DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6440.5B
BUMED-27
30 May 2000

BUMED INSTRUCTION 6440.5B

From: Chief, Bureau of Medicine and Surgery

Subj: MEDICAL AUGMENTATION PROGRAM (MAP)

Ref: (a) OPNAVINST S3061.1E (NOTAL)
(b) BUMEDINST 6320.66B
(c) MCO P10120.28F (NOTAL)
(d) NAVPERS 15665I
(e) DoDINST 1322.24 of 20 Dec 1995

Encl: (1) MAP Policy and Procedures Guide

1. Purpose. To issue revised policy and procedure guidelines for active duty Navy Medical Department personnel assigned to augment operational platforms during contingency or wartime situations per reference (a). This is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 6440.5A.

3. General Guidance

a. Enclosure (1) applies to all medical and dental treatment facilities (MTFs and DTFs) inside the continental United States (CONUS) as the sourcing commands for augmentation requirements for operational platforms.

b. Guidance is provided for establishing local procedures for the management, administration, and training of deployable personnel required to bring them to a full state of readiness.

c. Peacetime medical staffing levels of operational and medical support units are maintained below wartime and contingency staffing levels because of differences between peacetime and wartime workload.

d. Deployable medical systems such as a fleet hospital (FH) have no peacetime staffing, and a hospital ship (T-AH) platform maintains only a reduced operating status (ROS) crew during peacetime.

e. The component unit identification code (UIC) process for major platforms is being established to facilitate optimum platform manning and assignment of medical and non-medical personnel at sourcing commands. When fully implemented, personnel assigned to sourcing commands will be ordered to a component UIC that identifies their platform assignment by billet sequence code (BSC).

f. Medical augmentation requirements not established in this guide shall be sourced as directed by the Chief of Naval Operations (CNO).

4. Reports. Sourcing commands shall submit an electronic readiness report to BUMED (MED-27) via the Medical Personnel Augmentation System on or before the second Friday of each month. This report is assigned report control symbol MED 6440-6 and has been approved by Chief, BUMED for 3 years only from the date of this instruction.

5. Action. Commanding officers and officers in charge are responsible for overall readiness of their activities and shall ensure strict compliance with this directive.

R. A. NELSON

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BUMEDINST 6440.5B
30 May 2000

BUREAU OF MEDICINE AND SURGERY

MEDICAL AUGMENTATION PROGRAM (MAP)

POLICY AND PROCEDURES

GUIDE

(BUMEDINST 6440.5B)

TABLE OF CONTENTS

Paragraph		Page
TABLE OF CONTENTS		i
DEFINITIONS		iii
CHAPTER 1. RESPONSIBILITIES		
1.1	Chief of Naval Operations (N931)	1-1
1.2	Chief, Bureau of Medicine and Surgery	1-1
1.3	Naval Medical Information Management Center	1-2
1.4	Naval Healthcare Support Offices	1-2
1.5	Sourcing Commands	1-3
1.6	Deployable Personnel	1-4
1.7	OCONUS MTFs	1-4
CHAPTER 2. MAP ASSIGNMENT GUIDELINES		
2.1	Basic Policy	2-1
2.2	Casualty Receiving and Treatment Ships (CRTS)	2-2
2.3	Marine Forces (MARFOR) Support	2-2
2.4	Hospital Ships (T-AH)	2-2
2.5	Fleet Hospitals (FH)	2-3
2.6	OCONUS MTFs	2-3
2.7	Other Platforms	2-3
2.8	Non-Deployable Staff	2-3
CHAPTER 3. ADMINISTRATION OF DEPLOYABLE PERSONNEL		
3.1	Basic Policy	3-1
3.2	Deployable Personnel Readiness Checklist	3-1
3.3	R-Status	3-2
3.4	Funding	3-3
3.5	Transportation	3-3
CHAPTER 4. MEDICAL READINESS SKILL-BASED TRAINING REQUIREMENTS		
4.1	Basic Policy	4-1
4.2	Medical Readiness Skill-Based Training	4-1
4.3	Guidelines	4-1
4.4	T-Status Indicators	4-1
4.5	Alternative Methods of Training	4-1
4.6	Requests for Approval	4-2
4.7	Training Measurement Table	4-2

Paragraph		Page
CHAPTER 5. MAP ALERT AND ACTIVATION PROCEDURES		
5.1	Basic Policy	5-1
5.2	Specific Guidance	5-1
5.3	PCS Orders	5-1
5.4	Stop-Loss Policy	5-1
CHAPTER 6. MEDICAL AUGMENTATION PROCESSING UNIT (MAPU)		
6.1	Basic Policy	6-1
6.2	Functions	6-1
6.3	Recommended Staffing	6-1
6.4	Additional Information	6-2
APPENDICES		
A	Non-Deployable Code Table	A-1
B	Abbreviations (List of Acronyms)	B-1
C	Deployable Personnel Readiness Checklist	C-1
D	Naval Medical Field Uniform Requirements	D-1
E	Minimum Training Requirements (T-Status)	E-1
F	Format for Requesting Alternative Readiness Skill Training	F-1
G	Alert Message Format	G-1
H	Deployment Message Format	H-1

DEFINITIONS

Alert Forces. For the purposes of this directive, alert forces refers to deployable personnel attached to CONUS MTFs/DTFs. Deployable personnel may either be assigned to an augmentation platform or may be awaiting assignment to a platform (residual). Alert forces do not include those personnel coded as non-deployable as identified in Appendix A.

Armed Service Whole Blood Processing Laboratory (ASWBPL). Operated by the Air Force, but tri-service staffed. During mobilization, responsible for receiving blood from the military or civilian blood programs and transporting overseas.

Augmentation. Process by which wartime medical requirements of Operating Forces and medical support units are filled by active duty personnel to bring units to their full or partial wartime allowance.

Blood Donor Center (BDC). BDCs collect, process, and ship blood products to the theater of operations in support of military casualties. They also train medical augmentation personnel in blood product collection and preparation and handling of blood products. MTFs with BDCs are given daily blood quotas and are responsible for ensuring quotas are met.

C-Status. Term used to define overall readiness of a platform in the Status of Resources and Training System (SORTS). Includes personnel, equipment, supply, and training readiness. Previous editions of the MAP used this term when referring to personnel "administrative" readiness. (See R-Status below.)

Core. For purposes of this directive, those staff billets at sourcing commands deemed essential for continuity of operations in support of core military functions. (Chapter 2, paragraph 2.8 identifies core composition.)

Component UIC. Subordinate UIC of a sourcing command. For purposes of this directive, the component UICs are the operational platforms that have been aligned with a specific sourcing command.

Deployable Personnel. For the purposes of this directive, all personnel assigned to a sourcing command. Excludes those personnel who meet the non-deployable criteria identified in Chapter 2, paragraph 2.8.

