



WINTER 2017
EDITION

NAVY MEDICINE

COMMUNICATION PLAYBOOK

PRODUCT OF U.S. NAVY BUREAU OF MEDICINE AND SURGERY PUBLIC AFFAIRS OFFICE

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NAVY MEDICINE

COMMUNICATION PLAYBOOK

Highlight indicates new or modified topic

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TOP LINE MESSAGES

Navy Medicine Commander's Guidance:

Today's Navy and Marine Corps team is the most highly trained, educated, and specialized force in history. Their healthcare needs and expectations continue to change in today's evolving landscape. Therefore, to keep our Navy and Marine Corps team healthy, on station, and ready to do our nation's work, Navy Medicine must adapt and provide our Sailors, Marines and their families the best care our nation can deliver.

Vision: The Navy and Marine Corps family has the best readiness and health in the world

Mission: Keep the Navy and Marine Corps family ready, healthy and on the job

Guiding Principles:

- Honor the trust to provide the best care to those who defend our freedom
- Honor the uniform we wear
- Honor the privilege of leadership

Commander's Priorities:

READINESS: We save lives wherever our forces operate – at and from the sea.

HEALTH: We will provide the best care our nation can offer to Sailors, Marines, and their families to keep them healthy, ready and on the job.

PARTNERSHIPS: We will expand and strengthen our partnerships to maximize readiness and health.

We are a maritime nation and have been since our founding. Our peace and prosperity are linked to the security of the seas and littorals. To protect that peace and security, America has the greatest and most capable Navy and Marine Corps the world has ever known. The role of Navy Medicine in preserving the health and fighting readiness of that force has never been greater, or more critical.



Navy Medicine Top Line Messages:

- Navy Medicine plays a vital role in supporting the Navy and Marine Corps.
- Navy Medicine is deployed around the world, around the clock. We are a ready medical force.
- Navy Medicine saves lives wherever our forces operate – above the sea, below the sea, on the sea and on the battlefield.
- Navy Medicine provides the best care our nation can offer to Sailors, Marines, and their families to keep them healthy, ready and on the job.
- Navy Medicine’s partnerships maximize readiness and health.

Navy Medicine Talking Points:

- Navy Medicine plays a vital role in supporting the Navy and Marine Corps
 - Navy Medicine is an integral part of the Navy and Marine Corps team.
 - Navy Medicine ensures Sailors and Marines are healthy and ready to defend America at all times.
 - American’s families sleep well knowing Navy Medicine has the watch.
 - Navy Medicine honors the trust to care for Sailors, Marines and their families.
- Navy Medicine is deployed around the world, around the clock. We are a ready medical force.
 - Navy Medicine stands the watch above the sea, below the sea and on the battlefield.
 - Whenever a Sailor or Marine goes, Navy Medicine is there, ready and engaged. We are rendering medical aid to friend or foe in austere locations, delivering babies at our military hospitals, developing vaccines to protect our forces against disease, and providing humanitarian assistance around the world.
 - American families entrust Navy Medicine with the health and well-being of their loved ones who stand the watch.
- Navy Medicine saves lives wherever our forces operate – above the sea, below the sea, on the sea and on the battlefield.
 - Navy Medicine care is second to none, culminating in the highest combat survival rate in recorded history.
 - We serve to save lives and do what is right for our Sailors, Marines and their families.
 - The role of Navy Medicine in preserving the health and readiness of the Navy and Marine Corps has never been greater or more critical.
 - Men and women are alive today because of the dedication, commitment and selfless service of Navy Medicine.
- Navy Medicine provides the best care our nation can offer to Sailors, Marines, and their families to keep them healthy, ready and on the job.



- Navy Medicine is critical and essential to ensuring Sailors and Marines are healthy, ready and on the job.
- Sailors and Marines cannot focus on their mission if they are worried about their health and the health of their families.
- Ensuring the health and fitness of Sailors and Marines is what we do and why Navy Medicine exists.
- Nothing is more important than the health and well-being of Sailors, Marines and their families.
- Navy Medicine's partnerships maximize readiness and health.
 - Navy Medicine's unique capabilities enhance the joint military health care environment.
 - We are a stronger health system through our partnerships with our sister services, other federal health care institutions, non-governmental organizations, the private sector and academia.
 - We will continue to invest in those capabilities that are uniquely inherent to the Navy and Marine Corps team.



Global Health Engagement

Top Line Messages:

- Global health engagement supports national security objectives.
- Humanitarian civic assistance missions create opportunities to engage with partner nations.
- Navy Medicine personnel are globally engaged, providing world-class care anytime, anywhere.
- Navy Medicine's global biomedical research and developmental enterprise, is engaged around the globe, operating forward and providing a global health benefit around the world.

Talking Points:

- Global health engagement supports national security objectives.
 - Whether Navy Medicine is conducting research at one of its labs around the world, providing medical care through humanitarian assistance efforts or partnering with host nations, non-governmental organizations or local ministries of health, Navy Medicine is committed to making the world a safer and stronger place for all.
 - Global health initiatives help maintain stability and security through health engagement and continue to contribute to the health and security for people all over the world.
- Humanitarian civic assistance missions create opportunities to engage with partner nations.
 - Humanitarian assistance/disaster response (HA/DR) missions such as Pacific Partnership, Continuing Promise and Rim of the Pacific (RIMPAC) build camaraderie and retention. These types of missions are crucial to partnership building and can have significant dividends.
 - Humanitarian civic assistance missions improve interoperability between countries to strengthen the relationships and partnerships.
- Navy Medicine personnel are globally engaged, providing world-class care anytime, anywhere.
 - Navy Medicine is committed to global health.
 - Navy Medicine has physicians with a wealth of experience working in a variety of government and non-government jobs in the area of global health engagement.
- Navy Medicine's global biomedical research and developmental enterprise, is engaged around the globe, operating forward and providing a global health benefit around the world.



- The Naval Medical Research Center is a premier research organization with a vision: World-class, operationally relevant health and medical research solutions – anytime, anywhere.
- The expeditionary nature of Navy Medicine uniquely positions the organization to lead in the development of global health engagement capabilities across the joint force.
 - Unique Navy Medicine capabilities:
 - Trauma and casualty management
 - Naval expeditionary medicine
 - Undersea medicine
 - Nuclear propulsion and nuclear radiation
 - Naval aviation medicine
 - Defense HIV/AIDS Prevention Program
 - Forward-deployed preventive medical units
 - Humanitarian-afloat capabilities



Research and Development

Top Line Messages:

- The Naval Medical Research Center (NMRC) conducts biomedical research, development, testing, evaluation, and surveillance to enhance the operational readiness and performance of DoD personnel worldwide.
- Innovation in NMRC research is about saving lives on the battlefield, preventing or mitigating injuries to warfighters, and ensuring a fit and ready force. Our research ensures military leaders and medical providers have the latest information, tools and techniques available to support the health and readiness of our service members and their families.

Talking Points:

- Force health protection is the primary focus of our research. (Examples below)
 - After extensive research and development efforts, the Naval Medical Research Center's Clinical Trials Center, located on the campus of the Walter Reed National Military Medical Center, Bethesda, Maryland, will test the effectiveness of an investigational malaria vaccine in February 2017.
 - The Naval Health Research Center launched a clinical trial at Recruit Training Command to evaluate the effectiveness of the first norovirus vaccine in reducing outbreaks of acute gastroenteritis. There is no vaccine to prevent norovirus, a highly contagious disease that causes vomiting and diarrhea. The virus is spread by infected people, contaminated food or water, or contact with contaminated surfaces, making populations living in close proximity, like military recruits, more susceptible to outbreaks.
 - The Warfighter's Hearing Health Instructional Primer from the Naval Submarine Medical Research Laboratory is a supplemental tool for military hearing conservation programs and can be accessed by the warfighter from a personal mobile phone.
- The capabilities and locations of our laboratories reflect our broad mission. (Examples below)
 - Researchers from the U.S. Naval Medical Research Unit No. 6 (NAMRU-6) conduct biomedical research in the field of infectious diseases and global health. This includes working with the U.S. forces deployed to Soto Cano Airbase in Honduras as part of Joint Task Force Bravo. NAMRU-6 has ongoing projects looking at a range of pathogens which threaten the health of deployed U.S. forces.



- U.S. Naval Medical Research Center – Asia, with funding from the Defense Threat Reduction Agency, implemented capacity building renovation projects at the Kampong Cham provincial hospital. These projects include establishing diagnostic testing protocols adapted for disease surveillance in Cambodia, bringing the hospital laboratory facility to operational standards, and providing training on public health in the areas of epidemiology, laboratory diagnostics, disease surveillance and outbreak response. As a results of these efforts, in late 2016, the Kampong Cham hospital laboratory was established as the first regional reference laboratory outside the Cambodian Capital, Phnom Penh.
 - The Naval Medical Research Unit - Dayton completed research to validate predictive models of laser glare and its impact on human visually-mediated performance. These less-than-lethal exposures to non-ionizing radiation pose a safety-of-flight risk, especially during nighttime operations and critical phases of flight.
 - The U.S. Naval Medical Research Unit No. 3 Ghana Detachment has established surveillance programs for diseases such as influenza.
- Looking forward, the Naval Medical Research Center is responsive, flexible, and able to meet military requirements related to the health and wellness of military personnel. (Examples below)
 - *Acinetobacter baumannii* is recognized as one of the most difficult antimicrobial-resistant gram-negative infections to treat. In a proof-of-concept study, a team from the Naval Medical Research Center, in collaboration with the Walter Reed Army Institute of Research (WRAIR), reports success in combating an infection in a laboratory model using bacteriophage therapy. The results were published in the October 2016 issue of the journal, *Antimicrobial Agents and Chemotherapy*.
 - The Naval Medical Research Unit – San Antonio developed a novel approach to creating biocompatible nanofibers to enhance wound treatment, especially wounds to the craniofacial region. The nanofiber is designed to promote tissue repair by forming a surface that mimics the natural cellular environment while releasing bioactive molecules to accelerate healing and minimize scar tissue.
 - NMRC researchers were recognized by the White House for their efforts in support of Operation United Assistance in Liberia. The Ebola epidemic took NMRC staff to one of the hardest hit countries in the regions, Liberia, where two mobile laboratories were deployed.



Education, Training and Logistics

Top Line Messages:

- We deliver ready capabilities to operational commanders.
- We improve Navy Medicine interoperability.
- We build a motivated, resilient, and adaptable workforce.

Key Messages:

- We educate and train Navy Medicine to maintain a medically ready operational force.
 - Our education and training programs ensure Navy Medicine is ready to keep Sailors and Marines healthy, fit and ready to fight at home and abroad.
 - Our education and training prepares Navy Medicine providers to deploy when needed in support of the war fighter.
 - NMETLC manages Navy Medicine's Modeling/Simulation standardized training scenarios and equipment purchase so Navy Medicine personnel remain trained and always ready to provide healthcare, and maintain a healthy and fit force.
 - NMOTC is a CNO-Designated Warfare Center of Excellence that annually trains 21,000 operational Navy, Marine Corps, Army and Air Force war fighters, ensuring America's fighting force remains ready.
 - NMOTC's eight Aviation Survival Training Centers train pilots and flight crews to prevent and/or survive aviation mishaps and forced water landings, helping ensure Naval Aviation readiness.
 - NMOTC provides oversight for implementation of critical life-saving technologies, such as the Reduced Oxygen Breathing Device, helping ensure the safety and readiness of Navy and Marine Corps pilots and flight crews.
 - IDC training programs ensure qualified healthcare providers are stationed with Navy and Marine Corps operators, warfighters and deploying units, ensuring operational forces remain medically ready.
- We educate and train Navy Medicine to bring its expeditionary and sea-based war fighting experience and capabilities to today's joint battlefield.
 - The Navy Medicine Education and Training enterprise ensures Navy Medicine is ready to work with our sister services in joint health care environments while honoring our naval tradition.
 - NMTSC instructors train Navy hospital corpsmen and Army and Air Force medics in multiple basic and advanced medical specialties.
 - Hospital Corps "A" School students experience Army and Air Force sister service cultures while learning more about their naval tradition as they train together to deploy together in a joint combat environment.



- NMOTC annually trains approximately 21,000 operational Navy, Marine Corps, Army and Air Force personnel.
 - NMOTC works collaboratively with the Army and other services to disseminate the NMOTC Automated Pilot Examination (APEX) testing system for aviation candidates screening.
- We offer career-long growth and development to ensure the right people at the right time with the right skills keep Navy Medicine in the readiness business.
 - NMPDC's officer and enlisted training programs are achieving prestigious civilian academic accreditations resulting in Navy providers who are able to provide the force with fit and ready Sailors and Marines.
 - NMETC develops training material delivered globally via MTF Staff Education and Training or Navy eLearning, helping ensure Navy Medicine remains ready to respond.
 - NMETC manages Navy Medicine's Modeling/Simulation standardized training scenarios and equipment purchase so Navy Medicine personnel are always ready to provide healthcare and maintain a healthy and fit force.
 - NMPDC administers the Navy Medicine Graduate Professional Programs in both out-service and in-service programs, helping ensure providers are able to support fleet and Marine Corps readiness.
 - NMPDC administers the Naval Postgraduate Dental School Continuing Dental Education (CDE) short courses where more than 500 dental officers annually receive hands-on technical training, resulting in honed skills that better enable the dental officers to support fleet and Marine Corps readiness.
 - NMTSC provides operational control and administrative support to 550 instructors and support staff and a daily "A" and "C" school census of 1,500 students, ensuring graduates are ready to deploy in support of operational commanders on the sea, under the sea and in the air.
 - NMTSC manages annually the training of over 1,000 Hospital Corps School students in advanced technical fields including Dental Techs, Lab Techs, Pharmacy Techs, Radiology Techs and Surgical Techs., NMTSC supports 44 highly technical officer and enlisted medical education and training programs, ensuring medical force readiness, and worldwide deployability..



ACROSS THE ENTERPRISE

Navy Medicine Quick Facts:

By the Numbers (FY16):

- \$6.2 billion global network
- 8 Navy Medicine research centers around the globe
 - Naval Medical Research Center (R&D headquarters) – Silver Spring, MD
 - Naval Health Research Center – San Diego, CA
 - Naval Submarine Medical Research Lab – Groton, CT
 - Naval Medical Research Unit – San Antonio, TX
 - Naval Medical Research Unit – Dayton, OH
 - Naval Medical Research Unit No. 3 – Cairo, Egypt
 - Naval Medical Research Unit No. 6 – Lima, Peru
 - Naval Medical Research Unit Asia – Singapore
- 17 training facilities
- 62 operational training programs
- 70 educational programs
- 2,745 hospital corps school graduates
- 11,667 babies delivered
- 53,282 inpatient visits
- 63,000 military, civilian and contract personnel supporting the Navy Medicine mission
- 1,175,000 Navy Medicine beneficiaries
- 8,781,017 annual outpatient visits
- 10,684,827 prescriptions filled

How do we do it?

- **Expeditionary Medicine:** When Sailors and Marines go forward into harm's way, Navy Medicine is there beside them on, above, below the sea and on the battlefield.
- **Garrison Health Care:** Patient and family-centered care is our core philosophy and approach providing comprehensive medical care for all Navy Medicine beneficiaries anytime, anywhere.
- **Warrior Care:** Navy Medicine provides a seamless transition from battlefield, to bedside, to a robust reintegration support system so our warriors can lead productive lives.
- **Research and Development:** Navy Medicine R&D programs deal with issues ranging from psychological health and operational medicine to undersea medicine and preventing potential pandemic outbreaks, enabling us to remain agile in the world-class health care we provide to our service members and beneficiaries.



- **Education and Training:** Navy Medicine is committed to delivering high-value, high-impact education and training to enhance the professional development and readiness of our health care providers.
- **Global Health Management:** Global health partnerships create opportunities to engage with other nations, build long-lasting mutual relationships, and improve the readiness of our Navy and Marine Corps.



