Naval Medicine Transformation
Capabilities, Requirements, and Force Structure Evolution
Requirements and force structure driven by...

- OPLAN scenarios
  - 2 MTW scenario (733U Study, 1995)
  - Single largest driver of requirements
- Day-to-day support of Navy operational forces
- Day-to-day support of Marine Corps forces
- Augmentation of Marine Corps
  - FSTs, MAPs, CRTS
- Augmentation of Level III platforms
  - T-AH, Fleet Hospital
- Overseas MTFs
- Training and sustainment base
Why we will transform....

- **Strategic Changes**
  - Sea Power 21/Marine Corps Strategy 21
    - Sea basing and STOM
  - 1-4-2-1
    - 10-30-30
    - Phase 0 through IV involvement
    - Homeland Security and WMD potential
    - Enhanced Joint & Coalition operations/support role
  - Essential Care in Theater
- **Fleet Response Plan**
  - Mirror fleet, acknowledge and accept risk
- **GWOT**
  - Ongoing, long term support missions
- **Requirement and Response Capabilities**
  - OSD Medical Readiness Review (MRR)
- **Force Manning**
  - THCSRR model validation, Zero based reviews, Flag Pole studies and Scenario-based requirements
What We Think

• Fleet Hospitals (FHs) can be transformed into modular, scalable, and mobile Expeditionary Medical Facilities (EMFs).
  - We can transform our FH program from 54 OR, 720 ICU, and 3780 to EMF capability packages with 36 OR, 360 ICU, and 540 ICW beds without significant risk (to be analytically tested).
  - FOC (notional) 2013

• Although the T-AH hulls have been certified through 2020, the propulsion systems (and other systems) are in question and these assets will be retired before 2020.
  - LPD 17, LHD, LHA(R) and MPF (F) have the potential to provide significant afloat essential care capability
  - A Joint hospital ship may still be required

• Medical Evacuation and Enroute Care capabilities are critical linchpins
  - Dedicated aircraft will be required
  - Ambulance ships will be required (HSV)
Current Navy Afloat and Ashore Medical Capabilities
The Navy’s Family of Medical Capabilities: Supporting the “1-4-2-1 Defense Strategy”

Defend the United States

Deter Forward in Critical Regions

Engage Aggression in Overlapping Major Conflicts

Decisively Defeat if called upon in a MRC

Smaller Scale Contingencies

Force Health Protection

Benefit Mission

Navy Medicine’s Dual Mission
The Readiness Health Care Continuum

Readiness Mission
Major Operational Medical Platforms

**Hospital Ships**
- Staffed from Navy hospitals
- National Command Authority and CINC Asset
- Maintain at ROS-5
- 2 TAHs in inventory
- 1,000-bed configuration
- 12 operating rooms
  - Many smaller configurations

**Fleet Hospitals**
- Staffed from Navy hospitals
- Full resuscitative surgery capability
- 500 bed, 116, 44, 10-bed EMFs configurations
- 9 Fleet Hospitals in inventory
- Self-contained AND self-reliant
Casualty Receiving and Treatment Ships (CRTS)

**LHD (WASP Class) - (7)**
**LHA (TARAWA Class) - (5)**

- 4 OR's
- 15 ICU beds
- 45 ward beds
- Zero overflow beds
- Lab, X-ray & blood bank
- Pharmacy
Other Deployable Medical Assets

Mobile Medical Augmentation Readiness Teams (MMART’s)

• SPRINT Teams (Psych)
• Specialist Support Teams (Trauma)
• Disaster Support Team (OB/Pediatrics/Family Practice/Geriatrics)
  • CBIRF Team

Forward Deployable Preventive Medicine Units (FD-PMU)

• Two Small online FY02-FY03 (Hawaii and Italy)
• Two Large online FY04-05 (San Diego and Norfolk)
Transformation Efforts
Sea Based Transformation

NAVAL MEDICINE TRANSFORMATION TIMELINE

AFLOAT TRANSFORMATION ACTIONS

MPF(F) IOC

Retire 1 T-AH (COMFORT)