Defense Medical Human Resource System (DMHRS). DoD tri-service approved software program, currently under development, scheduled to replace SPMS/MPAS.

Functional Area Code "U" (FACU). Medical department officer billets assigned to USMC claimancy, which support additional duty (ADDU) billets at a USN activity.

Medical Personnel Augmentation System (MPAS). The module of the SPMS used to track the data required by the MAP.

Medical Augmentation Processing Unit (MAPU). Processing center established at sourcing commands to facilitate deployment of augmenting personnel. Further guidance provided in Chapter 6 of this directive.

Mobilization. The process by which armed forces are brought to a state of readiness for war or other contingency. Most commonly used in reference to activation of Naval Reserve Forces. Mobilization is often used inappropriately when describing the "augmentation" process of active duty medical personnel to their operational platform billet assignments.

Non-deployable Personnel. Members whose administrative, medical, or legal status, as coded in SPMS/MPAS, precludes assignment to an augmentation billet.

Operational Support Individual Medical Assignment (OPSIMA). Code used by BUMED (MED-27) for tracking deployed personnel in SPMS/MPAS.

Plans, Operations, and Medical Intelligence Officer (POMI). For the purposes of this directive, principal advisor and action officer for the commanding officer of the sourcing command regarding all matters pertaining to planning, implementation, monitoring, evaluation, and execution of the MAP and local command readiness program.

Platforms. Operating Forces and medical support units (e.g., FH, T-AH, CRTS, MARFOR, or outside of the Continental United States (OCONUS)) requiring additional support from BUMED (Claimancy 18 activities) for medical and non-medical personnel to reach their full or partial wartime requirements.

R-Status. Measures percentage of administrative readiness requirements completed. The R-1 through R-4 Status reflect levels of administrative readiness achieved by deployable personnel whether assigned to an augmentation platform or not. R-5 Status is used to indicate non-deployable personnel and is not used in calculating readiness level percentages of a unit.

Readiness Skills Training. Training which orients the augmentee to the mission and operational characteristics of a particular platform. Also, professional and military training which prepares the augmentee for a specific role or environmental condition related to wartime medicine.

Reserve Liaison Officer (RLO). Coordinates all Reserve activities within the sourcing command. In the event of POMI officer deployment, POMI responsibilities will be temporarily assumed by RLO until POMI functions are filled by a reserve POMI recalled to active duty under competent recall authority (assumes sourcing command has an authorized Reserve POMI billet. Until a Reserve POMI is recalled to the sourcing command billet, RLO assumes responsibility for both gaining command and sourcing command functions.)

Residuals. Sourcing command deployable personnel not currently assigned to a platform. Residual personnel must maintain their administrative readiness requirements.

Senior Leadership Element (SLE). Senior leadership positions within the FH and T-AH deployable platforms as determined by the platform commanding officer. For MARFOR and CRTS platforms, the SLE shall be comprised of the senior members assigned (officer and enlisted). SLE shall meet as required to manage training and administration requirements and establish goals and objectives. Issues or concerns can be transmitted to BUMED via chain of command.

Sourcing Commands. Claimancy 18 commands (MTFs/DTFs) that provide MAP personnel to support a platform during contingencies, exercises or mobilization.

Standard Personnel Management System/Medical Personnel Augmentation System (SPMS/MPAS). Current software program used by Claimancy 18 to monitor readiness requirements established by the MAP. Scheduled to be replaced by a tri-service program known as DMHRS (see definition above).

T-Status. Measure of training readiness for personnel assigned to platforms only, based on percentage of required training skills that have been completed.

CHAPTER 1. RESPONSIBILITIES

1.1 Chief of Naval Operations: Medical Resources, Plans, and Policy Division (N931)

a. Validates, approves, and maintains a current account of Claimancy 18 augmentation requirements as reflected in the Total Force Manpower Management System (TFMMS).

b. Provides BUMED the current validated augmentation requirements as reflected in TFMMS for updating the current DoD approved readiness software system (refers to SPMS/MPAS or its replacement system known as DMHRS).

c. Validates requests for contingency support augmentation requirements.

d. Ensures augmentation platforms are afforded the opportunity to participate in realistic training in joint and combined exercises per reference (a).

1.2 Chief, Bureau of Medicine and Surgery (BUMED)

a. Directs, coordinates, and monitors the execution of the MAP and the software program used by Claimancy 18 to monitor readiness requirements.

b. Assigns Claimancy 18 platform augmentation requirements, as established by the respective activity manning documents (AMDs) to the sourcing commands.

c. Monitors augmentation requirements, component UIC assignments, and the overall readiness of platforms. Upon request, provides augmentation assignment information to higher authority.

d. Provides endorsements for commanding officers, executive officers, and command master chiefs for FHs and T-AHs to the Navy Personnel Command.

e. In conjunction with platform sponsors, i.e., Fleet Commanders in Chief (FLTCINCS), Headquarters, Marine Corps (HQMC), Commander, Military Sealift Command (COMSC), Program Manager Logistics (PML-500), develops and monitors the readiness training requirements for personnel augmenting operational platforms (see Appendix E).

f. Plans and budgets for readiness training per platform training plans.

g. Provides input to N931 regarding augmentation platform personnel fill rates and training readiness for the Joint Monthly Readiness Report.

h. Establishes guidelines for developing medical augmentation processing units (MAPUs) at sourcing commands.

i. Establishes a means to adjust training requirements, based on periodic assessments of skills proficiency and changes in doctrine and mission per reference (a).

1.3 Naval Medical Information Management Center (NAVMEDINFOMGMTCEN)

a. Budgets for and maintains a totally functional readiness software system reflecting current technology, capable of managing all aspects of the MAP that meets DoD approved readiness tracking and reporting requirements, and facilitating efficient management of the system.

b. Updates headquarters module of current DoD approved readiness software program (SPMS/MPAS), maintained at BUMED (MED-27), with current validated augmentation requirements as reflected in TFMMS.

c. Provides required training on DoD readiness software used in managing the MAP to commands using this system in the performance of their duties.

1.4 Naval Healthcare Support Offices (HLTHCARE SUPPO)

a. Monitors capability of sourcing commands to meet augmentation requirements, gender ratios, and training status via the monthly electronic readiness report generated by SPMS/MPAS.

b. Assists sourcing commands within their area of responsibility (AOR) with filling platform assignments to the maximum extent possible and interfaces with BUMED in managing shortfalls and residual personnel. Reviews monthly MPAS uploads from MTFs/DTFs in their AORs. Identifies shortfalls and residuals and recommends possible fills to BUMED (MED-27).

c. Conducts annual readiness reviews of sourcing commands to verify MAP readiness and overall program conformity.

d. When requested, provides MAP assist visits, technical guidance, and administrative support to activities within their AOR.

e. Provides assistance, as needed, to sourcing commands in establishing MAPUs.

f. Reviews annually the MAPU policy and procedures manuals prepared by sourcing commands within the respective AOR.