Surgeon General Professional Behavior

"Your sacrifice and service is too important, too distinguished, and too honorable to allow those who would blemish it to serve alongside you."

-- Vice Adm. Forrest Faison, Navy surgeon general and chief, Bureau of Medicine and Surgery

Key Messages:

- Members of the Navy Medicine team represent the Navy 24/7.
- Honor, service, caring and compassion - that is what the Navy Medicine team represents.
- We cannot compromise the trust that has been placed in our hands. Our Sailors, Marines and their families deserve our best.

Talking Points:

- We are entrusted with the lives and well-being of all those who have volunteered to defend our freedom, including their families.
- We owe our Sailors, Marines and their families the best care and compassion our nation can offer. We also owe them our unqualified respect.
- If we lose sight of our core values, we lose sight of who we are. We lose sight of our purpose and why we are here.
- Unprofessional and inappropriate behavior is inconsistent with both our core values of honor, courage and commitment as well as our medical ethics, violating the oaths we took for our profession and office.
- Inappropriate conduct and unprofessional behavior violates two core values: (1) be worthy of the trust placed in our hands in the privilege of caring for America's sons and daughters, and (2) be worthy of the "uniform" we wear, both military and civilian, and all that we represent.
- If any member of the Navy Medicine team participates in unprofessional or inappropriate activities, they are degrading those we are trusted to serve.
- We must have engaged leadership at every level -- starting at the deck plate -- with every member and set clear expectations that we will not tolerate inappropriate behavior. There will be no second chances.
- Those who cannot honor their oath or the directives of senior leadership cannot be trusted on the battlefield and cannot be trusted with the lives of those entrusted to us.



MHS GENESIS

Senior Leader Talking Points:

About the Contract

- The DoD Healthcare Management System Modernization contract was awarded to Leidos, Inc., for \$4.3 billion in the summer of 2015
- The Leidos Partnership for Defense Health will deliver and support MHS GENESIS, a modernized and interoperable electronic health record, across the Military Health System
- MHS GENESIS provides a single, integrated medical and dental record
- The Leidos Partnership for Defense Health will deliver Cerner Millennium and Henry Schein's Dentrax Enterprise commercial systems and will interface with select Department of Defense legacy systems to meet military unique functionality

Why We Purchased MHS GENESIS

- To keep pace with medical advances and innovations in technology, the DoD purchased a state of the market electronic health record, officially named MHS GENESIS, that supports our mission to continue to provide high quality healthcare to our beneficiaries, as well as an agile, responsive system for our healthcare professionals
- MHS GENESIS will help us respond to an increasing demand for access, availability, entry, and portability of health information across the spectrum of military operations, the Department of Veterans Affairs, and civilian healthcare professionals
- MHS GENESIS is a proven commercial electronic health record and in use today by highly reputable hospital systems in the private sector
- MHS GENESIS allows for a system design and engineering processes that enable system improvements through upgrades of individual hardware, software modules, or interfaces with newer modular components without redesign of the entire system

Overarching Benefits of MHS GENESIS

- MHS GENESIS is a robust system with capabilities that will promote efficiencies, safe care, and improved population health outcomes
- When fully deployed, MHS GENESIS will provide a single health record for service members, veterans, and their families.
- MHS GENESIS supports our medical and dental community in providing safe, high quality healthcare and wellness to our service members, veterans, and their families
- MHS GENESIS is an integrated system that facilitates the safe transition of care across the full-range of military operations to include garrison, theater, and en route care



- MHS GENESIS will connect patient information across the garrison and theater environments and across the ambulatory and inpatient settings, increasing efficiencies for beneficiaries and healthcare professionals
- MHS GENESIS will provide greater population health data, tracking, and alerting capabilities, enabling healthcare professionals to more easily monitor a beneficiary's health status and encourage healthy behaviors
- MHS GENESIS will provide greater reporting capabilities, including more comprehensive information regarding service member Individual Medical Readiness
- MHS GENESIS will support data interoperability requirements, enabling the sharing of health information with Department of Veterans Affairs and other external healthcare organizations
- MHS GENESIS will support compliance with nationally recognized Health Industry Standards to include the Office of the National Coordinator
- MHS GENESIS will provide enhanced analytics, enabling healthcare professionals to more easily analyze and monitor patient safety, outcomes, operational, and medical and dental readiness metrics
- MHS GENESIS will support cybersecurity requirements that conform to the Department of Defense (DoD) cybersecurity and DoD Risk Management Framework
- MHS GENESIS will support the availability of electronic health records for more than 9.4 million beneficiaries and approximately 205,000 Military Health System personnel globally
- MHS GENESIS will improve workflow efficiency and availability of data which will enable our healthcare community to provide the highest quality of care to our service members and their families

Beneficiary Talking Points:

About MHS GENESIS

- MHS GENESIS, the new electronic health record for the Military Health System, provides enhanced, secure technology to manage health information
- MHS GENESIS will allow your medical information to be securely shared electronically with trusted healthcare professionals and will be accessible to you and your family
- MHS GENESIS will provide you greater access to your personal healthcare information and support increased engagement in health related activities by using the MHS GENESIS patient portal
- When fully deployed, MHS GENESIS will provide a single health record for service members, veterans, and their families



- MHS GENESIS will support the availability of electronic health records for more than 9.4 million beneficiaries and approximately 200,000 Military Health System personnel globally
- MHS GENESIS enables the application of standardized workflows, integrated healthcare delivery, and data standards for the improved and secure electronic exchange of medical and patient data
- To meet unique military needs, MHS GENESIS will replace select Department of Defense legacy healthcare systems, including but not limited to: AHLTA, the Composite Health Care System (CHCS), inpatient, and components of the Theater Medical Information Program-Joint (TMIP-J)
- For additional information about MHS GENESIS, visit www.health.mil/mhsgenesis

Patient Portal

- The MHS GENESIS Patient Portal will become available at your site with the deployment of MHS GENESIS
- To access the MHS GENESIS Patient Portal, visit <https://patientportal.mhsgenesis.health.mil>
- The MHS GENESIS Patient Portal replaces Secure Messaging while you receive care at Naval Hospital Bremerton
- The MHS GENESIS Patient Portal is a secure website for 24/7 access to your health information, including managing appointments and exchanging messages with your care team
- Through the MHS GENESIS Patient Portal you can:
 - View your health information
 - Exchange secure messages with your care team
 - Request prescription renewals
 - View notes from your doctor's visit and certain lab/test results
 - Look up information related to your health concerns and medications
- Use MHS GENESIS Patient Portal to renew your existing prescriptions; renewals are needed when a prescription has no refills left, or has expired, and you need to continue taking the medication
- If you move to a military hospital or clinic that has not started using MHS GENESIS, you will resume using Secure Messaging and TRICARE Online
- Contact your care team to learn which hospitals and clinics use MHS GENESIS

Patient Portal Access

- Beneficiaries can log in to the MHS GENESIS Patient Portal using their Department of Defense Self Service Logon (DS Logon). Premium Access (Level 2) is required to view the health record



- In preparation for the new MHS GENESIS Patient Portal, log in to milConnect and create your Department of Defense Self Service Logon (DS Logon)
- Beneficiaries with an existing Department of Defense Self Service Logon (DS Logon) should upgrade their account to Premium Access (there is no fee for Premium Access)
- A link to the “My Access Center” is available via the MHS GENESIS Patient Portal landing page to direct patients on obtaining their DS Logon credentials
- For questions regarding the Department of Defense Self Service Logon (DS Logon), visit www.dmdc.osd.mil/milconnect or contact the Defense Manpower Data Center at (800) 538-9552



Value-Based Care Pilot at Naval Hospital Jacksonville:

Background (Not for release):

The value-based care model is driving the health care industry towards maximizing value for patients while achieving the best quality care and lowering cost with the ultimate goal of providing better outcomes for patients.

In the value-based care delivery model, the overarching goal in health care is value for patients, not access, cost containment, convenience, or customer service.

The Navy surgeon general has made the implementation of a value-based care model within Navy Medicine a high priority with an emphasis on providing the right care for patients in ways that are acceptable to them. The pilot launched 1 Oct. 2016 at Naval Hospital Jacksonville, Florida

Top Line Messages:

- Value is created one patient at a time.
- We are a family caring for our military family.
- We are committed to doing what is right for our patients.
- The value-based care model shifts the focus from organizing care around tools and resources, to organizing care around the medical conditions.

Talking Points:

- Value is created one patient at a time.
 - To deliver value, we must focus on the results that matter most.
 - We are focused on value from the perspective of the patient.
- We are a family caring for our military family.
 - Patients and families want more health, not more treatment.
 - We are focused on treating patients as family.
- We are committed to doing what is right for our patients.
 - We deliver solutions for patients with similar needs or shared medical conditions.
 - We are focused on doing what's right for our patients in ways convenient and acceptable to them, while continuing to treat patients as we would want our loved ones treated.
- The value-based care model shifts the focus from organizing care around tools and resources, to organizing care around the medical conditions.
- Integrated practice units (IPUs) are formed around high volume patient conditions such as diabetes and pregnancy. The IPUs are comprised of a multi-disciplinary team of experts in care of the primary condition as well as co-existing conditions.
- For the Naval Hospital Jacksonville pilot, integrated practice units will be established in four patient conditions: chronic back pain, osteoarthritis, diabetes and pregnancy

For questions beyond the scope of this document, contact BUMED public affairs at (703) 681-9069



- What this means to the patient:
 - Improved communication between providers and staff
 - Care Coordinators guide patients through the care pathway
 - Increased feedback via questionnaires
 - Improved communication between patient and multiple providers
 - Condensed care, providing resources and scheduling in shorter timeframes

Questions and Answers:

Q. What is Value-Based Care?

A. Value-based competition was introduced in 2005 with the attempt to address the following negative trends in the U.S. health care industry: increasing health care costs and competition; variation in health care quality, delivery, and cost; restriction of services; and resistance in innovation. The value-based care model is driving health care towards maximizing value for patients while achieving the best quality care and lowering cost.

Q. How is value-base care relevant to Navy Medicine?

A. The Navy surgeon general has made the implementation of a value-based care model within Navy Medicine a high priority with an emphasis on providing the right care for patients in ways that are acceptable to them. Value-based care efforts will be focused primarily on the seven key areas: population and system needs; engagement policies and protocols; redefining care; resource models and facility plans; care management tools; information infrastructure/platform design; and strategic partnerships.

Q. What is the goal of value-based care?

A. The goal of value-based care is to focus on doing what's right for our patients in ways convenient and acceptable to them. If patients are treated as family, compliance and outcomes will improve while care costs decrease. The goal of the value-based care pilot is improved patient outcomes, increased readiness, higher patient satisfaction, and improved value with optimal resource utilization.

Q. Why is value-based care at Naval Hospital Jacksonville?

A. The Jacksonville area has been identified as the pilot site for value-based care implementation due to its diverse population and engaged leadership. It will serve as a proof of concept and provide valuable insight into a wide spread implementation of value-based care across Navy Medicine.



Q. Why is there a change?

A. The value-based care model is driving the health care industry towards maximizing value for patients by focusing on them while achieving the best quality care and lowering cost. It is not just another initiative or pilot; it is a fundamental shift in how health care is delivered in the Navy.

Q. How does it apply to me?

A. The value-based care program will affect many groups of people, internally and externally. As plans develop, changes to processes will be highlighted.

Q. How does it integrate with current processes/systems?

A. Current processes and procedures are evaluated and analyzed. Once the evaluation is complete, the team forms a plan based on the data and using the ideology of value-based care. The goal is to leverage current successful initiatives such as Medical Home Port, TeamSTEPPS®, High Reliability Organization, Secure Messaging, and MHS GENESIS, while introducing new ones to improve the overall value of care for patients. These current initiatives are an integral part of the value-based care program.

Q. What will value-based care partnerships look like?

A. Value-based care partnerships will expand and strengthen to maximize readiness and health. A strategic partnering framework will be produced for Navy Medicine to guide and inform future partnerships. Barriers will be identified and removed to developing partnerships. We will take a bearing on our current partnerships to ensure alignment with our framework.



Navy Medicine Access Improvement

Top Line Messages:

- Patient-centered, integrated, comprehensive, and convenient world-class access to care is a Navy Medicine imperative.
- Navy Medicine continues to focus on improving access and ensuring beneficiaries are getting the care they need when they need it.
- We are also focused on simplifying the processes for beneficiaries.

Talking Points:

- Patient-centered, integrated, comprehensive, and convenient world-class access to care is a Navy Medicine imperative and priority focus area.
- Navy Medicine continues to focus on improving access and ensuring beneficiaries are getting the care they need when they need it.
- We are focused on improving access and simplifying the processes for beneficiaries.
 - Our Simplified Appointing Policy enhances appointment availability and makes obtaining and booking appointments easier.
- Navy Medicine continues to add other aspects and initiatives to improve access to care
 - More availability
 - Use of embedded specialists
 - 24/7 clinical advice
 - Less wait time for appointments
 - Message care team
 - Online booking and reminders
- The Nurse Advice Line allows Sailors, Marines and their families to receive care on demand and in the appropriate setting.
 - Over 75% of callers are redirected to the MTF or self-care
- Secure Messaging allows Sailors, Marines and their families improved access to our clinicians without having to make an appointment.



High Reliability Organization (HRO)

Key Messages:

Leadership: Everyone is a leader when it comes to promoting safety

- Engaging leadership, teamwork, and expertise drive patient safety
- Leadership commitment is to zero patient harm
- To become highly reliable, each person should be an expert in their own specialty
- Leaders should motivate and seek out experts without regard to hierarchy
- Leaders must set examples and motivate all to excellence

Robust Process Improvement: The path to HRO is a continuous journey, not a destination

- Together we are building process improvement into everyone's job
- This transformation is focused on creating an infrastructure to reduce unwarranted variation

Culture of Safety: Patient safety is not just a program, it is an all hands effort every day

- In medicine, HRO translates to increased patient safety and quality care
- The principles of a culture of safety must be incorporated throughout the organization
- The result of the HRO transformation will be an organization that celebrates transparency and contributions from every individual regardless of their position

Talking Points:

Leadership

- Leadership should strive to foster a culture in which staff and patients are trusted, valued, and relied on to initiate improvements and innovations at the front lines
- We are anchoring everything we do in safety, quality, and continuous improvement.
- Achieving zero harm requires everyone's input. Whether you are a physician, nurse, corpsman, IT professional, custodian or clerical worker, your expertise is necessary.
- In a medical setting, even small mistakes not directly related to healthcare can have major medical consequences.

Robust Process Improvement

- Becoming an HRO should not be looked at as a program or an additional task. Being highly reliable should be a way of life in any health care setting.
- Being an HRO means excelling in all that we do. All initiatives toward improvements are in line with HRO objectives.
- We are leading Navy Medicine to jointness and improved interoperability by pursuing the most effective ways of mission accomplishment.



- Through appropriate standardization and consistency in our processes, we will improve delivery of Navy Medicine capabilities and services, clinical outcomes, care quality, safety, and overall efficiency.

