



UNITED STATES MARINE CORPS
2D MARINE AIRCRAFT WING
UNITED STATES MARINE CORPS FORCES COMMAND
POSTAL SERVICE CENTER BOX 8050
CHERRY POINT, NORTH CAROLINA 28533-0050

WgO P6000.1K
MED
08 FEB 2007

WING ORDER P6000.1K

From: Commanding General
To: Distribution List

Subj: HEALTH SERVICES SUPPORT FOR 2D MARINE AIRCRAFT WING

Ref: (a) NAVMED P-117
(b) MCWP 4-11.1
(c) MCO 5320.12
(d) BUMEDINST 6320.66
(e) WgO 1610.14
(f) OPNAVINST 6110.1
(g) NAVPERS 15665G
(h) SECNAVINST 1910.4
(i) SECNAVINST 1920.6
(j) MCO P1020.34
(k) NAVMEDCOMINST 1500.7
(l) OPNAVINST 1500.22
(m) OPNAVINST 1740.3
(n) MCDP6
(o) FM 8-10
(p) FM 8-35
(q) FM 101-10-1
(r) OPNAVINST 5510.35
(s) BUMEDINST 6470.10
(t) FMFM 4-5
(u) FM 21-48
(v) BUMEDINST 6230.15
(w) BUMEDINST 6230.2
(x) BUMEDINST 6224.8
(y) NAVMED P5010
(z) MCO 6200.1E Ch-1
(aa) BUMEDINST 6222.10
(bb) SECNAVINST 5300.30D
(cc) BUMEDINST 2210.10
(dd) OPNAVINST 6210.2
(ee) BUMEDINST 5450.157
(ff) BUMEDINST 6220.12
(gg) BUMEDINST 6710.63
(hh) MCO P4400.39
(ii) WgO P6320.4

Encl: (1) Locator Sheet

1. Situation. To promulgate the health services support plan to all units of the 2d Marine Aircraft Wing (2d MAW).

2. Cancellation. WgO P6000.1J.

3. Mission. The mission and tasks of the Wing Medical organization are outlined in references (a) and (b). The primary mission is the conservation of combat readiness of the command through care of the sick and injured, and prompt and orderly evacuation of casualties from forward areas. The Wing Medical organization has a secondary mission to train Hospital Corps and Marine Corps personnel in emergency medical procedures. A third mission specific to the Wing Medical Department is preventive aero medical safety.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. The medical organization is contained in the Marine Corps T/O and Navy Activity Manning Document (AMD) for a Marine Aircraft Wing.

(2) Concept of Operations. The concept of organization provided in the T/O is intended primarily for a Marine Aircraft Wing in combat status. While in garrison, the concept of organization is provided by the AMD (equivalent to USMC staffing goals). Various factors may require minor deviations in the standard organization (physical facilities, availability, distribution and utilization of personnel).

b. Subordinate Element Missions This Manual is applicable to all units of the 2d MAW. All 2d MAW units will comply with the contents of this Manual.

c. Coordinating Instructions This Manual amplifies, where necessary, directives from higher authority and delineates the policies of this command. The instructions contained in this Manual will be complied with unless instructions from a higher authority or current orders or plans issued by this Command direct otherwise. Reports required:

(1) Medical Personnel Status Report (Report Control Symbol 2d MAW-6000-01) par. 6001.

(2) Deployment Medical Status Report (Report Control Symbol 2d MAW-6000-02) par. 6002.2.

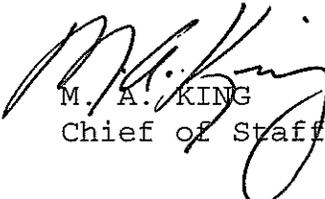
(3) Medical Post-Deployment/After Action Report (Report Control Symbol 2d MAW-6000-03) par. 6003.2.

5. Administration and Logistics. The administration of Navy personnel shall be per current Navy personnel management directives. The Wing Surgeon has special staff cognizance and is responsible for ensuring compliance. Logistics are generated and supplied through the 2d MAW.

6. Command and Signal.

a. Command. This Manual is applicable to all reserve and augmented personnel units assigned to 2d MAW.

b. Signal. This Manual contains major changes and shall be reviewed in its entirety. Reviewed and approved this date.