1.5 Sourcing Commands

a. Appoints, in writing, a readiness officer or POMI officer who shall be responsible for operational readiness issues and conducts the following functions:

(1) Establishes a MAPU and develops a local policy and procedures manual for implementation of the MAPU and execution of the MAP (see Chapter 6).

(2) Employs SPMS/MPAS to produce platform readiness statistics.

(3) Provides noncomponent UIC personnel with an augmentation assignment during phase-in of the component UIC process.

(4) Prepares and submits monthly electronic readiness reports, using SPMS/MPAS, to BUMED as directed.

(5) Uses the MAP to ensure deployable personnel complete administrative requirements, identified in Chapter 3 of this directive, within 60 working days of reporting. Deployable personnel must maintain administrative readiness requirements whether assigned to a platform or residual.

(6) Coordinates military medical readiness skills training requirements (refer to Appendix E) for assigned personnel with the staff education and training department and ensures training requirements are met as expeditiously as possible.

(7) Ensures SLE is identified, aware of responsibilities in the event of a deployment, and have a clear understanding of readiness administrative and training requirements for their respective platforms.

(8) Conducts entry and exit interviews for staff personnel executing permanent change of station (PCS) orders and coordinates with manpower, military personnel (MILPERS) department to ensure database files are correctly annotated.

(9) Budgets and executes plan to obtain clothing and equipment required to support augmenting personnel and to coordinate readiness training.

b. Appoints an RLO who shall perform the following functions:

(1) Become familiar with policy and procedures governing the MAP, MAPU, and local readiness program.

(2) Assume readiness officer or POMI officer functional responsibilities, including MAP responsibilities for sourcing command if readiness officer or POMI officer is deployed.

(3) Advise and support the commanding officer regarding Reserve issues in the event of execution of the MAP.

c. Ensures coordination of augmentation credentialing process. A summary of each health care provider's credentials must be forwarded to the receiving command before deploying the Service member; an example of this summary can be found in appendix N to reference (b).

1.6 Deployable Personnel

a. Complete administrative readiness requirements within 60 days of check-in and maintain requirements continually thereafter.

b. Update and report results of delinquent administrative requirements to the readiness officer or POMI officer within 30 days of notification of change in R-Status. (Refer to Chapter 3.)

c. Upon assignment to a platform, coordinate with department head, SLE, readiness officer or POMI officer, and staff education and training department to complete training requirements as expeditiously as possible.

d. Become familiar with the directives and uniform requirements of their assigned platforms.

1.7 OCONUS MTFs

a. Only three OCONUS facilities have a personnel augmentation and bed expansion requirement: USNAVHOSPs Yokosuka, Okinawa, and Guam. Personnel augmentation and bed expansion is not expected at other OCONUS sites.

b. Maintain current AMDs, which accurately reflect requirements for full expansion capability (M+1 through M+3) and review this data annually.

c. Develop a policy and procedures guideline for the reception, transportation, berthing, orientation, and assimilation of augmentation personnel coming from CONUS-based sourcing commands.

CHAPTER 2. MAP ASSIGNMENT GUIDELINES

2.1 Basic Policy

a. Sourcing commands receive augmentation requirements from BUMED, based on the platforms they have been assigned and their known capabilities to fill the billets.

b. POMIs at sourcing commands shall ensure deployable personnel are properly assigned in the SPMS/MPAS.

c. The automatic assignment process built into SPMS/MPAS will match deployable personnel and operational billet requirements to the maximum extent possible. This process will be replaced when the component UIC system is fully implemented.

d. No individual in MAP shall be assigned to more than one requirement. Once assigned to a platform, they shall not be removed from that assignment until they detach from the command, are no longer qualified for the assignment, or are otherwise determined to be ineligible for deployment.

e. When a billet match is not available, appropriate substitution criteria found in the SPMS/MPAS help tables shall be used to the maximum extent possible to fill vacant billets. Substitutions shall not be assigned independently; i.e., at least one augmentee for the operational platform must be the required specialty. No specialty will have greater than 50 percent substitution.

f. Non-deployable personnel on administrative hold, legal hold, limited duty, or assigned to a Blood Donor Center (BDC) cannot be assigned to a platform and must be temporarily removed from their assignment. They should be assigned the appropriate code located in the help table of SPMS/MPAS designating them as non-deployable and then reassigned to their initial platform and BSC, if possible, when deployable.

g. Platforms shall be staffed to maximum extent possible. Manning priority is based on logical progression of contingency support requirements. Current manning priority is as follows:

(1) CRTS.

(2) MARFOR.

(3) T-AH.

(4) FH OCONUS MTFs.

(5) Other Activities (staff HQ, ASWBPL, etc.).

2.2 CRTS. Forward deployed surgical support.

a. Personnel assigned to Mobile Medical Augmentation Readiness Team (MMART) teams provide rapid response for short-term "peacetime" contingencies and shall be a subset of CRTS augmentation support requirements.

b. Though females do deploy aboard the CRTS with the fleet surgical team, berthing limitations currently prohibit their assignment to augmentation billets. Approval from the respective amphibious ready group medical officer is required, if an exception is necessary.

2.3 MARFOR Support. Medical augmentation support assigned to a Marine Division (MARDIV), Marine Air Wing (MAW) or Force Service Support Group (FSSG).

a. Assign only Fleet Marine Force (FMF) trained 8404/8707 to 8404/8407 billets. The assignment of 0000 corpsmen and dental technicians to these requirements is prohibited.

b. Currently, only males may be assigned to MARDIV.

c. Females may be assigned to FSSG and MAW.

d. Technician requirements for MARFOR billets should be filled with corpsmen or dental technicians holding an 8404/8707 secondary naval enlisted classification (NEC).

2.4 T-AH. Current inventory consists of the USNS COMFORT (east coast) and the USNS MERCY (west coast). Both ships are designed to provide rapid, flexible, and acute medical care to operating forces.

a. Staffed predominately from National Naval Medical Center (NATNAVMEDCEN) Bethesda (USNS COMFORT) and Naval Medical Center (NAVMEDCEN) San Diego (USNS MERCY).

b. Commanding officers shall be nominated by the Chief, BUMED.

c. The officer in charge of the ROS staff shall serve as the executive officer when deployed.

