 1 General Surgeon, 1 Anesthesia Provider (typically a CRNA not organic to ship's company except for Ford Class), 1 Family Medicine Physician, 1 Physician Assistant, 1 Psychologist, 1 Physical Therapist, and 2 IDCs
- **Support:** 1 Registered Nurse (ICU or ER), 1 Medical Administrative Officer, 1 Radiation Health Officer
- **Corpsmen:** 1 Senior Enlisted, 3 Preventive Medicine Technicians (Techs), 2 Surgical Techs, 2 Radiation Health Techs, 2 Advanced Laboratory Techs, 2 Aviation Medicine Techs, 2 Substance Abuse/Rehabilitation Counselors, 1 Advanced X-ray Tech, 1 Pharmacy Tech, 1 Physical Therapy Tech, 1 Psychology Tech, 15 General Duty Corpsmen, and 1 Logistics Specialist

Carrier Dental and Air Wing Manning

- **Dental Providers:** 1 Senior Dental Officer, 1 Oral Maxillofacial Surgeon, 3 General Dentists
- **Dental Corpsmen:** 1 Senior Enlisted (E7), 1 Hygienist, 1 Surgical Tech, 10 Dental Techs
- **Carrier Air Wing Providers:** 2 Flight Surgeons (soon to add an Aviation Physician Assistant)
- **Carrier Air Wing Corpsmen:** 1 Senior Enlisted (E7), 7 Aviation Medical Techs and 2 Search and Rescue Medical Techs
- **Non-Air Wing Squadrons:** 1 Flight Surgeon and 1-2 Aviation Medical Techs per squadron
 - Flight Surgeons can cover more than 1 geographically co-located squadron

Carrier Medical Capability

- **Patient Care:** Routine Health Care; i.e., management of chronic conditions/acute complaints, physical therapy, mental health, routine physicals, and well woman exams, emergency response, emergent and resuscitative surgery, occupational medicine, inpatient care, en route care, general dentistry, dental cleanings, and oral surgery services.
- **Ancillary Services:** Laboratory (comprehensive chemistry, basic ID, hematology, and some endocrine exams), radiology (plain medical and dental X-ray and ultrasound), pharmacy, and central sterilization.
- **Medical Facilities:** 2-bed "emergency room," 1-bed operating room, 51 inpatient beds (44 Ford class), and 5 single bed battle dressing stations.

Carrier Strike Group Capability

- Completely integrated for advanced qualifications and deployment (organic carrier medical and dental alone for other underway periods)
- Incorporates medical personnel from other ships within the Strike Group; typically 1 IDC with 2 General Duty Corpsmen for each U.S. small-deck ships (SURFLANT assets).
- Provides Direct medical support for approximately 3,000 air carrier crew and another 2,500 embarked personnel as well as referral/consultative care for over 1,000 additional personnel on smaller U.S. ships, coalition vessels, and Military Sealift Command assets within the Strike Group.
- **Home Port:** Inpatient and surgical services are suspended; however, ship's crew still receives outpatient care aboard the carrier. All others receive care from assigned units' providers through a BSO 18 facility.



Current CNAL Medical Issues

- **IT Support** (Shipboard Automated Medical System (SAMS)/Theater Medical Information Program (TMIP) connectivity with Navy Medicine Online (NMO))
 - **ePHA Implementation**
- Health Records transition to **EHR** and retirement of **Service Treatment Records (STRs)**
- Carrier Aerospace Physician Assistants
- Force Nurse Billet (Permanent vice ADDU/memorandum of understanding (MOU))
- Carrier Fleet transition to Medical/Surgical Prime Vendor Program - GEN V
- Maintenance of medical readiness for CNAL staff
- Awaiting multiple instruction reviews and update releases:
 - CNAP/CNAL Instruction 6470.5B (CVN Radiation Health Manual)
 - COMNAVAIRFORINST 6000.1A (Shipboard Medical Procedures Manual)
 - CNAP/CNAL Notice 6000 (Aircraft Carrier Nuclear Battle Readiness Gear Sets)