Culture of Safety

- A culture of safety is based on the willingness of all, patients and staff, to speak up when they recognize potentially unsafe situations or events. Without the trust that such comments will be celebrated and not punished, a culture of safety cannot exist.
- We are creating the infrastructure, policies and procedures, and performance management tools to establish a new culture dedicated to quality and safety.
- We have conducted site visits and compiled reports with observations of learned practices



Enhanced Multi-Service Markets (eMSM):

Talking Points:

- Enhanced Multi-Service Markets are Multi-Service Markets identified by the Deputy Secretary of Defense in March 2013, are provided with “enhanced” authorities that include the authority to manage the allocation of the budget for the market, direct the adoption of common clinical and business functions for the market, optimize readiness to deploy medically ready forces and ready medical forces, and direct the movement of workload and workforce between or among the medical treatment facilities.
- These authorities are effective October 1, 2013.
- There are two distinguishing features of the enhanced Multi-Service Market: a single market manager and a unified business performance plan.
- Within each eMSM, an appointed market manager has the authority to:
 - Manage the allocation of the budget for the market
 - Direct common clinical and business functions for the market
 - Direct the movement of workload and workforce among the medical treatment facilities
 - Develop, execute and monitor the business performance plan
- Within each eMSM, Market-based business performance plans will be:
 - Fully-integrated across the entire market and will replace current MTF based business plans.
 - Based on a 5-year planning cycle.
 - Aligned with budget execution process.
- National Capital Region (Lead: Defense Health Agency); Tidewater, Virginia (Lead: Navy); Colorado Springs, Colorado (Lead: Air Force/Army rotation); San Antonio, Texas (Lead: Air Force/Army rotation); Puget Sound, Washington (Lead: Army); and Oahu, Hawaii (Lead: Army).
- The markets were selected based on careful review of a number of different characteristics by the MHS Governance Implementation Planning Team. All of these markets share several important factors, including readiness support, market complexity, large TRICARE eligible population, multi-Service provider footprint, recapture potential and GME programs.
- The markets employ a variety of strategies featuring both internal process reengineering to improve utilization of existing resources, as well as externally facing efforts to attract and retain beneficiaries to use our services.
- The eMSM Offices will analyze and direct the movement of personnel to most effectively and efficiently meet the market workload needs and reduce unnecessary referrals to the direct care system.



Connected Corpsmen in the Community (CCC)

Background:

Connected Corpsmen in the Community (CCC) is a proof-of-concept designed to improve access and convenience for the active duty population while expanding the role of hospital corpsmen. The goal is to provide health care support in a manner that is convenient and easily accessible to service members in need.

Navy Medicine initially explored clinics at alternate locations such as commissaries and/or exchanges. The concept of “convenience care clinics” run by Navy hospital corpsmen to provide medical care on a walk-in basis for non-urgent medical care has evolved into a proof of concept being tested in Pensacola, Florida.

The enlisted medical personnel supporting the proof-of-concept will have telehealth capabilities to connect with higher-level providers physically located at the nearby medical treatment facility.

The proof-of-concept will help Navy Medicine determine the utility and feasibility of expanding this effort.

Success will be defined as increased access and patient satisfaction and increased utilization and proficiency of participating corpsmen.

Key Messages:

- Navy Medicine plays a vital role in supporting all active duty branches
- Keeping the service members ready, healthy and on the job is our top priority
- Navy Medicine is testing a proof-of-concept to improve utilization of corpsmen, health care convenience and access

Talking Points:

- “Connected Corpsmen in the Community” is a proof-of-concept to assess the feasibility of enlisted medical personnel providing care at alternative sites outside the typical hospital or clinic setting.
- The proof-of-concept will occur at the NATTC Mega Building, Chevalier Hall (Room 1112) in Pensacola, Florida.
- CCC is available to local active duty service members beginning September 2017 through spring 2018. The services offered under this initiative include treatment for:
 - Sprains, strains, joint pain
 - Minor cuts, blisters, burns,
 - Removal of sutures and staples
 - Upper respiratory infection
 - Insect bites
- CCC is anchored on Navy Medicine’s goal of making health care more convenient for active duty service members.



- The proof-of-concept provides Navy enlisted medical personnel, who save lives on the battlefield, with additional training experience while assigned to shore-based facilities.
- By having teams of enlisted medical providers in an alternative location, service members will be able to easily receive walk-in care for low risk medical needs by the same enlisted providers who care for them on the battlefield.
- These alternative locations and working hours available for care improve health care access and convenience for active duty service members.
- This initiative underscores Navy Medicine's commitment to increase convenience and access to care for the force, so they remain healthy, ready and on the job.

Questions and Answers:

Q. What is Connected Corpsmen in the Community?

A. Connected Corpsmen in Community is a proof-of-concept Navy Medicine is testing from September 2017 through spring 2018 that will allow active duty service members on the installation to be seen by their corpsmen outside of the hospital or clinic and beyond normal working hours.

Q. How is this different than sick call?

A. Corpsmen will be providing care for low risk medical needs at an independent location with full tele-health connectivity and communication with a medical provider at all times. This service is available outside of regular clinic working hours to care for low risk medical needs that would otherwise potentially warrant an ER visit.

Q. Does this effort replace the Navy Surgeon General's 2016 announcement of clinics in commissaries?

A. Yes.

Q. What is the goal of CCC? How will Navy Medicine measure success?

A. Measures of success will result in improved patient access, satisfaction and convenience, as well as corpsmen experience.

Q. Why did Navy Medicine select Pensacola as the initial test site for the proof-of-concept?

A. Navy Medicine selected Pensacola because of the large active duty population, their need for additional care outside of regular clinic hours, and the volume of targeted conditions was sufficient to test the proof-of-concept.

Q. Are the enlisted medical personnel qualified to deliver care?

A. Yes. Navy enlisted medical personnel will deliver care appropriate to the level of their training with tele-health connectivity and communication to health care providers — something they have historically done in operational environments.

Q. Will the Navy enlisted medical personnel receive additional training?

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A. Yes. Navy hospital enlisted medical personnel will receive training in recognizing the signs, symptoms, and therapy for medical problems that are common to the military.

Q. What services will be offered?

A. The services offered include treatment for sprains, strains, joint pain, minor cuts, blisters, burns, removal of sutures and staples, upper respiratory infection, and insect bites.

Q. How were these services chosen?

A. Navy Medicine selected these conditions because the volume of targeted conditions was sufficient to test the proof-of-concept. In addition, the conditions are in alignment with the types of training general duty corpsmen would see within their unit.

Q. Why are the services limited to active duty service members?

A. For the purpose of the proof-of-concept, active duty service members are the appropriate population.

Q. How will the Navy enlisted medical personnel be selected to provide CCC care?

A. Teams of corpsmen were identified by their respective commands to participate in the proof-of-concept based on their experience and proficiency.

Q. How will the Navy enlisted medical personnel be overseen?

A. The Navy enlisted medical personnel will be overseen by medical staff at a military treatment facility through reach back/connectivity using telemedicine technologies.

Q. Will the Navy enlisted medical personnel be dispensing prescription medication?

A. No. Corpsmen will only be providing patients with a 3-day prepacked supply of over-the-counter medications from a pre-approved formulary list within their scope of practice.

Q. What happens if a condition exceeds the capabilities of the corpsmen on site?

A. Corpsmen have been instructed on which conditions they can treat through the guidance of detailed algorithms and will redirect patients outside of that scope to the appropriate level of care.

Q. Is this expected to be adopted across all branches of the military?

A. It is too early to determine the potential value to the military health system enterprise, but as we move forward with the proof-of-concept, we will engage all stakeholders if this is deemed appropriate.

Q. Is this proof-of-concept because of a shortage in primary care providers?



A. No. Enlisted providers have long served as first responders in wartime and provide primary care shipboard and in remote locations. Utilizing the enlisted providers in community locations may increase access to and convenience of care for active duty service members.

Q. Will the care provided at this alternate location make it to my medical record?

A. Yes. Laptops with connectivity to the medical record will allow for documentation by the corpsmen will be required.

Q. Will the proof-of-concept impact existing health care delivery due to a shortage of corpsmen at the local MTF?

A. No. Currently, the proof-of-concept is being developed outside of existing care hours. This concept will also alleviate the backlog of patients awaiting care when the clinic opens.

Q. Who will supervise the care provided by the corpsmen?

A. A licensed practitioner will provide oversight and approval for the medical treatment being provided.

Pensacola-specific Questions and Answers:

Q. Where is this happening in Pensacola?

A. Naval Air Tactical Training Center Megabuilding, Room 1112.

Q. How many patients are expected to be seen by these enlisted providers?

A. In the past year, 8,500 patients have been diagnosed in this area with the conditions selected to be treated as part of this proof-of-concept. We expect some portion of these patients will take advantage of this service.

Q. What are the hours the CCC will be available?

A. Beginning September 2017, hours of care will be 0400-0800. Hours are expected to be increased later in the year based on unit activities.



Hospital Corps Personnel Qualification Standards (HM PQS)

Background:

Navy Medicine Education, Training and Logistics Command developed the Navy Personnel Qualification Standards (PQS) to facilitate a seamless training handoff between Hospital Corps "A" School/Basic Dental Assistant training and the graduate's first command. The Hospital Corps PQS is a follow-on to the new Hospital Corps "A" School curriculum implemented at the Medical Education and Training Campus in July 2017. The new PQS is designed to provide commands a proven method for successful training that supports the commanding officer, benefits the command and guides the Sailor's training efforts. The ultimate goal of the PQS is to help ensure a competent, qualified, life-saving medical "watch stander." A PQS is the Navy-wide qualification system used by Navy officers, enlisted, civilian government service, and civilian contract personnel when competency certification is required. The Hospital Corps PQS Program delineates the minimum knowledge, skills, and abilities individuals must demonstrate before performing specific duties. The Hospital Corps PQS also establishes a learning continuum focused on developing a higher level of medical proficiency within the Hospital Corps. Mandatory completion of the Hospital Corps PQS applies to Hospital Corps "A" School graduates assigned to a Budget Submitting Office (BSO) 18 medical treatment facility (MTF). Timelines for Navy hospital corpsmen to complete the PQS are outlined in BUMED Instruction 1510.27, 11 Oct 2017: <http://www.med.navy.mil/directives/ExternalDirectives/1510.27.pdf>

Public Affairs Posture: ACTIVE. Navy Medicine PA stakeholders are encouraged to use material provided by BUMED and NMETLC PA.

Key Messages:

- Navy Medicine's Hospital Corps PQS is a follow-on to the new "A" School curriculum designed to help new HM "A" School/Basic Dental Assistant graduates support both today's and tomorrow's Navy and Marine Corps.
- The Hospital Corps PQS is a tool that will help commands and their corpsmen keep the Navy and Marine Corps ready, healthy and on the job.
- The Hospital Corps PQS is a training tool available to all Navy commands to support the commanding officer's training requirements.
- PQS prepares our hospital corpsmen to operate in a sea-based expeditionary environment.

Talking Points:

- PQS requirements will prepare the Hospital Corps to provide the best care our nation can offer to Sailors, Marines, and their families to keep them healthy, ready and on the job.
- Our Hospital Corps PQS requirements are one of many NMETLC education and training programs and initiatives developed to support Navy Medicine's ability to provide world-class care.
- PQS requirements will help ensure the Hospital Corps remains qualified and ready to deploy when needed in support of the warfighter.



- The Hospital Corps PQS requirements are follow-on training to the new “A” School curriculum and will help ensure hospital corpsmen are trained and prepared to keep Sailors and Marines healthy, fit and ready to fight at home and abroad.
- The ultimate goal of the Hospital Corps PQS is to prepare new hospital corpsmen for watch standing.
- The Navy PQS is a time-tested program to prepare and qualify the Hospital Corps to provide the best care our nation can offer.
- Execution of the Hospital Corps PQS directly supports the Navy Surgeon General’s readiness priority, and CNO’s competence and character priorities.
- The Hospital Corps PQS was developed to support Navy Medicine's ability to provide world-class care.
- The new Hospital Corps PQS will help commands ensure their hospital corpsmen remain qualified and ready to support the warfighters and their family.
- The new PQS helps prepare and qualify corpsmen to provide initial care on the battlefield and in isolated assignments aboard ships or submarines, far from any military treatment facility (MTF).
- The new PQS is designed to help prepare and qualify hospital corpsmen to save lives whenever and wherever our forces operate.
- The new Navy-wide Hospital Corps PQS provides the command a proven method for successful follow-on training support that benefits the command and the Sailor.
- The new Hospital Corps PQS will provide guidance to those who will lead and mentor the next generation of hospital corpsmen.
- The new Hospital Corps PQS is part of NMETLC’s ongoing efforts to prepare and qualify hospital corpsmen, and help their commands support the Navy Medicine mission and the CNO’s competence and character priorities.
- The number-one reason for today's high combat survivability rate is the heroic work of hospital corpsmen. Navy Medicine will continue focusing on programs such as the new PQS that support increased combat survivability rates.
- Navy Medicine's new Hospital Corps PQS will accommodate our sea-based and expeditionary force, and expand upon existing Hospital Corps training requirements.
- The new Hospital Corps PQS will help ensure new hospital corpsmen are prepared and qualified when assigned to manage the continuum of care in specific high-threat or complex environments most likely to be encountered by our sea-based expeditionary Navy and Marine Corps forces.
- The new PQS is designed to ensure a more highly-trained, skilled and ready corpsman, who is qualified to provide a more comprehensive level of care to the most deserving patients in the world, our nation's warfighters.
- The Navy is a sea-based and expeditionary force, and our hospital corpsmen must be ready to care for America's sons and daughter's anytime, anywhere. The new Hospital Corps PQS follow-on to the new Hospital Corps curriculum helps meet readiness.

Questions and Answers:

Q. What is a PQS?

A. A PQS (Personnel Qualification Standards) is a compilation of the minimum knowledge and skills an individual must demonstrate to qualify to stand watches or perform other specific

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routine duties. It is used by Navy officers, enlisted, civilian government service, and civilian contract personnel for certification. The objective of PQS is to standardize and facilitate these qualifications. Similar programs are also used by civilian companies, i.e. qualifying to operate specific production equipment or machinery at a manufacturing plant.

Q. Where can I learn more about the Navy PQS system?

A. OPNAV Instruction 3500.34G, 15 May 2014; Personnel Qualification Standards Unit Coordination Guide, NAVEDTRA 43100-1M May 2017; BUMED Instruction 1510.27, 11 Oct 2017.

Q. Who is required to complete the PQS?

A. Completion of the Hospital Corps PQS applies to Hospital Corps "A" School graduates assigned to a Budget Submitting Office (BSO) 18 medical treatment facility (MTF). Corpsmen who graduate "C" schools via direct training pipeline from "A" school are not required to complete the HM PQS.

Q. When does the PQS become effective/mandatory for BSO-18?

A. October 1, 2017.

Q. How much time will be given to complete the PQS?

A. Active duty and Full Time Support (FTS) HMs with Navy Enlisted Classification (NEC) code 0000/8404 must complete the HM PQS within 12 months of reporting to their first assignment at a military treatment facility. Basic Dental Assistants (BDA), NEC 8701, must complete the BDA PQS within 12 months of reporting to their first assignment at a dental treatment facility. All selective reserve (SELRES) HMs should make every effort to complete their corresponding PQS during annual training period, or on active duty orders while assigned to an MTF, within 36 months.

Q. Who will qualify those completing the PQS?

A. Military or civilian health care providers who are recognized as experts within their field are appropriate to validate PQS competencies. Hospital corpsmen NEC 0000/8404, E-4 or above, and hospital corpsmen dental assistants, E-5 or above, who have completed the PQS may be authorized PQS qualifiers. The names of designated command qualifiers should be made known to all members of the command.

Q. What happens to those who do not complete the PQS?

A. HMs who fail to complete the PQS must fail to meet eligibility criteria toward enlisted advancement.

Q. What if someone needs more time to complete the PQS?

A. Extension waivers may be granted on a case-by-case basis to allow additional time to complete or remediate the PQS. Extension waivers less than 180 days may be granted by the

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Command Program Coordinator. Extension waivers greater than 180 days and up to one year may be granted by the Navy Medicine Regional Program Manager. Extension waivers of greater than one year may be granted by the Navy Medicine Professional Development Center (NMPDC) Program Manager.

Q. Why do HMs need a PQS?

A. Readiness is a top priority of the Navy surgeon general. Readiness includes providing care in high-threat or complex environments most likely to be encountered by our sea-based expeditionary Navy and Marine Corps forces of today and tomorrow. Navy Medicine leadership determined a PQS for "A" School graduates was necessary to ensure the Hospital Corps' ability to support those environments. The decision was based in large part on four primary factors: 1) Job Duty Task Analysis (JDTA) of the Hospital Corps; 2) recommendations from a leadership symposium of master chief hospital corpsmen (HMCs) from diverse platforms; 3) a hospital corps survey sent to recent "A" school graduates and their supervisors across Navy Medicine and the fleet; and 4) guidance from the Navy Medicine force master chief.