2.5 FH. The Navy has a total of 10 FHs: Six Active and four Reserve. All are 500 bed combat zone facilities, whose size and manpower strength can be configured for various operations to provide comprehensive medical support for operational forces engaged in combat operations and operations other than war.

a. Commanding officers and executive officers shall be nominated by the Chief, BUMED.

b. Deployed FHs are composed of two components; a manpower set and an equipment set. Before deployment, equipment sets are numbered (example: FH 15). Upon activation, the FH assumes the name of the primary sourcing command for the manpower set (example: FH Pensacola).

c. FH manpower augmentation requirement sets are named for the respective primary sourcing commands.

d. Equipment sets are a separate entity. Any manpower set can staff any equipment set (example: FH 3 equipment set may deploy with FH Bremerton manpower set).

e. Gender ratios are established based on berthing limitations.

2.6 OCONUS MTFs. Personnel augmentation and expanded bed capacity are provided as required in support of operational forces. Only USNAVHOSPs Yokosuka, Okinawa, and Guam have M+1 platform augmentation requirements. OCONUS MTFs have no gender restrictions.

2.7 Other Platforms. In addition, BUMED is tasked to provide augmentation support to the CINCs and ASWBPLs whose staffing needs also increase during contingencies.

2.8 Non-Deployable Staff. For various reasons, some personnel at sourcing commands may be classified as non-deployable. Appendix A provides a table of non-deployable codes as found in SPMS/MPAS. The following guidance is provided for clarification:

a. Other Military is the term used to describe staff at sourcing commands identified as non-deployable because the peacetime billet they hold is deemed essential for continuity of operations in the event of augmentation requirements being deployed. For the purpose of this directive, Other Military is identified as follows:

(1) The commander, deputy commander, command master chief, RLO, and Reserve liaison staff members at NATNAVMEDCEN Bethesda, NAVMEDCEN Portsmouth, and NAVMEDCEN San Diego.

(2) The commanding officer, RLO, and RLO staff members of an MTF/DTF.

(3) The officer in charge of a branch medical clinic, dental clinic, or ambulatory care center.

b. Core. The term used to describe those personnel, deemed essential for continuity of operations, who are assigned to a facility that maintains its peacetime mission during contingency operations, e.g., recruiting commands and training centers, blood donor centers, etc.

c. Blood Donor Centers. BDCs are designated as core component UICs. Personnel assigned to BDCs are non-deployable.

d. The non-deployable table found in SPMS/MPAS (Appendix A) provides a detailed list of all categories for exclusion.

CHAPTER 3. ADMINISTRATION OF DEPLOYABLE PERSONNEL

3.1 Basic Policy

a. Timely completion of administrative requirements by the sourcing command is essential as it relieves the operational commander of an unnecessary burden. This ensures optimum readiness and a smooth deployment of augmenting personnel. Furthermore, it facilitates the health and welfare of deploying Service members and their families, enhancing total force protection.

b. Sourcing commands shall devote sufficient resources necessary to achieve and sustain personnel readiness requirements.

3.2 Deployable Personnel Readiness Checklist. A suggested format for checklist items is provided as Appendix C. This checklist reflects criteria available in the latest version of SPMS/MPAS.

a. Checklist: Part One. Reflects administrative deployment requirements (R-Status Indicators) to be completed by sourcing commands for all deployable personnel. Guidance for completion:

(1) Augmentation Records

(a) Health, dental, and service records must be maintained following current directives.

(b) Individual MAP records shall be managed and maintained by sourcing command POMI Officers for all augmentees.

(2) Uniforms

(a) Enlisted personnel augmenting MARFOR platforms are authorized an "initial utility (camouflage) uniform allowance" upon arrival at staging units per reference (c). Field medical service school (FMSS) trained enlisted personnel are encouraged to bring currently owned serviceable utility uniforms.

(b) Initial utility uniform allowance does not apply to officers.

(c) For FHs, sourcing commands are required to budget for the purchase and issue of camouflage utility uniforms as prescribed in reference (d). FH uniform requirements are provided in Appendix D.

(d) T-AH and CRTS augmentees must comply with current shipboard uniform regulations. Working uniforms are required for shipboard use.

(3) Identification. Deployable personnel must possess the following items:

(a) Personnel identification tags (dog tags) are issued at recruit training. Issue or replace as needed.

(b) Medical warning tags shall be issued if required due to allergies or other medical conditions.

(c) Geneva Convention Cards are required and are only issued to officers in the medical, nurse, dental, medical service, chaplain corps and for hospital corpsmen, dental technicians, and religious program specialist enlisted ratings.

(4) Administrative and Clerical Requirements

(a) Letter of assignment (identifies platform assigned and training requirements) issued by POMI office.

(b) OPNAV 1740/1 (dependent care arrangements).

(c) Security clearance (if specified by billet).

b. Checklist: Part Two. Items recommended to enhance individual readiness, but not considered critical elements required for deployment. This is a list designed to serve as a reminder for wills, allotments, insurance, etc. These items are not counted as R-Status indicators.

3.3 R-Status

a. Deployable personnel, whether assigned to a platform or residual, must complete augmentation readiness checklist requirements within 60 days of reporting.

b. R-Status will be electronically calculated based on completion of the readiness requirements and will be reflected in SPMS/MPAS by the POMI department.

c. The checklist will be verified as required by the POMI office for deployable personnel and updated at least annually.

d. The following table indicates the R-Status percentage electronically assigned in the readiness database to personnel based on the completion of items identified in the personnel readiness checklist.

Readiness Measurement Table

R-0 = onboard less than 60 days
R-1 = greater than or = to 90 percent complete
R-2 = greater than or = to 80 percent complete
R-3 = greater than or = to 70 percent complete
R-4 = less than 70 percent complete
R-5 = Non-Deployable

e. All administrative requirement deficiencies will be corrected by the MAPU before the required deployment time line.

3.4 Funding. Unless otherwise identified, temporary additional duty funding for augmenting personnel is the responsibility of the sourcing command. BUMED partially funds operational deployments with funding generally limited to the resources required to move personnel to and from the theater of operation. In addition to airfare, these costs include limited per diem and miscellaneous expenses. Upon arrival in the operational theater AOR, deployment costs become the responsibility of the operational theater commander.

3.5 Transportation

a. Transporting augmenting personnel to the port of embarkation (POE) or, (if dealing with MARFOR) site of initial assignment (SIA), is coordinated by sourcing commands via their servicing personnel support detachment/Navy passenger transportation office (PSD/NAVPTO).

b. In general, augmenting personnel become the responsibility of the operational commander (joint commanders, CINCs, Fleet CINCS, and commanding generals) upon arrival at the POE/SIA. However, requirements may vary depending on the mission, destination, and operational commander.

CHAPTER 4. MEDICAL READINESS SKILL-BASED TRAINING REQUIREMENTS

4.1 Basic Policy. Navy Medicine's primary mission and responsibility is to provide operationally prepared medical and non-medical personnel to support operational forces of the Navy and Marine Corps team.