M. A. KING
Chief of Staff

DISTRIBUTION: A



UNITED STATES MARINE CORPS

2D MARINE AIRCRAFT WING
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WgO P6000.1K Ch 1

MED

MAY 12 2008

WING ORDER P6000.1K Ch 1

From: Commanding General, 2d Marine Aircraft Wing

To: Distribution List

Subj: HEALTH SERVICES SUPPORT FOR 2D MARINE AIRCRAFT WING

1. Situation. To direct changes to the basic Order.
2. Mission. To update the basic Order with the deletion of an outdated process.
3. Execution. Delete paragraph 5004, Chapter 5 of the basic Order.
4. Administration and Logistics. File this change transmittal immediately behind the signature page of the basic Order.
5. Command and Signal
 - a. Command. This Change is applicable to all Navy components assigned to 2d MAW.
 - b. Signal. This Change is effective date signed.

A handwritten signature in black ink, appearing to read "T. M. Gaskill".

T. M. GASKILL
Chief of Staff

DISTRIBUTION: A

08 FEB 2007

LOCATOR SHEET

Subj: STANDING OPERATING PROCEDURES FOR MEDICAL

Location:

(Indicate location(s) of copy(ies) of this Manual.)

HEALTH SERVICES SUPPORT FOR 2D MARINE AIRCRAFT WING

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- A LIST OF ACRONYMS AND ABBREVIATIONS

HEALTH SERVICES SUPPORT FOR 2D MARINE AIRCRAFT WING

CHAPTER 1

GENERAL

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HEALTH SERVICES SUPPORT FOR 2D MARINE AIRCRAFT WING

CHAPTER 1

GENERAL

1000. PURPOSE. To promulgate procedures for the operation and coordination of medical functions within 2d MAW, and to establish a guide to assist Unit Commanders and medical personnel in the operation of medical services.

1001. MISSION AND TASKS. The mission and tasks of the Wing Medical organization are outlined in references (a) and (b). The primary mission is the conservation of combat power of the command through technical supervision of measures designed to safeguard the health of the command, the early care of the sick and injured, and the prompt and orderly evacuation of casualties from forward areas. The Wing Medical organization has a secondary mission to train Hospital Corps and Marine Corps personnel in emergency medical procedures. A third mission specific to the Wing Medical Department is preventive aero medical safety.

1002. ORGANIZATION. The medical organization is contained in the Marine Corps T/O and Navy Activity Manning Document (AMD) for a Marine Aircraft Wing. The concept of organization provided in the T/O is intended primarily for a Marine Aircraft Wing in a combat status. While in garrison, the concept of organization is provided by the AMD. Various factors may require minor deviations in the standard organization (physical facilities, availability, distribution and utilization of personnel).

1003. MEDICAL PERSONNEL. The term "medical personnel" includes all personnel of the Medical Corps, Medical Service Corps and Hospital Corps.

1004. ADMINISTRATION. The administration of Navy personnel shall be in accordance with current Navy personnel management directives. The Wing Surgeon is responsible for ensuring compliance.

1005. ALLOWANCE. The allowance of medical personnel in the 2d MAW is reflected in the Navy Activity Manning Document (OPNAV 1000/2), promulgated by the Commander, Naval Personnel Command. While several complements are shown, only three of them are particularly germane to local management and planning: Authorized Billets (BA), Selected Reserve Mobilization Manning (SR) and Mobilization Manning (M+1). Authorized billets are

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used as the base for determining peacetime staffing level. Selected Reserve Manning figures are used to plan for reserve augmentation during mobilization. The complement shown at M+1 is the full mobilization strength authorized for the unit and should reflect the strength shown on the Marine Corps T/O for the unit. Requests for changes to the Activity Manning Document shall be submitted to the Commandant of the Marine Corps, via the chain of command, in accordance with reference (c). All requests require the signature of the Commanding Officer of the originating unit and will be routed through the Office of the Wing Surgeon.

1006. MANNING LEVEL. Higher authority considers it neither feasible nor desirable for the Navy to staff all units at their full mobilization complement of T/O strength. Manning levels are established by an activity's Manning Control Activity (MARFORCOM) on a fair-share basis of the personnel resources available to fill billet requirements after considering priority and special manning requirements. The planned officer staffing level for an activity is its Officer Manning Plan; this figure, which is not routinely published, can be obtained from Commander, Naval Personnel Command. The planned enlisted staffing or Navy Manning Plan (NMP) is contained in the Enlisted Distribution and Verification Report (EDVR) which is promulgated for each activity on a monthly basis by the Enlisted Personnel Management Center (EPMAC), Millington, TN. Unit commanders must be cognizant that individual unit medical assets are not staffed to T/O levels.