Q. What is a Job Duty Task Analysis (JDTA)?

A. A Navy JDTA is a review performed by stakeholders and subject-matter experts in a specific career field. They analyze duties and tasks required to perform at the level necessary to meet the command's, Navy Medicine's and the Navy's mission.

Q. Shouldn't students learn what they need at "A" School?

A. HM "A" School is only 14 weeks (70 training days). Not all training requirements can be covered in the formal training environment (school house) and at the appropriate proficiency/skill level. Some will need to be taught and/or reinforced on the job as part of on-the-job training (OJT). The PQS facilitates and standardizes OJT training to ensure all Corpsmen are provided the minimum knowledge and skills to provide the appropriate standard of care to patients. A PQS is intended to present the terminal objectives of a training program that combines formal training with informal command organized training. The ultimate goal of a PQS is to produce a functional, prepared and qualified "watch stander" (hospital corpsman).

Q. How will the PQS benefit the Sailor?

A. The PQS facilitates and standardizes the Sailor's training. Standardization can help maximize capability, interoperability, safety, repeatability and quality. The PQS also helps to maintain fleet readiness by providing fully qualified "watch standers" (hospital corpsmen) who have met or exceeded the minimum standards for a "watch station" (patient care).

Q. How will the PQS benefit the command?

A. The PQS facilitates and standardizes the Sailor's training. Standardization can help maximize capability, interoperability, safety, repeatability and quality. The PQS facilitates and standardizes OJT to ensure all Corpsmen are provided the minimum knowledge and skills to provide the appropriate standard of care to patients.



Q. How will the PQS benefit the patient?

A. The PQS facilitates and standardizes OJT training to ensure all Corpsmen are provided the minimum knowledge and skills to provide the appropriate standard of care to patients. The ultimate goal of a PQS is to produce a functional, prepared and qualified “watch stander” (hospital corpsman).

Q. Will the PQS be generic or platform/command specific?

A. The PQS will not be platform or command specific. Unit orientation and/or separate job competency worksheets can be added in addition to the PQS, providing commands the flexibility to satisfy a specific qualification requirement where no PQS requirement exists.

Q. Won't the time to complete the PQS cut into time the HM should be working and providing patient care at the MTF?

A. No. New HMs traditionally go through some form of formal/informal orientation, depending on command assignment. The PQS facilitates and standardizes the training to ensure all Corpsmen are provided the minimum knowledge and skills to provide the appropriate standard of care to patients. The ultimate goal of a PQS is to produce a functional, prepared and qualified watch stander (hospital corpsman).



HM Clinical Trauma Experience Proof-of-Concept

Background:

The Hospital Corpsman (HM) clinical trauma experience proof-of-concept seeks to meet the requirements of a medically ready force by providing HMs with hands-on exposure to clinical and trauma environments. Furthermore, we expect this effort to expand and strengthen the HM's ability to respond to any contingency by ensuring they are physically and mentally prepared to meet the emerging needs of the operational forces. Corpsmen are not routinely exposed to trauma or critically injured patients during their U.S. based assignments. Presently, HM "A" school training does not provide the exposure to critically ill or injured patients the HM may encounter in an operational setting.

The benefits of the HM clinical trauma experience are:

- Improved readiness
- Improved clinical competency
- Opportunity to build upon HM knowledge, skills, and abilities
- Enhance future partnership framework

This proof-of-concept builds upon Navy Medicine's innovative, cost-effective partnerships, and joint initiatives.

To deliver professional, occupational and operational solutions to support the Navy Medicine mission, Navy Medicine must ensure a medical ready force through a blended training environment.

PA Posture: Active. BUMED has PA lead.

Key Messages:

- Nothing is more important than the health and well-being of our Sailors and Marines.
- Keeping service members ready, healthy and on the job is our top priority.
- Navy Medicine is testing a proof-of-concept to improve the knowledge, skills, abilities and utilization of Hospital Corpsmen.

Talking Points:

- Students from the Navy's first graduating class of students under the new Hospital Corps "A" School curriculum began follow-on training Oct. 16 under a new Navy surgeon general initiative, the HM clinical trauma experience proof-of-concept.
- The Navy's newest HMs will study and practice in-patient, out-patient clinic and trauma care, honing skills learned in "A" school.
- The training is a combined effort that aligns with the Navy surgeon general's partnerships priority.
- The training partnership is between Navy Medicine, the Department of Veteran's Affairs (VA), and James H. Stroger Jr. Hospital of Cook County, a Level 1 trauma center in Chicago, Illinois, referred to as "Cook County."



- Six weeks of in-patient and out-patient clinical training are being conducted at the Captain James A. Lovell Federal Health Care Center (FHCC) located near Naval Training Center Great Lakes, Illinois.
- The course is one of several Hospital Corps training programs in response to Chief of Naval Operations (CNO) Adm. John Richardson's competence and character priorities that include achieving the best possible performance through learning.
- The program also responds to the surgeon general's second readiness goal to achieve maximum future life-saving capabilities and survivability along the continuum of care through training and educational programs.

Questions and Answers:

Q. Are enlisted medical personnel prepared to deliver care?

A. Yes. Hospital Corpsmen routinely deliver medical care to active duty beneficiaries under the direct supervision of experienced emergency and critical care active duty nurses and physicians.

The training will be dependent on the areas they are assigned to work in. Each area has unique requirements that will further develop the skill sets needed to support Sailors and Marines during operational missions.

Q. How will the Navy enlisted medical personnel be supervised during their rotations outside of the classroom and at Cook County?

A. A staff of well-experienced nurses and senior independent duty corpsmen will provide guidance and assurance, as well as offer professional advice on dealing with complex patient care. This effort will be accomplished under a Training Affiliation Agreement (TAA) with Cook County.

Q. When and where will the proof-of-concept launch?

A. Students from the Navy's first graduating class under the new Hospital Corps "A" School curriculum began follow-on training Oct. 16 under a new Navy surgeon general initiative, the Hospital Corpsman (HM) clinical trauma experience proof-of-concept. The training partnership is between Navy Medicine, the Department of Veteran's Affairs (VA), and John H. Stroger, Jr. Hospital of Cook County, a Level 1 trauma center in Chicago, Illinois, referred to as "Cook County."

Q. How and when will the proof-of-concept be evaluated?

A. The proof-of-concept ends mid-January; we expect to provide an evaluation by spring 2018 of the successes and lessons learned. We are concurrently assessing a potential long-term solution for the Navy Medicine enterprise.

Q. How will success be defined for this program?



A. The preceptors, instructors, and all students will be providing evaluation forms. In addition, the students' performance from "A" school will be utilized to compare to pre- and post-written and performance examinations during this program.

Q. How does this training program compare to Army Combat Medic training?

A. This proof-of-concept supports Navy Medicine's partnership priority with the civilian community, exposing HMs to clinical and trauma settings. The students are recent Hospital Corps "A" School graduates, trained to perform basic medical procedures.

The Army Combat Medic training is specific to Soldiers that have received specialized medical training (68W). While in the MTF, these Soldiers focus on the development of skills that will allow them to function independently in austere environments. There are no civilian partnerships associated with this training.

Q. Is this proof-of-concept because of a shortage in primary care providers?

A. No. This proof-of-concept is about providing hands-on clinical and trauma experience to improve the experience and utilization of Hospital Corpsmen.

Q. Will this experience fulfill the new HM PQS requirement for participating corpsmen?

A. During the experience, the HM and instructors will track PQS fulfillment, however, it is not likely that students will complete the entire HM PQS during the proof-of-concept.

Q. What other training opportunities is the Navy pursuing to ensure HMs have the requisite trauma experience needed when they deploy? If this is the only program, why aren't all "A" school graduates required to attend?

A. In addition to the proof-of-concept, we also have the Navy Trauma Training Center (NTTC) that has partnered with Los Angeles County in California primarily attended by members of Fleet Surgical Teams. All "A" school graduates are not required to attend since this proof-of-concept is currently being tested and has not been established as a requirement.

Q. Is there a cost associated with this proof-of-concept?

A. Yes. There is a TAD cost for 10 instructors of approximately \$194K.

Q. How many HMs will be trained as part of this effort?

A. Thirty (30) corpsmen will be trained by January 2018.

Q. What liability will the Navy have if a patient being treated by a HM loses his or her life?

A. HMs will not practice any medical skills outside of their training scope. Active duty senior independent duty corpsmen and civilian providers will oversee all student performance while in the clinical trauma environment.



Q. What is the duration of the proof-of-concept? Over what period will it take place?

A. The program is approximately 12 weeks. The students arrived Oct. 6, 2017, and the program will end on Jan. 18, 2018.

Q. What is the scope of what HMs can do in terms of treating patients at Cook County?

A. The HMs will assist the medical providers in the Cook County emergency department, trauma intensive care unit, and burn center.



Hospital Corps “A” School Curriculum

Background:

A Hospital Corps “A” School curriculum revision goes into effect July 5, 2017. Needed changes were identified during lifecycle curriculum review studies conducted by Navy Medicine Education, Training and Logistics Command (NMETLC) and key stakeholders including operational forces, military treatment facilities and staff. The studies were part of normal curriculum maintenance designed to ensure the curriculum meets stakeholder requirements. The changes require corpsmen training to transition from current classroom training with Air Force Medical Technicians to Navy only classes. Current classroom training focuses on only the Military Treatment Facility (MTF) environment. The new training will include sea-based and expeditionary operational environments. Hospital Corps “A” School training will continue at the tri-service Medical Education and Training Campus (METC) located at Joint Base San Antonio-Fort Sam Houston.

Key Messages:

- We are reorganizing our training and educational programs to accelerate technological advancement, learning and innovation.
- Navy Medicine is developing a curriculum that supports the Navy and Marine Corps mission today and in the future.
- The Navy is a sea-based and expeditionary force, and our corpsmen must be ready to care for America’s sons and daughter’s anytime, anywhere.

Talking Points:

- Navy Medicine is developing a curriculum to accommodate our sea-based and expeditionary force and expand upon existing Hospital Corps training requirements.
- Navy Medicine Education, Training and Logistics Command (NMETLC) is currently developing the new curriculum, with a projected implementation in July 2017.
- Navy Medicine is improving the training of our corpsmen with curriculum changes that are focused on providing ready and relevant training.
- The curriculum changes will prepare corpsmen to manage the continuum of care in high-threat or complex environments most likely to be encountered by our sea-based expeditionary Navy and Marine Corps forces.
- The primary reason for today’s high combat survivability rate is the heroic work of hospital corpsmen. Navy Medicine will continue focusing on education and training programs that increase combat survivability rates.
- Hospital corpsmen are responsible for delivering initial care on the battlefield and in isolated assignments aboard ships or submarines far from any military treatment facility (MTF). The curriculum changes better prepare corpsmen to provide that initial care.



- The curriculum changes are designed to deliver a more highly-trained and skilled corpsman, who will provide a more comprehensive level of care to the most deserving patients in the world, our nation's warfighters.

Questions and Answers:

Q1. Does this mean hospital corpsmen have been trained improperly?

A1. No. The Hospital Corps curriculum is based on Navy Medicine requirements. During the curriculum lifecycle management process new requirements were identified. Previous Navy Medicine requirements and the lifecycle management process identified the military treatment facility (MTF) as the primary duty station for a basic corpsman. The curriculum's greatest focus was preparing corpsmen for the MTF environment. Corpsmen will still be trained for the MTF environment. The potential for future sea-based battle has prompted a greater focus on ensuring corpsmen are also prepared to provide care in the sea-based and expeditionary environments.

Q2. What is the lifecycle management process?

A2. Lifecycle management is a continuous process that includes extensive technical and content reviews and an ongoing monitoring and survey process. This includes follow-up with Hospital Corps "A" School graduates and their first duty station supervisors via formal surveys 6-12 months post-graduation. Numerous methods are used to contact and send the survey to the graduates and their supervisors – email, HM communication channels, etc. The follow-up surveys assess how the training aligns with the needs of the fleet. Lifecycle management also includes ongoing consultation with medical subject-matter experts from the fleet and training commands.

Q3. Why is the Navy breaking away from training with the Air Force?

A3. When the Navy and Air Force first consolidated their training programs in 2011, Navy Medicine requirements identified the military treatment facility as the primary duty station for a basic corpsman to perform skills obtained in training. The newly-developed Navy curriculum will encompass Navy and Marine Corps operational and expeditionary environments in which corpsmen are typically assigned. This shift in focus requires the Navy to deconsolidate its training program from the Air Force.

Q4. How do you justify the changes when medical education and training are supposed to be joint?

A4. We will continue to rely on joint training opportunities when it is practical, cost effective and does not result in mission degradation. In this situation, meeting the required changes while continuing our training with the Air Force would result in significant cost. Hospital Corps "A" School training will continue to be located and administered in San Antonio under the tri-service



Medical Education and Training Campus (METC) as a single-service training program and will continue to train with the Army and Air Force when practical, effective and cost effective.

Q5. So there are no new or significant costs associated with the new curriculum?

A5. The new curriculum will now include the initial teaching of Tactical Combat Casualty Course (TCCC). This is a new requirement and does incur a new cost to the program, a cost incurred at the schoolhouse vice a corpsman's first duty station.

If pressed: The estimated new cost to the program at the schoolhouse is approximately 4.3 million annually, including textbooks, simulators and consumable supplies.

Q6. Will the new curriculum result in required follow-on training or requirements?

A6. Navy Medicine has always provided follow-on training after "A" School. As part of the curriculum life-cycle management of the training, the subject-matter experts within the Hospital Corps, along with education and training experts, determined corpsmen would benefit from a more structured approach to the initial training and orientation post school. To accomplish this, Navy Medicine is creating a personnel qualification standard (PQS), which will assist corpsmen and their commands in choosing the appropriate duty areas for their post-graduation assignments, where they will continue with on-the-job training.

Q7. Why was this re-write initiated?

A7. The re-write was initiated after the curriculum life cycle management processes revealed newly graduating corpsmen were not adequately prepared or trained to perform identified duties and tasks in the operational environments.

Q8. Who initiated this action?

A8. NMETLC initiated the re-write with the endorsement of the Navy surgeon general and Navy Medicine force master chief.

Q9. When will the new curriculum go into effect?

A9. July 5, 2017.

Q10. Will corpsmen who recently completed "A" school (within the last year) be required to re-train?

A10. No.

Q11. How will the Navy ensure existing corpsmen serving in operational environments are getting the training they need?



A11. Current duty stations will continue to determine what additional training corpsmen require in order to be successful at their assigned duty station. The required training will be conducted by the local command.