4.2 Medical Readiness Skill-Based Training

a. Personnel designated to augment operational forces shall receive appropriate military medical readiness skill-based training in a timely manner to meet the mission of their assigned platform.

b. Sourcing commands shall ensure sufficient resources are devoted for medical readiness training requirements.

4.3 Guidelines

a. The responsibility for ensuring a ready force lies with every member of the Navy Medical Department.

b. Augmenting personnel shall maintain required levels of training for the platform they are assigned.

c. The SLE of all platforms shall be proactive in supporting the POMI officer efforts to obtain readiness training for their platform assigned personnel.

4.4 T-Status Indicators

a. Appendix E identifies the T-Status indicators for skill-based training for each operational platform.

b. Frequency of platform training requirements may change periodically according to guidance in the Program Objective Memorandum (POM) or the Navy Training Plan.

4.5 Alternative Methods of Training. Alternative methods for achieving readiness skill training are highly encouraged. Examples include: mission support, operational deployments, field exercises, other military or civilian training evolutions, classroom instruction, graduate medical education (GME), continuing medical education (CME), and continuing education unit (CEU) opportunities. Reference (e) contains additional information on DoD annual sustainment training requirements.

4.6 Requests for Approval. For approval of alternative readiness skill training, submit requests to BUMED (MED-56) using the format provided in Appendix F.

4.7 Training Measurement Table

T-0 = assigned for less than 60 days
T-1 = greater than or = to 85 percent complete
T-2 = greater than or = to 70 percent complete
T-3 = greater than or = to 55 percent complete
T-4 = less than 55 percent complete
T-5 = not assigned to a platform (residual)

CHAPTER 5. MAP ALERT AND ACTIVATION PROCEDURES

5.1 Basic Policy. Upon receiving an alert/activation order from OPNAV, BUMED will use the message formats provided in Appendices G and H to place required augmentation personnel on alert status.

a. Once an alert/deployment order has been received, sourcing commands are required to provide BUMED an electronic readiness report and are no longer allowed to make assignment changes to augmentation platforms without approval from the respective HLTHCARE SUPPO or BUMED.

b. Sourcing commands will ensure augmentation personnel meet readiness checklist requirements identified in Chapter 3.

c. Procedures will be established by the local MAPU to ensure deficiencies of deploying personnel are corrected before the required deployment date.

d. Local MAPU policy and procedures shall provide guidance for transportation arrangements from parent command to a CONUS POE/SIA. Close coordination with NAVPTO is essential.

e. Air Mobility Command (AMC), TRANSCOM and surface mission information will be acquired and disseminated to sourcing commands by BUMED.

f. When the deployment order has been received, sourcing commands will deploy personnel and forward reports as directed.

5.2 Specific Guidance. The theater commander will provide specific guidance regarding uniforms, individual combat equipment and passport/visa requirements either directly or via BUMED.

5.3 PCS Orders. Individuals in receipt of PCS orders will remain assigned to their platform until the day they PCS unless replaced by a Service member assigned via component UIC orders. If component UIC orders are not yet available at the sourcing command, then the augmentation billet of the detaching personnel should be filled as expeditiously as possible by (preferably) the incoming replacement.

5.4 Stop-Loss Policy. In the event of a deployment or major contingency, higher authority may direct a PCS Stop Loss Policy.

CHAPTER 6. MEDICAL AUGMENTATION PROCESSING UNIT (MAPU)

6.1 Basic Policy. The MAPU will be established by the sourcing command immediately upon activation of the MAP. The respective HLTHCARE SUPPO will provide assistance as needed. Coordination of internal and external command supporting activities is essential for facilitation of a smooth and thorough augmentation process.

6.2 Functions. Functions of the MAPU should include, but are not limited to:

a. Review of individual readiness checklists to determine issues that may affect the overall readiness status of MAP personnel.

b. Determine POE/SIA embarkation points of deploying units and coordinate transportation and billeting requirements.

c. Submit deployment reports as directed and provide deployment briefs to augmentation personnel as required.

d. Provide personal affairs briefs to deploying personnel, including financial, legal, religious, and family assistance.

6.3 Recommended Staffing

a. POMI (and support staff)

b. Personnel Support Activities (PSA)

c. Patient Administration

d. Transportation Office

e. Professional Affairs Office (Credentials)

f. Medical/Dental Records Office

g. Legal Services

h. Pastoral Care

i. Immunizations Clinic

j. OMBUDSMAN

k. Family Service Center (FSC)

l. Public Affairs Officer (PAO)

m. Reserve Liaison Officer (RLO)

6.4 Additional Information

a. Establish a check-in site (auditorium, galley, or gymnasium), for administrative processing in preparation for departure.

b. Liaison with units and activities being supported.

c. Obtain transportation for MAP personnel.

d. Coordinate with local authorities (e.g., police) to ensure best routes to POE/SIA and escort if required.

e. Coordinate press releases with local media and other public affairs.

APPENDIX A

NON-DEPLOYABLE CODE TABLE

CODE	DESCRIPTION	R-5
A	OTHER MILITARY	YES
B	BLOOD DONOR CENTER	YES
C	CORE	YES
D	DISCIPLINARY STATUS	YES
E	RETIRED RETAINED	YES
F	FACU	YES
G	GME PROGRAM CHAIRMAN	YES
H	GME STUDENTS	YES
K	MED<120 DAYS	YES
L	OFFICIAL LIMITED DUTY	YES
M	FLEET SURGICAL TEAM	YES
O	OPSIMA ASSIGNMENT	NO
P	PREGNANT	YES
Q	SVC WOMAN/<6MO OLD CHILD	YES
R	RESIDUAL	NO
S	PROJECTED SCHOOL INPUT	YES
T	TAR	*YES
X	CROSS-ASSIGNED	YES
Y	DEPLOYABLE	NO
Z	SELRES	*YES

* Note: TAR and SELRES personnel are deployable based on needs of the Navy.