Commander, Naval Surface Forces Atlantic (CNSL) Force Medical

Administrative Functions Supporting Quality Patient Care

- TYCOM CNSL (Echelon 3) – Primarily Administrative
 - Surgeon – Medical Officer
 - Deputy – Medical Service Corps Officer
 - Senior Enlisted Leader – IDC
 - Technical Chief – IDC
 - Biomedical Repair Technician
- Medical Readiness Divisions X 2 (Norfolk, VA and Mayport, FL) (Echelon 4)
 - 7 Medical Officers
 - Primary Function: GMO and IDC medical supervisors
 - Secondary Function: Evaluate and treat Sailors with medical conditions exceeding the ability of an IDC
 - 1 Nurse Practitioner
 - Sole well woman exam provider for IDC platforms
 - 8 IDC Preceptors
 - Primary Function: Inspection and certification
- Regional Medical Representative (Bahrain and Littoral Combat Ship Squadron Two (Echelon 4)
 - 1 Medical Officer
 - 6 IDC Preceptors

Top Challenges

- **IT and internet bandwidth** support for **electronic health record** and **electronic preventive health** and mental health assessments.
 - Current shipboard IT bandwidth limits ability to connect to websites and upload data at sea.
- **Operational and Overseas Screening**
 - 1 in 5 Sailors arrives at CNSL platforms improperly screened by fixed medical treatment facilities (MTF).
- **Patient Movement and En route Care Gaps**
 - Current focus on en route care is shore centric. Within our organization, there are only 4 trained and qualified en route care providers; future blue-water engagements will require additional en route care personnel.
- **Medical Material Re-Supply at Sea**
 - Limited shipboard storage and a slow medical resupply chain creates a capability gap at sea.



CNSL Operational Medical Capabilities

Total Echelon 4 Medical Staffing: 4 general surgeons, 12 nurses, 26 medical officers, 2 nurse practitioners (NPs), 78 IDCs, and 302 junior hospital corpsmen provide primary medical care and treatment for 26,000 Sailors and Marines embarked on 78 platforms.

Fleet Surgical Teams

- 4 teams of 18 medical personnel provide augmented surgical, postoperative, blood banking, intensive care, inpatient care and embedded mental health for a 3 ship amphibious readiness group (ARG) consisting of a LHD, LPD, and LSD.

Casualty Receiving and Treatment Ships (CRTSs)

- LHD (4 ships): 1 senior medical officer (SMO), 1 general medical officer (GMO), 1 HCA, 1 IDC, 14 Junior HMs, 5 battle dressing stations (BDS), 4 operating rooms (ORs), 15 intensive care unit (ICU) beds, 38 ward beds, and isolation room
- LPD (4 Ships): 1 GMO, 1 LCPO, 1 IDC, 13 Junior HMs, 3 BDS, 2 ORs, 6 ICU/16 ward beds, and 2 isolation rooms

Nonsurgical Platforms with Medical Officers

- LSD (6 Ships): 1 GMO, 1 IDC, 7 Junior HMs, 3 BDSs, 3 ward beds, and 1 isolation room
- AEGIS Ashore (2 Locations): 1 NP, 1 IDC, and 1 junior HM

Platforms Providing Medical Care and Treatment Independent of a Medical Officer

- LCC: 1 IDC and 2 junior HMs
- DDG (30 Ships): 1 IDC, 2 junior HMs, 3 BDSs, and 2 ward beds
- CG (10 Ships): 1 IDC, 2 junior HMs, 3 BDSs, and 2 ward beds
- MCM (4 Ships): 1 IDC and 1 BDS
- PC: (13 Ships): 1 IDC
- Beach Masters: 1 IDC and 12 junior HMs
- Assault Craft Unit (2 Units) : 1 IDC and 2 junior HMs