IN THE NEWS

Physiological Episodes (PE)

Talking Points:

- Navy Medicine is committed to keeping our aircrew healthy and safe in the performance of their demanding duties.
- A physiological episode occurs is when an aircrew experiences physical effects that impair their ability to safely fly their aircraft. Examples of impairment include, but are not limited to, hypoxia, carbon monoxide poisoning, decompression sickness, hyperventilation, spatial disorientation or even loss of consciousness.
- Navy Medicine flight doctors and aerospace/operational physiologists, as part of the Navy's physiological episode team, are involved in all aspects of research, mitigation and treatment of physiologic episodes.
- Physiological episode's remain our top safety priority until we fully understand all causal factors and have mitigated physiological episodes as a risk to our flight operations.
- The significant mitigation measures and medical assessments implemented, allow us to safely execute our assigned warfighting missions.
- From the unit's assigned flight surgeon on the scene, to the senior aerospace medicine specialists at the Naval Air Systems Command, Naval Aeromedical Institute (NAMI), Naval Aeromedical Research Unit (Dayton, OH) and the Naval Safety Center, efforts to identify the cause, prevention, response and treatment of physiological episodes remains Naval Aviation's top safety priority.
- The human systems bring their own preconditions to the aircraft that share similar if not identical symptoms with potential engineering issues, making the physiological episode issue more complex and the need for our diligence and attention to detail more deliberate
 - Dehydration, fatigue, insufficient nutrition, minor illnesses, airsickness and even hyperventilation and stress can all cause the same or similar symptoms and can always be present in the harsh environment of the jet aviator.
- Additionally, there is a great deal of human variation (both pilot-to-pilot and even between the same pilot on different days and flights), that affect response and symptoms.
- Aeromedical efforts to-date to combat this problem are addressing every aspect of cause, prevention, diagnosis and treatment, and include:
 - Developing aircraft and flight crew sensors to rapidly identify unsafe aircraft and flight crew conditions in real time and guide immediate and emergency response in-flight.
 - Collecting and analyzing in-flight air samples, continuous cockpit pressure readings, and crew blood samples to identify trends, toxins and unexpected findings.
 - Developed a definitive case definition and standardized practice guideline to ensure rapid, consistent evaluation and care whenever an episode occurs, around the clock, around the world.
 - Evaluating every event from a medical and mechanical standpoint at the time it occurs and categorizing and analyzing each event for common themes, trends and areas to intervene and improve.
 - Employing systematic root cause and data analysis processes to ensure completeness and consistency.



- Installing portable hyperbaric (recompression) treatment chambers on forward aircraft carriers to reduce time to definitive treatment for pressure injuries.
- Implementing advance ground training, using devices to simulate low oxygen in the relative safety of an aircraft simulator, to familiarize pilots with symptom recognition to respond quickly and appropriately in-flight.



Transgender Policy

Background:

On July 26, the President Tweeted about the Department of Defense's Transgender Policy, which caused several questions from press outlets, and will likely raise questions among some Sailors and/or their families.

DoD Statement:

"We refer all questions about the President's statements to the White House. We will continue to work closely with the White House to address the new guidance provided by the Commander-in-Chief on transgender individuals serving the military. We will provide revised guidance to the Department in the near future."

Talking Points:

- We will continue to work closely with the Defense Department and White House to address the new guidance provided by the Commander-in-Chief on transgender individuals serving the military.
- We will provide any revised guidance from the Department of Defense to our Sailors. Until the Navy receives further guidance from the Office of the Secretary of Defense (OSD), no personnel action should be taken regarding transgender service members. Furthermore, previously approved and in-progress medical care should continue to be given for transgender Sailors.
- The Navy is actively participating in the Department of Defense's Transgender Working Group, whose work continues.
- Treating everyone with dignity and respect is something we expect from our Sailors at all times.
- The Navy's Service Central Coordination Cell remains in operation to answer any policy or individual case questions Sailors or their commands may have. To talk with someone or leave a message, please dial: 1-855-628-9311 (1-855-NAVY-311). Sailors will need to follow a series of prompts or they can email: Navy311@navy.mil. The Navy Service Central Coordination Cell can also be reached at usn_navy_scc@navy.mil



Zika

Background (Not for release):

Zika is a viral infection primarily spread by mosquito bites. Zika virus infection during pregnancy can cause microcephaly and other serious birth defects. The Centers for Disease Control and Prevention (CDC) have identified nearly 100 countries and territories as areas with Zika risk. Mosquito-borne transmission of Zika also has been reported in areas of Florida and Texas. Most of the 5,000 plus travel-associated Zika cases in the U.S. have been in travelers coming from the Caribbean, Puerto Rico and Central and South America.

The virus is spread by:

- A bite from an infected mosquito (primary method of transmission)
- A mother to her fetus during pregnancy
- Sex with a man or woman who has Zika
- Blood transfusions

Navy and Marine Corps personnel, and their families, may become infected during travel to or while living in an area where Zika virus is found. For international travel destinations, CDC Zika Travel Notices (<https://wwwnc.cdc.gov/travel/page/zika-travel-information>) provide up-to-date information on Zika risk and recommended precautions. Sex partners of Zika-infected individuals also are at risk.

Top Line Messages:

- The health and safety of our personnel and their families is our top priority.
- We are closely monitoring the situation and collaborating with other agencies including the Centers for Disease Control and Prevention (CDC).
- We will continue to inform our personnel of preventive measures and maintain readiness.
- Navy Medicine will continue supporting our personnel and their families with the best and safest possible care.

Zika Red Lines:

- **Only use the DoD Armed Forces Health Surveillance Branch Global Zika Virus Surveillance Summary of confirmed numbers.**
- **Only report on total number of confirmed cases**
- **Do not report demographic information on confirmed cases such as age, sex, beneficiary status, or pregnancy status.**
- **Refrain from providing number of SUSPECTED cases – limit acknowledgement of continued investigation to confirm suspected cases, yet emphasizing personal protection, vector surveillance and control and other proactive measures, as appropriate.**



Talking Points:

- Navy personnel and families in Zika-affected areas (which include numerous Pacific Islands, the Caribbean, and throughout Central America and South America) should adhere to the following preventive measures:
 - Choose a hotel or lodging with air conditioning or with screens on windows and doors.
 - Sleep under a mosquito bed net if you are outside or in a room that is not well screened.
 - Wear long-sleeved shirts and long pants.
 - Use EPA-registered insect repellents containing DEET, picaridin, 2-undecanone or IR3535. These repellents are safe for pregnant and breastfeeding women when used as directed.
 - Use permethrin-treated clothing and equipment.
 - Avoid unprotected sex with potentially exposed partners.
 - Use condoms the right way, every time you have sex.
- Pregnant service members, government civilians, and their dependents in areas with risk of Zika may be eligible for relocation.
- Concerned Navy personnel and families currently in areas with risk of Zika should consult trained health care professionals.
- Personnel who are pregnant or trying to become pregnant should consult health care professionals and avoid traveling to areas with risk of Zika.
- Personnel or family members who have traveled to areas with risk of Zika, or had unprotected sex with a potentially-exposed person, and suspect they may have been infected should inform health care professionals immediately and report their travel and sexual history.
- Leadership will continue to update Navy personnel and their families through a variety of internal communication channels, to include, but not limited to news updates through Navy.mil, command websites, and the use of social media, as appropriate.
- Navy installations and medical facilities continue to inform personnel about the Zika virus to reduce potential impacts to the base.

Questions and Answers:

Q. What is the Navy doing about personnel already serving in affected countries?

A. The Centers for Disease Control and Prevention (CDC) have identified nearly 100 countries and territories as areas with Zika risk. The Navy has a current MILPERSMAN article (1300-306) defines the purpose of early returns (ER)/early return of dependents (ERD) as a means through which Sailors and/or their dependents can be returned to the continental United States for required care due to unusual circumstances. ER/ERD is normally used on a case by case basis as each sailor and family member situation is unique. ERD is the transportation of family

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member(s) from overseas back to the United States to a requested designated place at the government's expense. An approved ERD authorizes payment of the travel costs to the designated place, a household goods (HHG) movement, POV shipment and Basic Allowance for Housing (BAH) for the dependents' location. An ERD requires the service member to complete the originally assigned accompanied tour. ERD is permanent for the dependent, in that the dependent will remain at the requested designated place until the sponsor's overseas tour is complete. Early return is the execution of a PCS move for the service member and the member's accompanying dependents to a new duty station prior to completing the DOD prescribed overseas tour. An approved ER results in PCS orders and authorizes all allowances associated with a PCS move to a new duty station. The current process has been in existence since 2005. The Navy averages about 270 ERDs annually and an additional 150 ERs annually. The maximum anticipated ER/ERDs related to Zika can be accommodated within existing workforce and processes.

Q. What is the Navy doing about travel to affected areas for personnel who are pregnant?

A. The Navy is advising personnel who are pregnant, or trying to become pregnant, to consult health care professionals and avoid traveling to areas with risk of Zika.

Q. Is the Navy banning port calls to affected areas?

A. No, the Centers for Disease Control and Prevention and the World Health Organization have not recommended any travel restrictions related to the Zika virus. Intentional or naturally occurring events that may present a serious and direct danger to crew health during a port visit are identified through formal and informal channels. Port visit decisions under these circumstances are informed by the deliberate application of operational risk management principles.

Q. Is the Navy coordinating with the other services or COCOMs?

A. Yes, the Navy is closely coordinating with sister services and geographic COCOMs.

Navy Medicine-Specific Questions/Answers:

Q. What proactive measures should Navy personnel and their families follow to avoid infection?

A. Prevention and awareness is paramount since there is no vaccine or drug currently available to prevent Zika virus infection, and no specific antiviral treatment for the disease. The best way to prevent infection is to avoid mosquito bites while in areas with Zika risk. We encourage all Sailors, Marines and their families to protect themselves and their homes. Mosquitoes that spread Zika virus bite mostly during the daytime, but bites should be avoided day and night. The CDC recommends pregnant women not travel to areas with a risk of Zika and consider postponing

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travel to Zika cautionary areas in the U.S. If a pregnant woman must travel to one of these areas, she should talk to her healthcare provider and strictly follow steps to prevent mosquito bites and sexual transmission during the trip. Pregnant couples in which one or both partners live in or traveled to an area with risk of Zika should use condoms from start to finish every time they have sex or not have sex during the pregnancy.

The following steps are recommended if you must travel to an area with ongoing Zika virus transmission:

- Choose a hotel or lodging with air conditioning or with screens on windows and doors.
- Sleep under a mosquito bed net if you are outside or in a room that is not well screened.
- Cover exposed skin by wearing long-sleeved shirts and long pants.
- Use EPA-registered insect repellents containing DEET, picaridin, 2-undecanone or IR3535. These repellents are safe for pregnant and breastfeeding women when used as directed.
- Use permethrin-treated clothing and equipment.
- Abstain from or avoid unprotected sex with potentially exposed partners.
- Use latex condoms the right way, every time you have sex.

Q. What is the Navy doing about personnel and/or family members who are affected?

A. The Navy is informing military personnel and their family members about Zika virus, its effects during pregnancy, and ways to prevent mosquito or sexual transmission of the virus. Naval installations are enhancing mosquito surveillance and control activities and Navy laboratories have developed the capability to test for Zika virus. Navy Medicine providers recognize the symptoms of Zika and can offer testing to pregnant women who have possible exposure through travel to, or residence in, an area with Zika or who have had unprotected sex with a person with symptoms of Zika virus.

Q. Is Zika-related health care covered under TRICARE?

A. In general, care for a pregnancy, including care related to Zika, is covered by TRICARE. In addition, care related to a child having microcephaly is covered. However, per TRICARE policy, abortions can only be covered when the pregnancy is due to rape or incest, or continued pregnancy threatens the life of the mother. As a result, abortions due to microcephaly are not a covered benefit. This is a statutory limitation and, therefore, cannot be waived. Questions about what is/is not covered may be directed the Managed Care Support Contractor or TRICARE Regional Office.

Q. How can Sailors and their families learn about any changes in Navy policy or recommendations regarding the Zika virus?

A. We continue to post all updates, to include fact sheets, on the Navy, Navy Medicine and installation websites and social media accounts. Additionally, Navy medical providers will continue to provide information to pregnant Sailors and Marines and their family members

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during routine appointments and follow-up visits.

Q. Do Navy medical facilities have the capability to test patients for Zika virus? What type of testing is the Navy doing?

A. Yes. Clinical diagnostic testing for beneficiaries with suspected Zika virus infection will be performed principally at the Navy Medical Research Center and at the Naval Health Research Center.

Q. What Zika guidance does the Navy follow?

A. The Navy implements Centers for Disease Control and Prevention guidance.

Q. Do you get a lot of Zika questions from patients?

A. We do receive a variety of questions from our patients and we provide them with the latest guidance about protecting themselves, their families and their homes to avoid mosquito bites.

Q. Are all Navy and Marine Corps uniforms pre-treated with permethrin?

A. All Marine Corps working uniforms are pre-treated with permethrin. Some Navy working uniforms are pre-treated with permethrin. Those uniforms that are not pre-treated are treated by preventive medicine technicians prior to personnel deployment.

Navy Installation Base-Specific Questions/Answers:

Q. Is the Navy conducting mosquito surveillance on any of its installations? If so, why?

A. Yes. Mosquito surveillance is part of an integrated pest management strategy to control Zika virus transmitting mosquitoes on DoD installations. As an adjunct measure directed by the Office of the Secretary of Defense to broaden the scope of Zika virus detection, *Aedes* mosquitoes collected during surveillance on DoD installations will be tested for the presence of Zika virus. Installation mosquito surveillance and control plans will be synchronized with local civilian activities.

Q. What are installations doing to prevent mosquito infestations that may support Zika virus transmission?

A. Mosquito surveillance and control programs at Navy bases where the *Aedes* mosquito might be found have been expanded to specifically identify and eliminate any *Aedes* infestations {If asked: AS of July 2017, 35 Navy bases are currently conducting expanded surveillance (we have 104 bases in our installation tracker). Not all bases have the *Aedes* mosquito variety common to the area.} Surveillance involves the use of specialized mosquito traps and analysis of the captured mosquitoes to determine if they are carrying the virus. Mosquito surveillance is part of

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an integrated pest management strategy on DoD installations. Control includes eliminating trash and receptacles that can hold water and breed mosquito larvae or treating ones that can't be eliminated and spraying to kill adult mosquitoes. Installation mosquito surveillance and control plans will be synchronized with local civilian activities.

Q. What is involved in trapping mosquitoes?

A. Mosquito surveillance traps and trapping techniques vary by the species being targeted. For *Aedes aegypti* and *Aedes albopictus* mosquitos that can carry the Zika virus, a special trap that uses human scent lures the mosquitoes to a trap that uses a fan to capture them in a mesh bag. These special traps will help preventive medicine personnel and pest controllers know if the specific mosquitoes are present and whether control operations are effective.

Q. How long will you (Navy bases) trap mosquitoes?

A. For as long as the mosquitoes are present. Generally, the *Aedes aegypti* and *Aedes albopictus* mosquitoes are present in locations that remain warm and wet throughout the year. The trapping and identification is being done at 35 Navy bases along the U.S. Gulf and Atlantic Coasts, and at our installations in Guam and Hawaii, where the climates are more likely to support the *Aedes* variety of mosquitoes. Trapping and identification is also being done at some bases located in the U.S. Southwest/West Coast and overseas where *Aedes* mosquitoes occur.

Q. What other efforts are underway to prevent mosquitoes/Zika virus at Navy installations?

A. Education is the most important aspect of Zika virus prevention. Awareness of prevention measures along with knowledge of the signs and symptoms of Zika virus, and timely consultation with a physician if Zika is suspected, can help prevent transmission. The most effective way to prevent transmission of the Zika virus is to keep infected humans from being bitten by the *Aedes aegypti* and *Aedes albopictus* mosquitoes, which could lead to the infection of others through the transmission of the infected blood. While there is currently no treatment or vaccine available, identification of those carrying the virus will help doctors provide appropriate preventive recommendations and help direct targeted mosquito surveillance and control operations to reduce the risk of virus transmission.

Local Transmission Questions & Answers:

Q. Have any Zika-reported cases been identified on (insert name of installation)?

A. Yes. The number of positive, confirmed Zika cases on (insert name of installation) is XX. Or No. There have been no confirmed Zika cases on (insert name of installation).

Q. Is the (insert name of local hospital or clinic) performing the patient testing?

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A. No, (insert name of local hospital or clinic) does not have the capability to perform patient testing. Samples are sent to the state or one of the Navy's primary labs at the Navy Medical Research Center and at the Naval Health Research Center.

Q. What notification protocols is the Navy following?

A. After positive diagnosis is confirmed, the local hospital or clinic will immediately notify the Navy Medicine chain-of-command, local installation and local health officials. The local installation will notify the Navy installation chain-of-command, tenant commands and installation inhabitants.

Q. What is the Navy's quarantine policy for positive cases?

A. The Navy follows CDC guidance, which recommends that positive cases stay indoors or take strict steps to avoid mosquito bites during the first week after symptoms begin to avoid further spread of the Zika virus. Isolation is the appropriate term for individuals known to be infected. Voluntary isolation, i.e. "stay home," typically is a recommended health measure.