APPENDIX B
ABBREVIATIONS

ACLS	Advanced Cardiac Life Support
AIRPAC	Naval Air Force, Pacific
ALD	Available Load Date
AMC	Air Mobility Command
AMD	Authorized Manning Document
AOR	Area of Responsibility
ASMRO	Armed Services Medical Regulating Office
ASWBPL	Armed Services Whole Blood Processing Laboratory
ATLS	Advanced Trauma Life Support
AWS	Amphibious Warfare School
BDC	Blood Donor Center
BSC	Billet Sequence Code
BUMED	Bureau of Medicine and Surgery
NAVPERSCOM	Navy Personnel Command
CATF	Commander Amphibious Task Force
C-4	Combat Casualty Care Course
C-4A	Combat Casualty Care Management Course
CEU	Continuing Education Unit
CINC	Commander in Chief
CMC	Command Master Chief
CME	Continuing Medical Education
CMS	Communications Material Security
CNO	Chief of Naval Operations
COMSC	Commander, Military Sealift Command
CO	Commanding Officer
CONUS	Continental United States (48 contiguous)
C&R	Casualty and Receiving
CRTS	Casualty Receiving and Treatment Ship
CUIC	Component Unit Identification Code
DEPMED	Deployable Medical Facility
DFA	Director for Administration
DMHRS	Defense Medical Human Resource System
DON	Department of the Navy
DTF	Dental Treatment Facility
EPMAC	Enlisted Personnel Management Center
EPMU	Environmental and Preventive Medicine Unit
FH	Fleet Hospital
FLTCINC	Fleet Commander in Chief
FSC	Family Service Center
FST	Fleet Surgical Team
FMSS	Field Medical Service School
FOS	Full Operating Status
GME	Graduate Medical Education

HD	Head
HIV	Human Immunodeficiency Virus
HLTHCARE SUPPO	Healthcare Support Office
JCAHO	Joint Commission on the Accreditation of Healthcare Organizations
JOPES	Joint Operational Planning Execution System
LHA/LHD	Amphibious Assault Ships - Landing Helicopter Assault/Landing Helicopter Dock
M+1	Manpower requirements at Mobilization Day plus one month
MAP	Medical Augmentation Program
MAPU	Medical Augmentation Processing Unit
MARFOR	Marine Forces
MARFORLANT	Marine Forces, Atlantic
MARFORPAC	Marine Forces, Pacific
MDO	Medical Department Officer
MILPERS	Military Personnel
MMART	Mobile Medical Augmentation Readiness Team
MOPP	Mission Oriented Protective Posture
MPS	Maritime Pre-positioning Ships
MPAS	Medical Personnel Augmentation System
MTF	Medical Treatment Facility
NADDS	Navy Active Duty Delay for Specialists
NAVOPMEDINST	Naval Operational Medical Institute
NAVMEDCEN	Naval Medical Center
NAVMEDINFOMGMTCEN	Naval Medical Information Management Center
NAVPTO	Navy Passenger Transportation Office
NBC(CBR/CBRE)	Nuclear, Biological, Chemical (Chemical, Biological, Radiological/Chemical, Biological, Radiological, Environmental)
NEC	Naval Enlisted Classification
NOBC	Naval Officer Billet Classification
OIC	Officer in Charge
OCONUS	Outside of the Continental United States
OP MGMT	Operations Management
PCS	Permanent Change of Station
PML-500	Program Manager, Logistics (500)
POD	Port of Debarkation
POE	Port of Embarkation
POM	Program Objective Memorandum
POMI	Plans, Operations, and Medical Intelligence
PSA	Personnel Support Activity
PSD	Personnel Support Detachment
RDD	Required Delivery Date
RLC	Responsible Line Commander
RLO	Reserve Liaison Officer
ROS	Reduced Operating Status
SELRES	Selected Reserve

SIA	Site of Initial Assignment
SLE	Senior Leadership Element
SOP	Standard Operating Procedure
SORTS	Status of Resources and Training System
SPMS	Standard Personnel Management System
SUBPAC	Naval Submarine Force, Pacific
SUBLANT	Naval Submarine Force, Atlantic
SURPAC	Naval Surface Force, Pacific
SURFLANT	Naval Surface Force, Atlantic
TAD	Temporary Additional Duty
T-AH	Hospital Ship
TEMADD	Temporary Additional Duty
TFMMS	Total Force Manpower Management System
TYCOM	Type Commander
UIC	Unit Identification Code
ULN	Unit Line Number
USN	U.S. Navy
USMC	U.S. Marine Corps

APPENDIX C

PART I
DEPLOYABLE PERSONNEL READINESS CHECKLIST

Item No.	REQUIRED ITEMS FOR ALL DEPLOYABLE PERSONNEL (R-STATUS INDICATORS)	Date Completed	Reviewed By Date Signed	Reviewed By Date Signed
1*	Physically qualified for deployment			
2**	Annual review of health record for accuracy and completeness			
	• Is current on all required immunizations for alert forces			
	• Two pair of spectacles, if corrective lens are required			
	• Gas mask inserts, if required			
3	Annual review of dental record - must be class 1 or 2 to qualify for deployment			
4	All required uniforms for platform assigned			
5	Provided written notification of platform assignment and training requirements			
6	Dependent care arrangements as required (OPNAV 1740/1 completed/reviewed)			
7	Geneva Convention Card (MC/DC/NC/MSC/CHC/HM/DT/RP only)			
8	Personal Identification Tags (dog tags) issued/available			
9	Medical Warning Tags (if required) issued/available			
10	Security Clearance as required by position and platform billet according to current security directives			

Annual verification: _____ (Date) _____ (Date) _____ (Date)

Member: _____ (Initials) _____ (Initials) _____ (Initials)

Reviewer: _____ (Initials) _____ (Initials) _____ (Initials)

Notes:

* If item #1 has not been completed, reviewed, and dated, the individual is automatically listed as R-5. If the POMI officer knows of any limitations not reflected in MPAS that would keep the individual from deploying, then item #1 should not be completed until the commanding officer has reviewed for a final determination of deployment status. If item #1 has been completed, reviewed, and dated, the individual is considered physically qualified for deployment.

** All subcategories, including all immunizations currently required, must be completed before this item can be reviewed, signed, and dated.

A weighted factor will be applied to each item to produce an overall R-Status Indicator for the individual.

PART II
DEPLOYABLE PERSONNEL READINESS CHECKLIST

Item No.	Strongly Recommended (But Not Required)	Date Complete	Reviewed by/Date	Reviewed by/Date
1	Member completed an annual review of insurance policies including SGLI, to ensure amounts are adequate and designated beneficiaries are accurate.			
2	Member encouraged to make allotments sufficient to cover all financial obligations. Recommend member complete allotment forms to be kept on file in MAP folder until activated.			
3	Member advised regarding benefits of a valid and current Last Will and Testament and a limited power of attorney.			
4	Member advised to see a legal officer regarding any other legal problems.			
5	Member advised on the difficulties in maintaining a joint checking account.			
6	Member advised to provide spouse or next of kin a detailed memo regarding the location of property, safe deposit boxes, and special instruments such as insurance policies, stock certificates, bonds, tax receipts, deeds, etc.			