LPD-17 FOC

Retire 1 T-AH (MERCY)

LHA(R) FOC

MPF(F) FOC

AFLOAT PLATFORM CHANGES

Define Clearing the Sea Base Capability

Joint Hospital Ship Ambulance Ships

Reallocation of Shore Phased Capabilities to Sea Based Systems

GWOT Responsive -- Best Business Enterprise Value Approach

Afloat Expeditionary Medicine Transformation

Achieve ROIAC Objectives
Medical Seabasing
Transformation Plan Based On…

• LPD-17 Capabilities
  - 1+1 OR, 6 ICU and 18 ICW beds
  - 11 ships planned for a total: 22 OR, 66 ICU and 198 ICW beds.
  - IOC 2004 & FOC 2014

• LHD Capabilities
  - 4+2 OR, 17 ICU & 47 ICW
  - 7 currently – 8 by 2011

• LHA(R) Capabilities
  - Flight Zero Option-2 OR, 6 ICU, and 18 ICW beds
  - Flight One Option- 4 OR’s, 15 ICU, 45 ICW beds
  - 4 ships planned. No change in capabilities
  - IOC 2011 & FOC 2020

• MPF(F) Capabilities
  - 4 OR, 30 ICU, and 90 ICW beds on two of the eight ship squadron (2 squadrons planned).
  - 4 CTS ships planned for a total of 16 OR, 120 ICU, and 360 ICW beds.
  - IOC 2013 & FOC 2024
Future Gray and Black Hull Capabilities

**LPD-17**
- 2 OR’s
- 6 ICU, 18 ICW beds

**LHD/LHA(R)**
- 4+2 OR’s (LHD 1-8); 17 ICU, 47 ICW beds
- 4 OR’s (LHD 9+/LHA(R)); MPF Beds
- 2-4 OR’s on 2 ships in the squadron of 8-9; 30 ICU 90 ICW beds

**LHA(R) /Fl 0**
- 2 OR’s **;
- 6 ICU, 18 ICW beds
- **Not a CRTS ship**

**Future:** LHA(R) Fl 1 + Future Hospital Ship ??
Future Essential Care in Theater Requirements

Rely Less on Beds and More on Surgery Capability Within the “Golden Hour”
Transformation of Navy Ashore and Afloat ICU and ICW Beds, Level II and III

More Sea Based
Responding to Strategic Challenges
Modular EMF Capabilities

PM - Preventive Medicine
PC - Primary Care
ATM - Advanced Trauma Medicine
FRS - Forward Resuscitative Surgery
OR - Advanced Surgical

Early 24-Hour Retrograde Capability

Initial Rapid Response—Add’l BOS—Augmentation

Range of potential operational scenarios requiring these capabilities

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Today’s Fleet Hospital Program

Nine 500 Bed Fleet Hospitals
Seven 500 Bed FH configured for 116 bed variant and 4/2 (EMF)
  Four 10-bed variant
  One 44-bed variant

Eight Staged Forward
  Three Afloat
  Five OCONUS Ashore

Six Active Manpower UICs
Two Reserve Manpower UICs
## Logistics – Estimated Lift Impact

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*BOS Requirements TBD*
EMF Transformation

NAVAL MEDICINE TRANSFORMATION TIMELINE

ASHORE TRANSFORMATION ACTIONS

Add 2 FD-PMUs

Convert 1 500 FH to 1 Scalable Expeditionary Medical Facility per year

PROGRAMMING ACTIONS

Active Above THCSRR Civilian Substitutions
Rebalance Active and Reserve Force - Scenario Based Force

CAPABILITIES

Expeditionary Medical Facility Transformation Capability Enhancement
Field En Route Care Capability

GWOT Responsive – Best Business Enterprise Value Approach

Ashore Expeditionary Medicine Transformation

Achieve ROIAC Objectives
Future Day in Naval Medicine
Questions?