Q. What efforts are underway to expand or intensify prevention efforts on Navy installations?

A. Education is the most important aspect of Zika virus prevention. Awareness of prevention measures along with knowledge of the signs and symptoms of Zika virus, and timely consultation with a physician if Zika is suspected, can help prevent transmission. The most effective way to prevent transmission of the Zika virus is to keep infected humans from being bitten by the *Aedes aegypti* and *Aedes albopictus* mosquitoes, which avoids infecting the mosquitoes and further spread of the Zika virus. While there is currently no treatment or vaccine available, identification of those carrying the virus will help doctors provide appropriate preventive recommendations and help direct targeted mosquito surveillance and control operations to reduce the risk of virus transmission.



Mental Health

Background:

Navy Medicine is a leader in the prevention, assessment, treatment and research of mental health disorders, with key insight into the demanding environment of military life and experiences of combat, which have the potential to contribute to psychological distress. Disturbances to an individual's mental well-being can adversely impact mission readiness and quality of life. Combinations of well-targeted mental health treatment and prevention programs are essential elements in recovery, and the cornerstone of Navy Medicine's approach to care. Navy Medicine has the tools and resources to help Sailors, Marines, family members and retirees remain or become emotionally healthy.

Key Messages:

- The health and well-being of Sailors, Marines, their families, and retirees is our top priority
- Navy Medicine is a leader in the prevention, assessment, treatment and research of mental health
- We are committed to improving the lives of those suffering from a mental health or substance use disorder

Talking Points:

- Navy Medicine mental health services are available across the globe at our Military Treatment Facilities, aboard ships, and embedded with operational units. Services include evaluations and evidence based treatments for a wide range of mental health issues, to include, but not limited to, anxiety, depression, PTSD and TBI.
- Navy Substance Abuse Rehabilitation Programs (SARP) are a vital part of mission readiness and Service Members' health. Navy has 53 SARPs across the enterprise, including 13 shipboard SARPs. Services range from early intervention educational programs, to outpatient, intensive outpatient, and residential treatment programs, treating the full range of substance use disorders.
- Both Navy and Marine Corps have embedded mental health programs with mental health providers embedded in operational units. This model is consistently recognized as a powerful way to decrease stigma, make care more accessible to Sailors and Marine, and assure that the mental healthcare delivery, as well as fitness for duty determinations, are tailored to unique requirements of a particular Command.
- Navy Medicine has mental health providers in primary care clinics as part of our Behavioral Health Integration Program. These providers are equipped to identify and manage concerns not requiring specialty care in a limited number of appointments. They can expedite referrals for more serious conditions, thus reducing the barriers between points in the care system.



- The foundation of Navy Operational Stress Control is the stress continuum model that provides Sailors, Marines, leaders and family members a visual tool for assessing stress responses and practical steps to take to mitigate stress injuries.
- Special Psychiatric Rapid Intervention Teams (SPRINT) are Navy Medicine's primary response resource in providing rapid, short-term support following operational mishaps and critical events involving loss of lives. They provide educational and supportive services in groups and to individuals to facilitate the normal recovery process and reduce the potential for future problems
- In 2008, the Bureau of Medicine and Surgery (BUMED) established the Navy and Marine Corps Reserve Psychological Health Outreach Program (PHOP) to ensure that Reservists and their eligible family members have full access to appropriate psychological health (PH) care services, to increase resilience and to facilitate recovery. Services include prevention and interventive services, command consultations, psycho-educational briefings, behavioral health screenings (BHS) and phone/email follow-up to ensure clients receive the information, resources and services they need to enhance their state of wellness and readiness.



Women's Health

Key Messages:

- Navy Medicine encourages female Sailors to be proactive in screening for and preventing health issues.
- Navy Medicine provides preventive services and treatment for women's health issues using innovative technology and research.
- Navy Medicine provides female Sailors with the health care they need to ensure a healthy pregnancy.

Talking Points:

- Women comprise more than 19.3 percent of the Navy and 8 percent of the Marine Corps, making their health essential to force readiness.
- Navy Medicine uses innovative technology, such as blue light cystoscopy at Naval Medical Center San Diego, to detect and prevent cancers and other conditions more frequently diagnosed in women.
- Navy Medicine offers innovative programs such as Naval Medical Center Portsmouth's "mammograms while you wait" program, making screening for and treating disease convenient and accurate.
- Women service members are encouraged see their health care providers at least annually for routine check-ups and screenings; which are also built into their annual physical health assessment.
- Classes such as prenatal orientation, baby boot camp and infant massages provided throughout the Navy Medicine enterprise give women the tools they need to ensure they are healthy and prepared for parenthood.
- Women who are pregnant or plan to become pregnant should discuss with their provider ways to protect their health and the health of their child during pregnancy.
- Healthy lifestyle choices before, during and after pregnancy are vital to the health and well-being of mothers and their children.



Family Planning

Talking Points:

- Navy Medicine supports and promotes full access to comprehensive family planning services. Patients are supported in making an informed choice, utilizing a shared decision-making model with the health care provider, to select the family planning method that is most appropriate for the individual.
- Family planning services are a TRICARE benefit.
- For active duty Sailors and Marines, family planning services, to include contraception and counseling services, may be offered at Navy military treatment facilities to include onboard naval vessels and in forward deployed environments, as medically appropriate.
- If family planning services are not available at the primary care setting, then the service member is referred to another military facility or civilian health care setting as needed. Navy Medicine also requires that female sailors be offered contraception services upon receipt of orders to operational duty during the sea duty medical screening, to ensure that the preferred method of contraception is provided in a timely manner.
- Navy Medicine, in collaboration with the Association of Reproductive Health Professionals (ARHP) and Navy and Marine Corps Public Health Center's Sexual Health and Responsibility Program (NMCPHC-SHARP) sponsored 14 long-acting reversible contraceptive (LARC) training events at 11 Navy medical facilities during 2014-2017, which were attended by 250 health care team members.
- NMCPHC-SHARP conducted multiple training events in a variety of settings to include webinars, military medical courses and briefings at military treatment facilities regarding STI/HIV prevention, unplanned pregnancy prevention, the role of Navy Medicine and the LARC-first approach to family planning counseling; and has published and distributed multiple fact sheets, films, posters, briefing-sets and web resources to improve provider and patient knowledge.
- In 2016, walk-in contraception clinics were implemented in select Navy health care facilities and best practices will be studied, shared and replicated.



BIG NAVY TALKING POINTS

Status of the Navy

Navy Personnel

Active Duty: 324,460

- Officers: 54,473
- Enlisted: 265,885
- Midshipmen: 4,441

Ready Reserve: 108,270 (As of Oct 2017)

- Selected Reserves: 57,742
- Individual Ready Reserve: 45,528

Reserves Currently Mobilized: Not available

Navy Department Civilian Employees: 266,407

Ships and Submarines

Deployable Battle Force Ships: 279

- Deployed Battle Force Across the Fleet Including Forward Deployed Submarines: 91
- Deployed Ships Underway: 41 (15%)
- Ships Underway for Local Ops / Training: 22 (8%)
- Aircraft Carriers Underway:
 - USS Theodore Roosevelt (CVN 71) - 5th Fleet
 - USS Ronald Reagan (CVN 76) - 7th Fleet
- Amphibious Assault Ships Underway:
 - USS America (LHA 6) – 5th Fleet
 - USS Wasp (LHD 1) - Atlantic
 - USS Iwo Jima (LHD 7) - Atlantic
- Aircraft (operational): 3700+



A Design for Maintaining Maritime Superiority – CNO Top Line Messages

- The character of the security environment has fundamentally changed. Major forces in our environment - maritime traffic, information traffic, and the rate of technology introduction - are moving at exponentially increasing speeds.
- Unless the Navy responds to these changes and accelerates forward, we run the risk of failing to achieve our potential, and worse, fall behind our adversaries.
- We must learn and improve faster.
- We must move urgently - now. All hands must contribute - there is not a moment to lose.

Mission

The United States Navy will be ready to conduct prompt and sustained combat incident to operations at sea. Our Navy will protect America from attack and preserve America's strategic influence in key regions of the world. U.S. Naval forces and operations - from the sea floor to space, from deep water to the littorals, and in the information domain - will deter aggression and enable peaceful resolution of crises on terms acceptable to the United States and our allies and partners. If deterrence fails, the Navy will conduct decisive combat operations to defeat any enemy.

Strategic Environment

In fulfilling our mission, it's important to start with an assessment of the security environment. It is tempting to define the challenge solely in terms of our allies, partners, and competitors - the state and non-state actors on the world stage. While these are critical, it is even more important to understand the dramatic changes that have taken place on the stage itself - the character of the environment in which competition and cooperation occur. Fundamentally, the world has become dramatically more globalized, and this trend is accelerating. Our way ahead must account for this new reality. In particular, this Design will address three major and interrelated global forces that are increasingly used, increasingly stressed, increasingly important, and increasingly contested. These three forces energize the quickly changing environment in which the Navy must operate, and if required, fight and win.

- The first global force is the traffic on the oceans, seas, and waterways, including the sea floor - the classic maritime system.
- A second increasingly influential force is the rise of the global information system – the information that rides on the servers, undersea cables, satellites, and wireless networks that increasingly envelop and connect the globe.
- The third interrelated force is the increasing rate of technological creation and adoption.

These three forces and the interplay between them have profound implications for the United States Navy. We must do everything we can to seize the potential afforded by this environment. Our competitors are moving quickly, and our adversaries are bent on leaving us swirling in their wake.

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Core Attributes

An implication of the current environment is the need for the Navy to prepare for decentralized operations, guided by commander's intent. The ability to achieve this end is reliant on the trust and confidence that is based on a clear understanding of the risk that can be tolerated. Four core attributes of our professional identity will help to serve as guiding criteria for our decisions and actions.

- **INTEGRITY:** We actively strengthen each other's integrity as individuals, as teams, and as a force. Our conduct must always be upright and honorable both in public and when nobody's looking.
- **ACCOUNTABILITY:** We are a mission-focused force. We achieve and maintain high standards. Our actions support our strategy. We clearly define the problem we're trying to solve and the proposed outcomes. In execution, we honestly assess our progress and adjust as required.
- **INITIATIVE:** On their own, everybody strives to be the best they can be - we give 100% when on the job. Our leaders take ownership and act to the limit of their authorities. We foster a questioning attitude and look at new ideas with an open mind; our most junior teammate may have the best idea; we must be open to capturing that idea.
- **TOUGHNESS:** We can take a hit and keep going, tapping all sources of strength: rigorous training for operations and combat, the fighting spirit of our people, to the steadfast support of our families. We don't give up the ship.

We Will Organize our Efforts along Four Lines

- **STRENGTHEN NAVAL POWER AT AND FROM THE SEA:** Maintain a fleet that is trained and ready to operate and fight decisively - from the deep ocean to the littorals, from the sea floors to space, and in the information domain. Align our organization to best support generating operational excellence.
- **ACHIEVE HIGH VELOCITY LEARNING AT EVERY LEVEL:** Apply the best concepts, techniques and technologies to accelerate learning as individuals, teams, and organizations. Clearly know the objective and the theoretical limits of performance - set aspirational goals. Begin problem definition by studying history - do not re-learn old lessons. Start by seeing what you can accomplish without additional resources. During execution, conduct routine and rigorous self-assessment. Adapt processes to be inherently receptive to innovation and creativity.
- **STRENGTHEN OUR NAVY TEAM FOR THE FUTURE:** We are one Navy Team - comprised of a diverse mix of Active Duty and Reserve Sailors, Navy Civilians, and our families - with a history of service, sacrifice, and success. We will build on this history to create a climate of operational excellence that will keep us ready to prevail in all future challenges.



- **EXPAND AND STRENGTHEN OUR NETWORK OF PARTNERS:** Deepen operational relationships with other services, agencies, industry, allies and partners — who operate with the Navy to support our shared interests.



“America’s Navy” Narrative

Narration of the PowerPoint

(Formerly known as: Being There Matters)

(SLIDE 2)

BASIC: America’s Navy protects and defends America on the world’s oceans. Navy ships, submarines, aircraft and, most importantly, tens of thousands of America’s finest young men and women are deployed around the world doing just that. They are there now. They will be there when we are sleeping tonight. They will be there every Saturday, Sunday and holiday this year. They are the around the clock, far from our shores, defending America at all times.

GENERAL: The United States Navy will be ready to conduct prompt and sustained combat incident to operations at sea. In doing so, our Navy will protect America from attack and protect our strategic influence in key regions of the world.

U.S. Naval operations and forces – from the sea floor to space, from deep water to the littorals – will be designed to deter aggression and enable peaceful resolution of any dispute on terms acceptable to the United States and our allies and partners.

If deterrence fails, the Navy will conduct decisive combat operations to defeat any enemy.
(Source: CNO’s Design)

MATURE: For 240 years, the U.S. Navy has been a cornerstone of American security and prosperity. To continue to meet this obligation, we must adapt to the emerging security environment.

On the eve of the 20th century, the United States emerged from the Civil War and laid the foundation to become a global power, but its course to continued prosperity was unclear. Navy Capt. Alfred Thayer Mahan helped to chart that course, arguing that American growth required access to overseas markets, which in turn required a preeminent navy to protect that access. America became a nation with global interests, and the seas were the path to new frontiers. The essence of Mahan’s vision still pertains: America’s interests lie beyond our own shores. What was true in the late 19th century holds true today – America’s success depends on our creativity, our entrepreneurship, and our access and relationships abroad.

In an increasingly globalized world, America’s success is even more reliant on the U.S. Navy. In fulfilling our mission, it’s important to start with an assessment of the security environment. It is tempting to define the challenge solely in terms of our allies, partners, and competitors – the state and non-state actors on the world stage. While these are critical, it is even more important to understand the dramatic changes that have taken place on the stage itself – the character of the environment in which competition and cooperation occur. Fundamentally, the



world has become dramatically more globalized, and this trend is accelerating. Our way ahead must account for this new reality. (Source: CNO's Design)

(SLIDE 3)

From CNO's "A Design For Maintaining Maritime Superiority":

The first global force is the traffic on the oceans, seas, and waterways, including the sea floor – the classic maritime system.

A second increasingly influential force is the rise of the global information system – the information that rides on the servers, undersea cables, satellites, and wireless networks that increasingly envelop and connect the globe.

The third interrelated force is the increasing rate of technological creation and adoption. Novel uses for increasingly sophisticated robotics, energy storage, 3-D printing, and networks of low-cost sensors, to name just a few examples, are changing almost every facet of how we work and live.

These three forces – the forces at play in the maritime system, the force of the information system, and the force of technology entering the environment – and the interplay between them have profound implications for the United States Navy.

There is also a fourth 'force' that shapes our security environment. Barring an unforeseen change, even as we face new challenges and an increasing pace, the Defense and Navy budgets likely will remain under pressure. We will not be able to "buy" our way out of the challenges that we face. The budget environment will force tough choices but must also inspire new thinking.

(SLIDE 4)

Slide for Mature Audience: The free flow of goods over the world's oceans is a national security issue. One-quarter – that is 38 million -- of all U.S. jobs are directly or indirectly tied to global trade. One-quarter of U.S. manufacturing jobs depend on exports. One-fifth of all U.S. agriculture products by volume are sold in overseas markets. The Navy, operating forward, ensures this flow of goods remains unimpeded.

And it's something most Americans don't think about, but 95 percent of all international phone and internet traffic is transmitted via undersea communication cables. America's Navy plays a critical role in protecting these vital electronic conduits.

(SLIDE 5)

Another major and interrelated global force is how the Global Information System. The servers, undersea cables, satellites, and wireless networks carry massive amounts of information that has enveloped the globe.

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Information passed in near-real time across rapidly multiplying links ushers rapid change, in everything from music to medicine, microfinance to missiles.