APPENDIX D

NAVY MEDICAL FIELD UNIFORM REQUIREMENTS FOR FLEET HOSPITAL PERSONNEL

ITEM/DESCRIPTION	QUANTITY
BOOT, COMBAT BLACK	2 PR
CAP, COMBAT CAMOUFLAGE	2 EA
COAT, COMBAT CAMOUFLAGE	2 EA
STOCKINGS, GREEN W/CUSHION SOLE	6 PR
TROUSERS, COMBAT CAMOUFLAGE	2 EA
U.S. NAVY TAPE	3 EA
NAME TAPE	3 EA
UNDERSHIRTS, DESERT BROWN	6 EA
COAT, COLD WEATHER W/HOOD	1 EA
LINER, COLD WEATHER	1 EA
PONCHO, NYLON	1 EA
LINER, PONCHO	1 EA
BAG, DUFFEL, OD GREEN	1 EA
BAG, WATERPROOF, CLOTHING	1 EA
BELT, BLACK FABRIC	1 EA

APPENDIX E
T-STATUS INDICATORS

SKILL	DEFINITION	PLATFORM	PROPOSED SOURCES OF TRAINING	SKILL FREQUENCY TRAINING	PERSONNEL REQUIRING TRAINING
FIELD MEDICAL TRAINING	Orients/Reinforces Medical Department personnel to tactical and defensive techniques required to care for the medical needs of USMC personnel in a field environment.	MARFOR MMART	FMSS Course, MARFOR Exercise* C-4 MDO Platform Training, Exercises, Operational Deployments	Annual**	All personnel assigned
SHIPBOARD (PLATFORM SPECIFIC) TRAINING	Provides familiarization with T-AH or amphibious ship structure, mission, daily routine, and operations.	CRTS T-AH MMART	CATF SWMDOIC MDO Exercises, Operational Deployments	Annual**	All personnel assigned
FLEET HOSPITAL ORIENTATION	Provides information regarding the mission and capabilities of the FH.	FH	FH Indoc. and Orientation at MTF, Former FH Phase I, FH Exercises, Operational Deployments	One time only	All personnel assigned
FLEET HOSPITAL FIELD TRAINING	Provides skills training necessary for FH setup and an integrated exercise using equipment in the operations of the FH.	FH	FH Field Training Course, FH Deployment (includes set-up)*	Every 3 years	Identified critical core staff
ECHELON III COMMAND & CONTROL	Prepares senior medical dept. officers to function in combat zone medical units and/or ships in command and control functions, health services support (HSS) and medical planning.	MARFOR CRTS T-AH FH MMART	C-4A CATF Surgeon SMRC JMPC POMI Exercises and Operational Deployments	One time only	NOBC MC - 9421(CO), 9436(XO), 2615(DFA) MSC - 0808 (1801), 0031 (1805) NC – 0005
FIRE FIGHTING	Provides basic shipboard firefighting techniques, consisting of classroom didactic and live firefighting aboard a trainer.	T-AH	Fleet Training Center and MSCLANT/ MSCPAC Boot camp	Every 6 years	All personnel assigned

* Requires BUMED (MED-56) approval.
** Navy Environmental Health Center (NAVENVIRHLTHCEN) has developed courses in medical management of chemical and biological casualties that run either 1 day or 3 days in length. The NAVENVIRHLTHCEN courses resemble the Army courses currently offered at Army's Aberdeen, MD training site.

When Army announces availability of their courses, Navy fills seats on a first-come basis. Army courses require BUMED (MED-56) approval.

SKILL	DEFINITION	PLATFORM	PROPOSED SOURCES OF TRAINING	FREQUENCY OF TRAINING	PERSONNEL REQUIRING TRAINING
AMPHIBIOUS OPERATIONS AND MEDICAL PLANNING ORIENTATION	Introduces Selected medical department personnel an introduction to the various aspects of amphibious operations	MARFOR CRTS FH MMART	Landing Force Medical Staff Planning (LFMSP), CATF-Surgeon, Amphibious Warfare School (AWS), SMRC POMI Exercises, Operational Deployments	Every 6 years	NOBC 9421, 9436 MSC - 0808 (1801), 0031(1805) NEC 8424(>E6), 8425(>E6)
MEDICAL MANAGEMENT OF CHEMICAL AND BIOLOGICAL CASUALTIES	Instructs selected Medical Department personnel the principles and skills to treat chemical and biological injuries in the operational environment	MARFOR CRTS T-AH FH	Medical Management of Chemical and Biological Casualties (MMCBC)** Field Medical Management of Chemical and Biological Casualties (FMMCBC)**	Every 5 years	NOBC/NEC CRTS - 0101 MARFOR - 0101, 0109, 0861, 8432, 0113 FH - 0101, 0111, 0160, 0108, 0109 0861, 8432 T-AH - 0101(6RP), 0108, 0109, 0111, 0861, 8432
NBC ORIENTATION AND SELF-DECON PROCEDURES	Provides information regarding the principles and skills for working in a chem/bio, and radiological contaminated environment, to include detection, self-decon, MOPP levels, & protective equipment.	MARFOR CRTS T-AH FH OCONUS MMART	C-4, NBC Mobile Course, Fleet Hospital Field Training Course, Boot Camp, FMSS, Local MTF/DTF Course	Annual	All personnel assigned
ADVANCED TRAUMA MGMT	Prepares medical personnel to perform advanced resuscitative treatment, triage, and assessment of trauma victims	MARFOR CRTS T-AH FH OCONUS MMART	ATLS C-4 TNCC	Every 4 years	NOBC MC - 0101, 0229, 0244, 0102, 0108, 0109, 0214 NC - 0952, 0935, 0904 DC - 0550 MSC - 0113
MEDICAL REGULATING	Provides information regarding the knowledge and skills required to function in medical regulating operations, and communications unique to the Navy and USMC and Joint Operational Arena	MARFOR CRTS T-AH FH MMART	Medical Regulating Course (MRC), Correspondence Course	Every 6 years	NOBC MSC - 0808, 0031 NEC 8424 & 0000 (HMC), 8425

* Requires BUMED (MED-56) approval.
** Navy Environmental Health Center (NAVENVIRHLTHCEN) has developed courses in medical management of chemical and biological casualties that run either 1 day or 3 days in length. The NAVENVIRHLTHCEN courses resemble the Army courses currently offered at Army's Aberdeen, MD training site.

When Army announces availability of their courses, Navy fills seats on a first-come basis. Army courses require BUMED (MED-56) approval.

Important Note:

Sustainment medical readiness training (platform refresher) is not listed as a required T-status indicator. However, sustainment training is highly recommended for all deployable personnel for participation in hands-on and team building unit training related to the functions and capabilities of any assigned operational platform. Reference (e) contains additional information on DoD requirements for annual sustainment training.