Commander, Submarine Forces Atlantic (CSL) Force Medical

Administrative Functions Supporting Quality Patient Care

- TYCOM CSL (Echelon 3) – Primarily Administrative:
 - Surgeon – Medical Officer
 - Force Psychiatrist
 - Senior Enlisted Leader – IDC (E9)
 - Medical Department Representative – IDC (E7)
- Medical Readiness Divisions x 3 (Echelon 4)
 - Homeport Groton, CT
 - 2 Undersea Medical Officers (UMOs)
 - 3 IDCs
 - **eMHP** (1 Full-time Psychologist and 1 LCSW 2 Days/Week)
 - Homeport Norfolk, VA
 - 2 UMOs and 2 IDCs
 - Mental Health (1 Psychologist, 1 IDC, and 1 Behavioral Health Technician)
 - Homeport Kings Bay, GA
 - 3 UMOs and 3 IDCs
 - Mental Health (1 Part-time Psychologist 2 Days/Week)

Operational Medical Capabilities

- Homeport Groton, CT
 - 20 Attack Submarines (SSNs)
 - 1 IDC and EMAT (4-6 Personnel)
- Homeport Norfolk, VA
 - 8 Attack Submarines (SSNs)
 - 1 IDC and EMAT
- Homeport Kings Bay, GA
 - 6 SSBNs and 2 SSGNs (2 Crews Each)
 - 1 IDC and EMAT



CSL Top Challenges

- **IT and Internet Bandwidth** Support for **Electronic Health Record** and **Electronic Preventive Health** and Mental Health Assessments.
 - Current submarine IT bandwidth limits ability to connect to websites and upload data at sea.
 - Inability to download patient's AHLTA **medical record**.
- **eMHP**
 - Breaking the stigma of mental health.
 - Patient load vs. provider impacts ability to perform outreach and prevention programs.
- **Lab Testing**
 - Limited diagnostic capabilities.
 - Staying current on latest medical equipment due to security vulnerability, destructive testing, and potential environmental impact.



Commander, Navy Expeditionary Combat Command (NECC)

Mission: Organize, man, train, equip and sustain Navy Expeditionary Combat Forces to execute combat, combat support, and combat service support missions across the full spectrum of naval, joint and combined operations which enable access from the sea and freedom of action throughout the sea-to-shore and inland operating environments.

NECC Medical Personnel

- Force Surgeon
- Medical Master Chief
- Force UMO/DMO
- Dive IDC
- Force Psychologist
 - Psychological Health Team Program: 26 Team Members
 - 6 Psychologists, 16 LCSW, and 4 Admin
 - Recovery Care Management Program
 - 7 Team Members (Contract Support)

NECC Force

- 19,376 (AC/RC: 10,185/9,191)
 - Naval Construction (46%)
 - Coastal Riverine (25.3%)
 - Expeditionary Logistics (15%)
 - EOD (12%)
 - Expeditionary Intel (1.3%)
 - Combat Camera (0.4%)

Defense Support of Civil Authorities (DSCA)

- Designated Navy Lead Element, CTF 86
- Liaise with Civil Authorities to perform tasks in accordance with Stafford Act
- Activities: Minnesota Bridge Collapse, Hurricane Sandy Response, Exercise Ardent Sentry

Humanitarian Assistance/Disaster Relief (HA/DR)

- Adaptive Force Package task organized to support designated operations
- Examples: Hurricanes Irma/Maria



NECC Force Medical

Responsibilities

- **Oversee Medical Practice for NECC Force**
- **Privileging Authority for NECC Force**
- **Medical Readiness and IG Inspections**
- **Medical Training Requirements and Program Development**
- **Oversee Force IDC Program**
- **Oversee Force QA&I Program**
- **Medical Centralized Issuing Facility (Med-CIF) Operations**
- **TYCOM Diving and Special Duty Waiver Authority**

Programs

- **Psychological Health Teams Embedded Within Force**
- **Recovery Care Management**

Clinical Services

- **Daily Sick-Call**
- **Physicals (ePHAs, Dive PEs, HAPS, Occupational Exams)**
- **Immunizations**
- **Pre/Post-deployment Readiness (PDHAs)**
- **Embedded Mental Health** (Separate entity, but in our network and collocated.)
- **Recovery Care Advocates**
- **Final Service Treatment Record Management**

Operational Support

- **Jump and Air Ops**
- **Diving and Hyperbarics**
- **Demolition**
- **Small Arms Ranges**
- **Medical Support for Unit Deployments/Exercises**



Commander, Military Sealift Command (MSC) Force Medical

Background

- MSC Civilian Mariners (CIVMARs) are excepted service federal employees who crew sealift vessels in support of joint and combined forces worldwide.
- CIVMARs are generally not TRICARE beneficiaries unless they were also prior military retirees or dependents.
- MOUs are in place which authorize MTFs to provide specific medical services in accordance with the OPM.
- Although CIVMARs work in the same industrial environment as active duty sailors and share many of the same hostile threats, they do not receive the same spectrum of health services support.

