



NAVY MEDICINE **FAST FACTS**

September 2023



ONE NAVY MEDICINE

Medical Corps + Hospital Corps + Nurse Corps + Dental Corps
Medical Service Corps + Civilian Corps

ACTIVE DUTY + RESERVE + CIVILIAN

+ SUPPORTING 2 SERVICES +

UNITED STATES NAVY

Hospital Corpsmen:	19,080 AC / 2,250 RC
Medical Corps Officers:	3,120 AC / 340 RC
Nurse Corps Officers:	2,400 AC / 950 RC
Dental Corps Officers:	880 AC / 130 RC
Medical Service Corps Officers:	2,390 AC / 170 RC

UNITED STATES MARINE CORPS

Hospital Corpsmen:	5,320 AC / 850 RC
Medical Corps Officers:	410 AC / 110 RC
Nurse Corps Officers:	160 AC / 40 RC
Dental Corps Officers:	220 AC / 70 RC
Medical Service Corps Officers:	340 AC / 70 RC

BODYED BY 2,700+ CIVILIANS

* Total Force Estimates

+ OPERATING ABOVE, ON, AND BELOW THE SURFACE +

PATIENT MOVEMENT (PM) PROJECT



BACKGROUND ("Get Real")

- Even under ideal conditions, the urgent or emergent movement of ill or injured Service Members from ship to shore is complex. Many variables come into play during a Patient Movement (PM) evolution involving the intersection of medical and operational factors. These transfers can occur at night and in poor weather conditions; additionally, their unplanned nature may impact the degree of operational risk management (ORM) associated with planned movement missions.
- In 2019, the Pacific Fleet (PACFLT) surgeon requested Fleet Health Integration Panel (FHIP) support to apply "Get Real, Get Better" (GRGB) principles to improve PM safety, communications, and outcomes, while protecting privacy, when Service Members are moved for medical reasons from at-sea units (to include units in port) to any shore based civilian or military medical treatment facilities (MTFs) across the enterprise.

ACTIONS ("Get Better")

- Beginning in 2019, Navy Subject Matter Experts (SMEs) identified a multitude of improvements to the ship-to-shore PM process. The team then coordinated with NMC San Diego to develop a pilot program to test and implement improvements.
- Beginning in December 2022, the Navy adopted a standard process for all ships and Navy Medicine Readiness and Training Commands/Units (NMRTC/Us). The improved PM process removed barriers and increased transparency so that people involved on the receiving side and on the sending side, could see where the patient was in the process and empowered people with the ability to eliminate potential problems before they could occur.

KEY TAKEAWAYS

- Navy Medicine has adopted the improved PM standards and process for all ships in the Fleet as well as all NMRTC/Us regardless of their location.
- The improved PM process enables Navy Medicine to better track Sailors and ensure they receive the right care, and keep operational commands informed of their Sailors' condition and status within 30 minutes of arrival at a definitive care facility.
- As of June 2023, the Navy Medicine PM project has been implemented at ALL Operational Forces Medical Liaison Services sites -- CONUS and OCONUS.



NAVY MEDICINE FAST FACTS



NAVY MEDICINE'S ONLY LEVEL II TRAUMA CENTER NAVAL MEDICAL CENTER PORTSMOUTH, VIRGINIA



- On 24 August 2023, Naval Medical Center Portsmouth (NMCP) was awarded Level II Trauma Center Designation by the Commonwealth of Virginia's Department of Health. It is the Navy's only Level II Trauma center.
- NMCP is able to accept trauma patients from the local area at its emergency department. This designation will provide emergency responders another option in the Hampton Roads area, when transporting acutely injured patients, even if those patients are not associated with the military.
- A Level II Trauma Center initiates the treatment of all trauma patients. Key components include: 24-hour access to general surgeons. Availability of anesthesiology, radiology, emergency medicine, neurosurgery, and orthopedic surgery.
- In 2018, Naval Medical Center Camp Lejeune was designated a Level III Trauma Center. It is the only Trauma Center aboard a Marine Corps installation.

DOD TRAUMA CENTERS

Brooke Army Medical Center (BAMC) is the DoD's largest medical facility and ONLY Level 1 trauma center

LEVEL I

Brooke Army Medical Center
Fort Sam Houston, TX

- Provides total care for every aspect of injury
- 24-hour in-house general surgeons
- Prompt availability of care in all Level II specialties as well as internal medicine, plastic surgery, and pediatrics
- Operates organized teaching and research effort

LEVEL II

Naval Medical Center Portsmouth, VA
Tripler Army Medical Center, HI

- Can initiate definitive care for injured patients
- 24-hour immediate care by general surgeons
- Specialties in orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology, and critical care
- Continuing education programs for staff

LEVEL III

Naval Medical Center Camp Lejeune, N.C.
David Grant USAF Medical Center at Travis AFB, CA
Fort Belvoir Community Hospital, VA
Mike O' Callaghan Medical Center at Nellis AFB, NV
Womack Army Medical Center, N.C.

- Prompt assessment, resuscitation, surgery, intensive care and stabilization
- 24-hour immediate care by emergency physicians
- Provides prompt availability of general surgeons and anesthesiologists

Source: American Trauma Society

NAVY MEDICAL SUPPORT OF THE INCHON INVASION, 15-19 SEPTEMBER 1950

LARGEST US-LED AMPHIBIOUS OPERATION SINCE WORLD WAR II



- U.S.-led amphibious operation preceding the recapture of Seoul, South Korea from North Korea. Within 12 days after the invasion, the First Marine Division, supported by units of the United Nations X Corps, occupied Seoul.
- The largest amphibious operation post-World War II and largest since the Battle of Okinawa (1945). The operation involved some 75,000 troops and 260+ naval vessels.
- Navy medical personnel at Inchon treated 5,510+ casualties and processed 2,840+ surgical cases.
- Estimated 58% of casualties received at the 1st Marine Division Hospital at Inchon during the assault phase were returned to the fight.
- Estimated 99.43% of patients treated by Navy Medicine survived evacuation.
- Navy Medicine employed 25 surgical and casualty teams positioned forward and integrated into military operations. Surgical teams were comprised of three medical officers, one Medical Service Corps officer, and 10 hospital corpsmen. Casualty teams, found aboard Landing Ship Tanks (LSTs) offshore, were comprised of one medical officer and six hospital corpsmen.
- Navy hospital ships USS Consolation (AH-15) and USS Repose (AH-16) supported the amphibious landings. These ships provided vital definitive surgical and medical care throughout the operation. Many Marines, Sailors, Soldiers and United Nation troops were returned to action after being treated aboard these ships.