(SLIDE 6)

The third interrelated force is the increasing rate of technological creation and adoption. Novel uses for unmanned aerial, surface and undersea vehicles, increasingly sophisticated robotics, energy storage, 3-D printing, and networks of low-cost sensors, to name just a few examples, are changing almost every facet of how we work and live. As technology is introduced at an accelerating rate, it is being adopted by society just as fast – people are using these new tools as quickly as they are introduced, and in new and novel ways.

Our success at sea relies on having the best-trained force, rapidly learning and improving how we operate, at every level. We must incorporate high velocity learning at every level of our organization to capitalize on new technologies.

(SLIDE 7)

...Or, why we're the right team to lead the future.

Lines of Effort

- Strengthen Naval Power at and from Sea: Maintain a fleet that is trained and ready to fight and win decisively – from the deep ocean to the littorals, from the sea floors to space, and in the information domain. Align our organization to best support operational excellence.
- Achieve High Velocity Learning: We apply the best concepts, techniques, and technologies to accelerate learning as individuals, teams, and organizations. We clearly set the objective, knowing the theoretical limits of performance; our goals are aspirational. We embrace the lessons of history so we do not repeat mistakes. We see what we can accomplish without additional resources. During execution, we routinely conduct rigorous self-assessments, and make our procedures inherently receptive to innovation and security.
- Strengthen our Navy Team for the Future: We are one Navy Team – comprised of a diverse mix of Active Duty and Reserve Sailors, Navy civilians, and our families. We build on this history with honor to create a climate of operational excellence that will keep us ready to prevail in all future challenges.
- Expand and Strengthen our Network of Partners: We strive to deepen our operational relationships with other services, agencies, industry, allies, and partners who operated with the Navy to support our shared interests.

(SLIDE 8)

Here are a few recent examples of the types of missions your Navy carries out every day:



- OPERATION INHERENT RESOLVE is the name given to our current operations against the Islamic State (ISIL), including air strikes and maritime security operations in the U.S. Fifth and Sixth Fleet areas of operations. Aircraft from the USS HARRY S. TRUMAN (CVN 75) Carrier Strike Group in the Mediterranean Sea and the USS BOXER (LHD 4) Amphibious Ready Group in the Arabian Gulf carried out air strikes against ISIL in early June, marking the first time during the operation that OIR combat strike missions had been launched from Navy warships in two different operational theaters. The USS DWIGHT D. EISENHOWER (CVN 69) Carrier Strike Group entered the Mediterranean on June 13 and will eventually relieve TRUMAN in carrying out counter-ISIL missions.
- Maritime security operations are also a major part of our operations around the world, particularly in the Middle East and Africa. In March, the coastal patrol ship USS SIROCCO (PC 6) intercepted and seized a shipment of weapons hidden aboard a small, stateless dhow. The illicit cargo, which the U.S. assessed originated in Iran and was likely bound for Houthi insurgents in Yemen, included 1,500 AK-47s, 200 RPG launchers and 21 .50 caliber machine guns.
- In addition to anti-ISIL operations, Navy ships regularly patrol the Sixth Fleet area of operations. USS ROSS (DDG 71) and USS DONALD COOK (DDG 75) both conducted patrols this spring with NATO partners, participating in navigational and ballistic missile defense exercises.
- As you are aware, the Navy has made operations in the Pacific a major point of emphasis in recent years. Currently, the Navy has two carrier strike groups operating in the region – the USS RONALD REAGAN (CVN 76) strike group, forward deployed to Yokosuka, Japan, and the USS JOHN C. STENNIS (CVN 74) Strike Group, which is based in the Pacific Northwest. The two strike groups recently participated in dual carrier flight operations as a demonstration of the U.S. Navy’s capability to operate multiple carrier strike groups in close proximity.
- In addition to their support of carrier operations, ships from both the STENNIS and REAGAN strike groups are also patrolling the South China Sea and East China Sea, regularly carrying out Freedom of Navigation Operations while transiting those areas.

The Navy’s successful PACIFIC PARTNERSHIP deployments enter their 11th year with the hospital ship USNS MERCY (T-AH 19) operating in the Western Pacific this summer. MERCY will conduct stops in Timor Leste, the Philippines, Vietnam, Malaysia, Indonesia and Palau, with medical and civil engineering teams collaborating with partner nations in subject matter expert exchanges, humanitarian and disaster relief exercises and community relations projects.

- Closer to home, the Navy is partnering with Central and South American navies in OPERATION MARTILLO, a joint international law-enforcement and military operation involving U.S., European and Western Hemisphere partner nations. USS SHAMAL (PC 13), one of the Navy’s assets participating in MARTILLO, conducted two counter-illicit



trafficking patrols from December to April, assisting in the seizure of 2,000 kilos of cocaine and the apprehension of five detainees.

- During all of these operations, the Navy continues to examine the way we operate and look for ways to improve our energy efficiency and reduce dependence on outside fuel sources. The most visible of these efforts has been the Great Green Fleet initiative, currently being implemented by two carrier strike groups – the EISENHOWER Strike Group in the Atlantic and the STENNIS Strike Group in the Pacific. The Great Green Fleet emphasizes use of energy conservation measures as a key combat enabler to allow ships to go farther, stay longer and deliver more firepower.

(SLIDE 9)

America's Navy protects America on two fronts. The Navy protects our national security. Through forward presence and by projecting our national power around the globe, America's Navy prevents and deters wars. And when necessary, America's Navy fights and wins wars.

The Navy is ready to defend America, our allies and partners, and our strategic interests at all times. Just as American firms maintain a presence in their overseas markets, we maintain a presence in our overseas markets – the Navy has ships forward deployed in places such as Japan, Spain, Guam and Bahrain.

(SLIDE 10)

America's Navy is uniquely positioned to do all of this because the world's oceans give the Navy the power to protect America's interests anywhere, at any time. Presence helps deter potential conflicts, and it avoids escalating the situation when tensions rise. It also gives our nation's leaders the chance to act when needed.

When America's national security is threatened by the existence of a weapons facility or a terrorist camp on the other side of the world, presence is important. Where these threats exist, chances are high that Navy ships, submarines, aircraft and special operations forces are close by, with the warfighting ability to destroy targets located hundreds of miles inland. When the decision is made to act on one of these threats, the solution may involve launching fighter-attack aircraft or unmanned aircraft from carriers, firing cruise missiles from ships or submarines, or inserting Navy SEAL teams to do what only SEALs can do. The Navy can do all of these things, and do them all from the sea, without the need to get another country's permission to operate within its borders.

(SLIDE 11)

BASIC MESSAGE:



Talking Points:

To understand why there's a need for a sea-based military organization in this day and age, just consider that:

- 70% of the earth is covered in water
- 80% of the planet's population lives within close proximity to coastal areas
- 90% of global commerce is conducted by sea

As our world becomes increasingly globalized, security of maritime trade routes grows even more critical.

Whether it's by way of oceans, canals, rivers or littoral areas, there remains a great need for the Navy to be out there enabling the safe travel of people and goods to meet the expanding demands of globalization.

It's also worth noting that 99% of transoceanic internet traffic travels on undersea cables. (from CNO's speech to National Press Club 11 Jan 2016)

(SLIDE 12)

The Navy may be a service defined by tradition, but we don't let tradition get in the way of figuring out better ways to get the job done.

One of those ways is innovative thinking when it comes to energy. Through the centuries, the Navy has transitioned from wind to coal to fuel oil to nuclear power; today, we employ multiple energy sources to power our ships and submarines, and have turned to state-of-the-art technologies such as hybrid electric and all-electric propulsion systems to stay at the cutting edge.

As I noted earlier, the latest step came this year, when the Department of the Navy began its first deployment of the Great Green Fleet – an initiative which is leveraging innovative uses of energy to make us better warfighters.

The name honors President Theodore Roosevelt's Great White Fleet, which helped usher in America as a global power on the world stage at the beginning of the 20th century. The Great Green Fleet will usher in the next era of Navy energy innovation.

The centerpiece of the Great Green Fleet, and the first component to deploy back in January, was the USS JOHN C. STENNIS Carrier Strike Group in the Pacific. The ships accompanying the STENNIS – the guided-missile cruiser USS MOBILE BAY, guided-missile destroyers USS

STOCKDALE, USS CHUNG-HOON and USS WILLIAM P. LAWRENCE, and the fast combat support ship USNS RAINIER – are all using energy conservation technologies, operating procedures, and alternative energy. The USS DWIGHT D. EISENHOWER Carrier Strike Group



is employing the same techniques and technologies in their deployment to the Mediterranean and Arabian Gulf.

Better use of energy gives us multiple advantages:

- **Combat Advantage:** Using energy efficiently enables us to go farther, stay longer and deliver more firepower.
- **Strategic Advantage:** Using domestically produced alternative fuels creates flexibility and brings us closer to energy independence.
- **Force Protection Advantage:** Using energy efficiently takes fuel convoys off the road and reduces the amount of time our ships are tied to oilers, reducing vulnerabilities to Sailors and Marines.

These advantages are what make the Great Green Fleet important for the present and future of the Navy.

(SLIDE 13)

To ensure America's Navy remains ready to defend America at all times, the Navy is investing in cutting-edge innovations in weapons systems, multi-mission ships and submarines, and the next generation of strike, patrol and electronic warfare aircraft.

In the past year alone, we've rolled out the America-class amphibious assault ship; focused on providing increased aviation support for our Marines; the P-8 Poseidon maritime patrol aircraft to improve our broad area maritime surveillance; and continued testing the F-35C Joint Strike Fighter to prepare for its ultimate deployment aboard our carriers.

Most importantly, this year we will commission the first of our ZUMWALT-class guided missile destroyers. The USS ZUMWALT (DDG 1000), which officially joins the fleet this fall, employs an advanced hull design for improved stealth, state-of-the-art weapons launchers, longer-range main guns, and the Navy's first "all-electric" integrated power system.

Ships such as ZUMWALT will give the Navy the tools needed to conduct prompt and sustained operations at sea, protecting our strategic influence around the world.

(SLIDE 14)

Protecting the sea lanes means being present, but our collective actions with our partners is what's really helping us to promote stability and trust. In June, 17 NATO and partner nations participated in the 44th iteration of the multinational maritime exercise BALTOPS 2016 in Poland, Sweden, Germany, and throughout the Baltic Sea. These unprecedented exercises with our partners make us better at working together in real world operations, further solidifying that the Navy can be there when it's needed.

(SLIDE 15)

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Following a humanitarian crisis, like the Iraqi citizens stranded on Mount Sinjar in 2014, the devastating typhoon that struck the Philippines in 2013 or the tsunami that ravaged northern Japan in 2011, presence is important. Because the Navy is always deployed around the world, it can provide nearly immediate humanitarian relief to our global neighbors in the wake of a disaster, ferrying supplies, medicine and trained medical personnel ashore from Navy ships via helicopters and landing craft.

This April, Sailors from the Air Department of USS BONHOMME RICHARD (LHD 6) participated in Task Force Chenzai, the Japanese relief effort following an earthquake near Kumamoto, Japan. The BONHOMME RICHARD Sailors helped train their Japanese counterparts to conduct flight operations with Marine MV-22 Ospreys, providing relief supplies from a Japanese helicopter support ship to the shore.

Additionally, the Navy and the other DoD services conduct Humanitarian Assistance Disaster Relief (HADR) exercises in multi-lateral environments to build partner capacity so when disaster strikes, they are better prepared to work together. Two notable examples are PACIFIC PARTNERSHIP and CONTINUING PROMISE, which utilize the hospital ships USNS MERCY (T-AH 19) and USNS COMFORT (T-AH 20), respectively, to provide medical, dental and veterinarian services to countries in their areas of operation.

(SLIDE 16)

America's Navy provides the President credible options to protect America from attack, advance our prosperity, assure our allies and partners, and deter aggression.

We are proud to serve and protect this great nation. There is no greater honor.



Performance Evaluation Modernization

Background: The Navy's performance evaluation system has not had a major overhaul since 1996. The Chief of Naval Personnel and Commander, Navy Personnel Command are leading an effort to review and replace the current performance evaluation system with a new, modern one.

Talking Points:

- The Navy's performance evaluation system, NAVFIT 98, has not had a major overhaul since 1996. While NAVFIT 98 has worked for many years, we believe that it is time to develop a different system to measure Sailors' performance.
- Our Sailors deserve a modern personnel evaluation system and we are committed to giving it to them.
- We are in the early stages of overhauling our performance evaluation system and are working to develop a new one as quickly as possible for the Fleet and our Sailors.
- Our reason for making this change is three-fold. First, we want a system that provides more meaningful, frequent and useful feedback to Sailors. Second, we want to objectively measure Sailors' performance. Third, we want to remove artificialities in our current system, such as the tendency of reporting seniors to rate individuals by seniority rather than talent.
- We need to update our system to enhance our feedback to our Sailors and provide them with a better system using current technology.
- Transforming the way we measure Sailors' performance will ultimately provide better transparency, counseling opportunities and a more accurate assessment of an individual's talent.
- Navy Personnel Command began leading Fleet-wide working groups mid-April to discuss the development and implementation of a new system.
- The Navy has outlined an initial concept for a system that meets the following objectives:
 - Measure an individual's performance through standards-based objective measures
 - Tailor reports and counseling objectives to paygrade /seniority and experience (e.g. E1-E3; E4-E6; O1-O2; O3-O4; O5-O6)
 - Remove forced distribution competitive categories
 - Enable formal and informal counseling that is both meaningful and frequent
 - Include warfare communities' specific-objective measures
 - Provide accountability, feedback and control mechanisms on reporting seniors' performance grades
 - Enhance talent matching aspects of counseling and formal reports
 - Simplify reporting senior and counselor completion by allowing cloud-based / mobile device input
- The Navy's goal is to test a conceptual prototype platform of a new system later this fall while running the existing system in parallel.

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- This change is not going to occur overnight. We have a lot of work to do, and will partner closely with the Fleet every step of the way. As we go forward, Sailors can continue to expect lots of discussion and we'll give them plenty of notice before any changes are made.

Questions and Answers:

Q. Why is the Navy doing this?

A. The Navy's performance evaluation system, NAVFIT 98, has not had a major overhaul since 1996. While NAVFIT 98 has worked for many years, we believe that it is time to develop a different system to measure Sailors' performance.

We believe there is a need to transform our twenty-year-old-system to a 21st century system that will provide Sailors better transparency, assessment of performance and counseling/mentoring. Sailors have been asking for this change and we are committed to giving it to them.

Q. What are the new systems' objectives?

- A. The Navy has outlined an initial concept for a system that meets the following objectives:
- Measure an individual's performance through standards-based objective measures
 - Tailor reports and counseling objectives to paygrade /seniority and experience (e.g. E1-E3; E4-E6; O1-O2; O3-O4; O5-O6)
 - Remove forced distribution competitive categories
 - Enable formal and informal counseling that is both meaningful and frequent
 - Include warfare communities' specific-objective measures
 - Provide accountability, feedback and control mechanisms on reporting seniors' performance grades
 - Enhance talent matching aspects of counseling and formal reports
 - Simplify reporting senior and counselor completion by allowing cloud-based / mobile device input

Q. What will the new system look like?

A. The Navy is refining its functional requirements to develop a new system that will give Sailors better feedback on their performance. NPC is leading working groups to refine the requirements and tools needed for the new system. The Navy's goal is to test a conceptual prototype platform of a new system later this fall while running the existing system in parallel.

Q. When will the new system be deployed to the Fleet?



A. We are in the early stages of overhauling our performance evaluation system and are working hard to develop a new system as quickly as possible for the Fleet and our Sailors. The Navy's goal is to test a conceptual prototype platform of a new system later this fall while running the existing system in parallel.

Q. When did you start looking at changing the Navy's performance evaluation system?

A. Starting in December of 2015, Navy Personnel Command began a performance and talent evaluation modernization review project. The project was based on qualitative research and findings from focus groups. That information was used to define the issues to address and develop the best performance evaluation system to support our Sailors in an ever changing Navy.