Challenges

- Tri-service providers are often unfamiliar with CIVMAR health care eligibility and billing processes, resulting in unwarranted denial of care.
- High MSC operations tempo makes access to care at MTFs difficult under current appointment system, negatively impacting CIVMAR readiness.
- MSC frequently operates in areas remote from MTFs and without access to local healthcare facilities.
- Unclear access to USTRANSCOM Global Patient Movement System.



MSC Medical Issues/Recommendations

Discussion

- MTFs provide occupationally related care (billed through the U.S. Department of Labor Office of Workers' Compensation Programs):
 - Required physical exams, travel medicine, and immunizations. Work injury/illness, periodic medical surveillance physicals, emergency care.
- MTFs do not provide:
 - Dental care, preventive health services, primary care. Specialty care and prescription medication (non work-related).

Recommendations

- Re-educate tri-service providers/administrators regarding CIVMAR health care eligibility and billing.
- Reinforce and encourage all MTFs to facilitate CIVMAR access to health services.
- Extend TRICARE Remote Overseas program to deployed CIVMARs.
- Codify CIVMAR access to Global Patient Movement System while in direct support of named operations or as a result of hostile fire.



Fleet Health Integration Panel (FHIP)

- **The FHIP is a coordination and decision forum for medical and dental matters of importance that span the worldwide Fleet where equities of all key stakeholders are represented to include external organizations such as OPNAV, BSOs 18 and 27, geographic combatant commanders, and numbered fleets/service components in order to achieve standardized practices and capabilities, guide the development of integrated courses of action for identified readiness/capability gaps, and present a unified perspective of Fleet HSS and FHP matters to the line.**
- **The Fleet Health Integration Panel (FHIP) is the executive level body responsible for submitting Fleet medical and dental issues/requirements that need the involvement of the Readiness Requirements Review Board (R3B). This is best achieved by aligning to the Optimized Fleet Response Plan (OFRP).**



USFFC Fleet Surgeon's Priorities

- Assist with providing combat-ready medical forces to combatant commanders and Manage operational medical end strength.
- Establish/assign/sustain TYCOM responsibility and functions for all deployed “orphaned” expeditionary medical capabilities.
- Create real-time, reliable, bidirectional access to the **EHR**:
 - **EHR** training for TYCOMS.
- Revise the NEHSS CONOPS for Medical Force Packages:
 - R2LM/ERSS and EMF/EMU pre-positioning strategies .
- Standardize medical training across TYCOMs.
- Implement patient safety initiatives: Joint Patient Safety Reporting (JPSR), Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS), and sepsis screening.
- Complete implementation of the **embedded mental health program**.
- Assist with developing DOTMLPF-P solutions for identified gaps.
- JFMCC-N operational planning support.
- Participate in Physiologic Episode (PE) Assessment Team corrective actions/mitigations
- Future: Limited duty (LIMDU) processes and baseline cognitive assessments.



Fleet Needs from the Defense Health Agency (DHA) as a Combat Support Agency (CSA)

- Support existing naval ISSAs, MOUs, MOAs, etc., for BSO 18 medical support to the Fleet; e.g., CLIP, RFSSs, ERSS-P T/O & T/E, etc.
- Provide NDMS resources, training, and readiness to provide a coordinated response across the ROMO; i.e., DSCA:
 - Hospital services, contingency beds, etc.
- Provide trained ready naval medical forces, maintained/modernized medical and dental equipment, and unexpired AMALs and ADALs for global force augmentation requirements across ROMO:
 - T-AHs, EMFs/EMUs/EMCs, CRTSs, FDPUMs, GHE, en route care teams, etc.
- Mitigate 2nd and 3rd order effects of expeditionary medical capability deployments.