The following are some examples of sustainment training activities that meet both the BUMED operational platform training requirements and the DoD requirement for 5 days of annual training (training days do not have to be consecutive):

- Initial platform training
- Platform refresher training
- Classroom instruction
- Field exercises
- Mission support
- Operational deployment

APPENDIX F

FORMAT FOR REQUESTING ALTERNATIVE READINESS SKILL TRAINING

From:
To: Chief, Bureau of Medicine and Surgery (MED-56)

Subj: REQUEST FOR ALTERNATIVE READINESS SKILL TRAINING

Ref: (a) BUMEDINST 6440.5B

1. Per reference (a), the following proposal is submitted for alternative readiness skill training:

a. Current Course Requirement:

b. Skill Required:

c. Platform:

d. Proposed Alternative:

e. Cost:

f. Location:

2. Point of contact for this command is _____ who can be reached at commercial _____ or DSN _____.

Signature

Copy to:
BUMED (MED-27)

APPENDIX G

A L E R T M E S S A G E F O R M A T

FM BUMED WASHINGTON DC//27//
TO ECHELON 4 AND 5 ACTIVITIES//CODE//
HLTHCARE SUPPO(S)//0312//
INFO CNO WASHINGTON DC//N601/N931//
CMC WASHINGTON DC//MED//
NAVPERSCOM MILLINGTON TN//JJJ//
EPMAC NEW ORLEANS LA//90//
SUPPORTED USN/USMC COMMANDERS//CODE//
ECHELON 2 LINE COMMANDER(S)
RESPONSIBLE LINE COMMANDER(S)
CLASSIFICATION //6440//
SUBJ: MEDICAL AUGMENTATION PROGRAM ALERT ORDER (U)
MSGID/GENADMIN/BUMED//
REF/A/GENADMIN/CNO/DTG/-/NOTAL//
REF/B/DOC/MAPS UPDATE/DATE/-/NOTAL//
REF/C/DOC/BUMEDINST 6440.5B//
REF/D/DOC/BUMEDINST 6320.66B//
NARR/REF A IS AN ALERT ORDER. REF B IS LATEST QUARTERLY MAP UPDATE. REF C PROVIDES ASSIGNMENT AND READINESS ASSESSMENT CRITERIA.
REF D PROVIDES GUIDELINES AND CRITERIA FOR SUBMISSION OF CREDENTIALS.//
RMKS/1. (X) PER REF A, AND RELATIVE TO THE AUGMENTATION ASSIGNMENTS REPORTED BY REF B, PLACE YOUR AUGMENTATION PERSONNEL ON ____ HOUR ALERT FOR EACH DESIGNATED RECEIVING UIC:

OPERATIONAL UIC	DESIG	NOBC/NEC	# REQ

2. (X) PER REF C, SUBMIT AN IMMEDIATE ELECTRONIC READINESS REPORT AND ENSURE PERSONNEL ARE PLACED ON ALERT. ALSO, PREPARE TO REPORT THE IMPACT OF AUGMENTATION ON MISSION CAPABILITIES.

3. (U) PER REF D, PREPARE APPENDIX N FOR ALL PROVIDERS FOR TRANSMISSION UPON ACTIVATION.

4. (U) POC IS BUMED READINESS RESPONSE CELL AT DSN 762-3425, COMM (202) 762-3425, (STU-III AVAIL), FAX DSN 762-3421 OR COMM (202) 762-3421.//

DECLAS: USE NEW DEFINITIONS AS APPROPRIATE (E.G., X1, X4, X6, ETC.)

BT

APPENDIX H

D E P L O Y M E N T M E S S A G E F O R M A T

FM BUMED WASHINGTON DC//27//
TO ECHELON 4 AND 5 ACTIVITIES//CODE//
HLTHCARE SUPPO//0312//
INFO CNO WASHINGTON DC//N601/N931//
CMC WASHINGTON DC//MED//
NAVPERSCOM MILLINGTON TN//JJJ//
EPMAC NEW ORLEANS LA//90//
SUPPORTED USN/USMC COMMANDERS//CODE//
ECHELON 2 LINE COMMANDER(S)
RESPONSIBLE LINE COMMANDER(S)
CLASSIFICATION //6440//
SUBJ: MEDICAL AUGMENTATION PROGRAM DEPLOYMENT ORDER (U)
MSGID/GENADMIN/BUMED//
REF/A/GENADMIN/CNO/DTG/-/NOTAL//
REF/B/DOC/BUMED/DATE//
NARR/REF A IS A DEPLOYMENT ORDER. REF B IS BUMEDINST 6440.5B//
RMKS/1. (X) PER REF A, AND RELATIVE TO THE UNIT AUGMENTATION ASSIGNMENTS REPORTED BY REF B, IMMEDIATELY IMPLEMENT YOUR MAP SOP. DEPLOY YOUR AUGMENTATION PERSONNEL TO THE POE TO MEET THE REQUIRED DELIVERY DATE (RDD):

OPER UIC	POE	ULN	RDD	EAD

2. (X) FOR MTFS AND DTFS: NOTIFY NAVPERSCOM, EPMAC, BUMED, SUPPORTED USN OR USMC COMMANDERS AND RESPONSIBLE LINE COMMANDER(S) BY (CLASSIFICATION) MSG OF SAME PRECEDENCE OF THE FOLLOWING INFORMATION SORTED BY OPERATIONAL UIC, DESIGNATOR, AND REQUIRED NOBC OR NEC.

OPER UIC	DESIG	REQ NOBC/NEC	NAME/ SSN	ACTUAL NOBC/NEC	GENDER

3. (U) INCLUDE IN MESSAGES: POC IS (NAME, GRADE, AND DAYTIME COMM AND DSN TELEPHONE NUMBERS, 24-HOUR COMM AND DSN TELEPHONE NUMBERS, FAX COMM AND DSN TELEPHONE NUMBERS, STU-III COMM AND DSN TELEPHONE NUMBERS).

4. (U) ENSURE PERSONNEL REPORTING FOR 30 DAYS OR MORE REPORT WITH HEALTH RECORD, DENTAL RECORD, SERVICE RECORD; MEET REQUIREMENTS OF THE READINESS CHECKLIST; HAVE CHECKLIST ITEMS IN POSSESSION. PASSPORT OR VISA GUIDANCE IS AS FOLLOWS.

5. (U) INITIATE IMMEDIATE LIAISON WITH LOCAL PSD/PSA AND NAVPTO TO ARRANGE TRAVEL TO MEET REQUIRED DATE. USE LOCAL FUNDS FOR TAD. CONTACT ORIGINATOR IF EXCESS RESOURCE REQUIREMENT IS ANTICIPATED.

6. (U) POC IS BUMED READINESS RESPONSE CELL AT DSN 762-3425, COMM (202) 762-3425 (STU-III AVAIL), FAX DSN 762-3421 OR COMM (202) 762-3421.//

DECLAS: USE NEW DEFINITIONS AS APPROPRIATE (E.G., X1, X4, X6, ETC.)

BT