- Fourteen different focus groups were held between December 2015 and March 2016. The groups were broken out by officer, enlisted and service component.
- 149 Navy service members (CPO to O-6) participated
 - Identified current system shortfalls and future opportunities
 - Provided Qualitative Research and Findings Document (MAY 16)
- 35 Member JO Action Group (JOAG)
 - Evaluated Performance Evaluation Process
 - Specific Millennial input into a future evaluation system models

Q. How much will this cost?

A. We do not have a cost of the new system yet. We are in the conceptual stage where we are exploring our different avenues for development.



Physical Readiness Program Policy Changes

Background:

In continuing Navy's efforts to strike a better balance between physical readiness and mission accomplishment, Navy released new policies and initiatives to the Physical Readiness Program June 20 in NAVADMIN 141/17 to reward Sailors who excel at the Physical Readiness Test (PRT) with an exemption from the next cycle PRT, and support Sailors' efforts to return to physical readiness post-partum with adequate time to meet fitness standards.

Talking Points:

- The Navy announced several changes June 20 to its Physical Readiness Program in NAVADMIN 141/17, including an incentive for Sailors to validate one physical readiness test (PRT) each year based on their fitness performance.
- Many Sailors work hard to maintain high levels of physical fitness year-round and this provides an incentive to continue to excel.
- This effort is aimed at both incentivizing physical fitness and also reducing administrative distractions throughout the Fleet.
- Effective Jan. 1, 2018:
 - Sailors who pass the body composition assessment (BCA), are within the Navy age-graduated body fat standards, and score an overall “excellent low” or better on the PRT, with no single event lower than a “good low,” will be exempt from participation in the next test.
 - Exemption for PRT cycle 2018-1 is based on a Sailor's performance during the second PRT cycle of 2017.
 - All Sailors, regardless of PRT performance, are still required to participate in the BCA.
 - If a Sailor who is exempt from taking the PRT fails the BCA, they will be required to participate in the PRT that cycle.
 - The Physical Readiness Information Management System (PRIMS) programming will allow CFLs to assign a non-participation status of “validated” for those Sailors who earn the incentive.
 - The Navy is exempting post-partum Sailors from participating in the physical fitness assessment (PFA) for six months following the completion of a Sailors' maternity/convalescent leave.
 - This change reflects an increase to the Navy's increased maternity leave policy of 84 days following the child birth.
 - This will ensure Sailors have adequate time to return to weight standards and pass a PRT following a pregnancy.



- Pregnant and post-partum Sailors are not required to fill out a Physical Activity Risk Factor Questionnaire (PARFQ) and will have their participation status in PRIMIS reflected as “pregnant” for all stages of the pregnancy and post-partum.
- The Navy is eliminating the use of elliptical machines as an alternate cardio device for use because of low-usage across the Fleet during the PRT.
 - Savings from elimination of maintaining PRT-compliant elliptical machines will enable purchase of more modern equipment for Navy fitness facilities.
 - While the 1.5 mile run remains the service standard, commanding officers may still authorize the use of approved stationary bikes, treadmills or allow Sailors to swim as alternate cardio.
- Additional information can be found on the website: http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/Pages/default.aspx

Questions and Answers:

Q. Why incentivize now?

A. We’ve listened to Sailors, and believe this will encourage them to work hard to maintain high levels of physical fitness year-round and provide an incentive to excel.

Q. Will Sailors who have partial PRT waivers be able to validate their PRT?

A. No. Sailors are required to participate in each graded evolution to be able to validate the next PRT.

Q. Since elliptical machines will no longer be allowed as an alternate cardio test, will they still remain in gyms?

A. While MWR ultimately makes the decision on what equipment to have in gyms, there is no reason to believe elliptical machines will be removed from Navy gyms. The only change to our policy is that Sailors will no longer be able to take their PRT on elliptical machines. In fact, the savings from not having to maintain PRT compliant elliptical machines will allow purchase of more modern elliptical machines for Navy installation fitness facilities.

Q. What is the cost to validate an elliptical?

A. It costs the Navy \$200,000 a year to validate devices (elliptical and bike) each time the manufacturer makes a change or has a new product. The Navy spends \$25K per alternate cardio device validation study and has spent \$520K for its 26 approved elliptical trainers. This also

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includes the multiple numbers of elliptical trainers that are tested for validation and failed. This expense will continue each time a manufacturer discontinues an approved model and submits a newer one for PRT consideration.

Q. Were studies done to support the extra time allotted to post-partum Sailors?

A. Yes. Naval Medical Center San Diego conducted a scientific study PRT performance in post-partum Sailors in the Navy.

Q. Why didn't you make the post-partum policy change last year when the maternity leave policy changed?

A. We wanted to conduct a scientific study before deciding on what timeline would be best for post-partum Sailors to take their PRT.

Q. What if a post-partum Sailor still requires more time to get ready for their PRT?

A. A medical professional can always provide a medical waiver if a post-partum Sailor requires more time.



High Year Tenure Gates Revision

Background:

In an effort to improve sea duty manning, the Navy is expanding its high year tenure (HYT) policy for E-4 through E-6 Sailors currently serving in the active component or Full Time Support (FTS). NAVADMIN 143/17, released June 21, 2017, provides complete policy and guidelines for implementation of this policy change.

Key Messages:

- In an effort to fill critical sea duty billets and retain experienced Sailors, the Navy is increasing its high year tenure (HYT) policy for active component and Full Time Support E-4 through E-6 Sailors by two years.
- Extending the time an individual may serve provides Sailors additional opportunity for advancement, while also providing the Fleet with critical manning.
- The Navy anticipates this HYT change could potentially allow more than 2,800 Sailors to remain in the Navy by the end of 2018.

Talking Points:

- The Navy revised its HYT policy for E-4 through E-6 pay grades June 21, 2017, in NAVADMIN 143/17.
- HYT sets the maximum number of years an enlisted Sailor may serve based on rank before they must advance, separate or, if eligible, retire.
- Effective August 1, 2017, the HYT increases for active and FTS Sailors are:
 - E-4 from 8 years to 10 years
 - E-5 from 14 years to 16 years
 - E-6 from 20 years to 22 years
- HYT for all other active and FTS enlisted pay grades, as well as all enlisted Selected Reserve Sailors, remain unchanged.
- The Navy will continue to offer HYT waivers for enlisted Sailors who volunteer for sea duty on a case-by-case basis.
- The Navy historically approves over 90% of all waiver requests submitted.
 - Thus far in FY17, Navy has approved 1,286 of 1,350 (95.3%) HYT waiver requests.
 - By extending HYT for E4-E6 by two years each, Navy could retain an estimated 600 E-4 – E6 Sailors in FY17 and potentially 2,200 more in FY18.
- Sailors who have reached HYT with an approved date for separation or Fleet Reserve (retirement) on or after August 1, 2017, but before January 1, 2018, have until July 31 to request cancellation of their orders or execute their orders as originally planned.



- Sailors affected by this change to HYT who decide to continue their service in the Navy can take the petty officer September Navy Wide Advancement Exam, cycle 236 or the January 2018 cycle 238 E-7 exam if they maintain advancement eligibility.
- Complete information on order processing, assignments and reenlistment/extension process can be found in NAVADMIN 143/17 on www.npc.navy.mil

Questions and Answers:

Q. Is there a transition period?

A. Sailors who have reached HYT with an approved date for separation or Fleet Reserve (retirement) on or after Aug. 1, 2017, but before Jan. 1, 2018, have until July 31, to request cancellation of their orders or execute their orders as originally planned. Additionally, Sailors with approved HYT separation dates prior to Jan. 1, 2018, who elect to execute their HYT separation orders, will remain eligible for involuntary separation pay.

Q. What is High Year Tenure?

A. Navy's HYT policy establishes standardized length of service by paygrade. It is a vital and effective force management tool used to appropriately size and shape the enlisted force and promote continuous advancement opportunity.

Q. What changed?

A. The Navy is increasing its HYT policy for active component and Full Time Support (FTS) E-4 through E-6 Sailors by two years in an effort to improve sea duty manning. The new policy, which will be effective Aug. 1, sets the new HYT years to:

E-4: 8 to 10 years

E-5: 14 to 16 years

E-6: 20 to 22 years

HYT for all other active component and FTS enlisted pay grades, as well as all enlisted Selected Reserve Sailors, remain unchanged, and are as follows:

E-3: 5 years

E-7: 24 years

E-8: 26 years

E-9: 30 years

CMDCM: 32 years (selected for a 1- or 2-star flag/general officer support assignment)

CMDCM: 35 years (selected for a 3- or 4-star flag/general officer support assignment)

MCPON: 38 years



Q. What if a Sailor has started to execute orders to separate or retire?

A. Any requests from Sailors who have begun to execute any portion of separation or Fleet Reserve orders, such as movement of household goods or dependents, will be considered on a case by case basis. Sailors should include all information related to partial execution of their orders in their request to remain in the Navy to PERS-836 for Fleet Reserve, BUPERS-32 for non-nuclear-trained active and FTS Sailors, or OPNAV N133 for those nuclear-trained active and FTS Sailors.

Q. How does this impact involuntary separation pay (ISP)?

A. Those personnel who have approved HYT separation dates prior to Jan. 1, 2018, who elect to execute their HYT separation orders, will remain eligible for ISP.

Sailors with approved HYT separation dates on or after Jan. 1, 2018, who elect to separate at their current End of Active Obligated Service (EAOS) will be considered separating under voluntary conditions and will not be eligible for ISP.

Q. How is involuntary separation pay (ISP) determined and who is eligible?

A. The policy for ISP and the determination of pay can be found in OPNAVINST 1900.4, <https://doni.documentservices.dla.mil/Directives/01000%20Military%20Personnel%20Support/01-900%20Military%20Separation%20Services/1900.4%20w%20CH-2.pdf>.

Q. How was the ISP cutoff date decided on?

A. January 1, 2018 was selected as the cut-off date for ISP as that allows for HYT orders already issued by the local Personnel Support Detachment to be honored and January 1, 2018 was the previous cut-off date to determine eligibility to take the September Navy Wide Advancement Examination (NWAE). It was thought that if Sailors were denied opportunity to take the exam, then they were effectively told they would be separating at HYT and to begin Separation/Fleet Reserve processing.

Q. What are the fit/fill numbers?

A. For May 2017 there were 15,615 fit gaps, for 88.0 % fit. Fill gaps were 7,563 for 94.9% fill.

Q. How many Sailors, by paygrade, will have the opportunity to stay in the Navy?

A. For FY17, the numbers of Sailors who will be eligible to continue are:

E4: 460

E5: 450

For questions beyond the scope of this document, contact BUMED public affairs at (703) 681-9069



E6: 846

The Navy anticipates this change could potentially allow more than 2,800 experienced Sailors to remain in the Navy filling critical sea duty and other high priority billets by the end of 2018.



New NEC Construct and Updated Enlisted Rating Communities and Career Fields

Background:

As part of the Navy's Sailor 2025 and rating modernization efforts, the Navy announced July 13, the development of new Navy Enlisted Classification (NEC) code construct and realignment of enlisted rating communities and career fields in NAVADMIN 174/17.

Talking Points:

- The Navy announced July 13 in NAVADMIN 174/17 that it will implement a new Navy Enlisted Classification (NEC) code construct this October and also realign enlisted rating communities and career fields as part of its Sailor 2025 efforts.
- Beginning in October 2017, NEC codes will have four alpha-numeric digits and ratings will be organized into 12 communities and 23 career fields as part of the new construct.
- These changes will improve our personnel and billet management processes' capability to assign the right individual to the right job, and it will ultimately provide the Navy with the ability to train and repurpose elements of our force to meet a rapidly changing world.
- These changes are absolutely critical to warfighting readiness because they enable the development and implementation of the Navy's Ready Relevant Learning (RRL) and rating modernization initiatives.
- RRL is a Sailor 2025 initiative focused on providing the right training at the right time in a way that Sailors will retain. Block Learning, an important part of RRL, will divide enlisted Sailors' training into separate courses delivered at multiple points throughout a career to help improve their retention. This will also help ensure that content is refreshed for changing platforms and technologies so Sailors are ready to perform on day one at their new units and help the Navy transform its industrial, conveyor-belt-training- model into a more modern one.
- The revised communities and career fields were developed within the rating modernization working group and will replace the current occupational fields and associated ratings listed in the Navy Enlisted Occupational Standards Manual (NAVPERS 18068F, Volume I).
- The revised communities and career fields can be viewed at:
<http://www.public.navy.mil/bupers/npc/reference/nec/pages/default.aspx>
- The new NEC code will consist of four digits:
 - The first digit is a letter that corresponds to the Sailor's career field or a number indicating that the NEC code is open to more than one career field.
 - The second and third digits are unique identifiers designated by the Navy Manpower Analysis Center (NAVMAC).
 - The fourth digit is a number indicating the level of training remaining (with 0 equals all training complete), or a letter indicating the NEC code is not associated with block training



- 0 – All blocks complete
 - 1 – One block remaining
 - 2 – Two blocks remaining
 - 3 – Three blocks remaining
 - 4 – Four blocks remaining
 - A-Z – NEC code is not part of blocked training
- The four digit NEC code construct will support Navy’s Ready Relevant Learning (RRL) and Block Learning by indicating where a Sailor falls in a NEC code’s training continuum. This identification and tracking will also improve the placement of Sailors into appropriate billets and help ensure units have the right Sailor assigned.
 - RRL and Block Learning seeks to transform our industrial, conveyer-belt-training-model into a career-long learning continuum, where training is delivered at multiple points in a Sailor’s career.
 - Under Block Learning, initial accession training will be divided into separate blocks that will each yield a NEC code.
 - The NEC code construct will indicate the training level and the amount of training remaining in a Sailor’s pipeline.
 - As new NEC codes are developed, they will be created using this new construct.
- The new NEC construct will allow for more efficient learning by Sailors as they progress through the training continuum during their careers.
- No action is required on a Sailor’s part – these changes will occur automatically.

Questions and Answers:

Q. Why are you making these changes?

A. These changes are absolutely critical to warfighting readiness because they enable the development and implementation of the Navy’s Ready Relevant Learning (RRL) and rating modernization initiatives.

Not only will these changes improve our personnel and billet management processes to assign the right individual to the right job, but it will ultimately provide the Navy with the ability to train and repurpose elements of our force to meet a rapidly changing world.

Q. What are the revised communities and career fields?

A. The revised communities and career fields can be viewed at <http://www.public.navy.mil/bupers/npc/reference/nec/pages/default.aspx>.

Q. Who developed the NEC construct?



A. This NEC construct was developed by Navy Manpower Analysis Center (NAVMAC) and community managers with Fleet input and guidance.

Q. Who developed the ratings communities and fields?

A. This was part of the Rating Modernization Working Groups efforts. The group is led by Chief of Naval Personnel/N1 and comprised of representatives from across the Fleet.

Q. Does this mean that rating names are going to be taken away again?

A. No.

Q. Didn't you end rating modernization when rating names came back?

A. While rating names were restored last December, the work of the Rating Modernization Working group has continued. The goals for rating modernization are to provide greater choice for our Sailors with respect to detailing and training, provide greater flexibility for the Navy in assigning highly trained personnel, and to increase professional alignment with civilian employers.

Q. When will Sailors be able to move to more assignment opportunities among related skill sets?

A. This remains an important goal of rating modernization and Sailor 2025. We will continue to keep Sailors informed of our progress in this area.

Q. What is RRL?

A. RRL is a Sailor 2025 initiative focused on providing the right training at the right time in a way that Sailors will retain. Block Learning, an important part of RRL, will divide enlisted Sailors' training into separate courses delivered at multiple points throughout a career to help improve their retention. This will also help ensure that content is refreshed for changing platforms and technologies so Sailors are ready to perform on day one at their new units and help the Navy transform its industrial, conveyor-belt-training- model into a more modern one.