1007. DISTRIBUTION OF PERSONNEL. Medical personnel are distributed by Navy Unit Identification Code (UIC) directly to 2d MAW by Commander, Naval Personnel Command based on the manning levels established by the Manning Control Activity. Subsequent assignments within the major unit are the responsibility of the Office of the Wing Surgeon. Assignment of personnel between UIC's or assignments which require a permanent move to another base or outside the corporate limits in which the original assignment was made, generally require the concurrence of Commander, Naval Personnel Command.

1. Officer. In the case of officers who are assigned to units of 2d MAW garrisoned at Marine Corps Air Station, Cherry Point, assignment to groups and squadrons is made by the Wing Surgeon. In the case of officers assigned to units of 2d MAW garrisoned at MCAS New River and Beaufort, assignment is made by the Wing Surgeon based on input from the Group Commander and Senior Flight Surgeon. The Wing Medical Administrative Officer will review assignments to ensure compatibility with the AMD. Temporary

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additional duty orders for major deployments resulting from higher authority tasking normally are issued by the Commanding General on the recommendation of the Wing Surgeon and respective group Commanding Officer. Medical Officers assigned to specific units are responsible for:

a. Becoming an integral part of the unit's safety program and provide the commander with operationally oriented aircrew/medical surveillance.

b. Keeping the commander informed of medical factors affecting operational readiness.

c. Participating in safety functions, boards, human factor boards, physiologic Hazard Material Reports (HAZREP), investigations of known or perceived toxicological or environmental hazards associated with flight and/or maintenance and repair of aircraft.

d. Pre-mishap planning, pre-mishap drills, aircraft mishap boards, evaluations of Search and Rescue (SAR) procedures and physiological gear.

e. Completion of Aeromedical Analysis portions of the Mishap Investigative Report, and full participation as a member of the Mishap Board.

f. Maintenance of medical readiness by periodic review of unit personnel's' medical records with emphasis on those enrolled in the Personnel Reliability Program.

g. Providing supervision of and assistance to the assigned Hospital Corpsmen in the performance of their duties, and to prepare and submit their enlisted performance evaluations in accordance with WgO 1610.14 (Navy Enlisted Performance Evaluations).

h. Medical coverage for all squadron evolutions to include deployments and local operations.

i. The medical portion of the Commanding General's Inspection.

j. The timely submission of continuing education courses to the unit fiscal officer for future budgetary consideration.

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k. Notifying the Wing Professional Affairs Coordinator 30 days prior to allow for the preparation and forwarding of an "Appendix N" per reference (d). Failure could result in non-privileges at the deployment location. Collateral duty assignments of a medical nature as assigned by the Wing Surgeon.

2. Enlisted. Hospital Corpsmen are assigned to 2d MAW by the Commander, Naval Personnel Command based on the Activity Manning Document (AMD). Personnel without prior FMF experience are sent to Field Medical Service School for training in field medicine prior to reporting to the Wing. Assignments and reassignments within the Wing at MCAS Cherry Point, NC, are made by the Wing Medical Administrative Officer/Medical Plans Chief and under the direction of the Command Master Chief. In the case of enlisted personnel assigned to 2d MAW units garrisoned at MCAS New River and Beaufort, assignment is made by the Senior Enlisted Leader at the respective unit. Hospital Corpsmen assigned to specific units are responsible for:

- a. Healthcare maintenance of the unit's personnel.
- b. Keeping the chain of command informed of medical factors affecting operational readiness.
- c. Maintenance of medical readiness by periodic review of unit personnel's medical records with emphasis on those enrolled in the Personnel Reliability Program.
- d. Medical coverage for all squadron evolutions to include deployments and local operations.
- e. The medical portion of the Commanding General's Inspection.
- f. The timely submission of continuing education courses to the unit fiscal officer for future budgetary consideration.

3. Administration. All medical personnel ordered to 2d MAW will be assigned, in writing, to a specific squadron based upon the billet requirements listed in the current Activity Manning Document. The Office of the Wing Surgeon will maintain copies in order to review, properly track, and maintain the Navy medical manpower requirements for the Wing.

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1008. GENERAL SERVICES PROVIDED BY THE OFFICE OF THE WING SURGEON

1. Administrative Services. There are numerous Navy specific services required. The office of the Wing Surgeon (OWS) shall perform the following administrative services in support of Navy personnel assigned to 2d MAW:

- a. Process orders on incoming/outgoing Navy personnel.
- b. Disseminate/distribute medical information for the command.
- c. Route personnel to proper command representatives (i.e., Command Fitness Leader, education, and training petty officer, CHCS register, Personnel Support Detachment (PSD)).
- d. CMC will provide technical assistance on FITREPS/EVALUATIONS. The OWS will submit completed reports to COMNAVPERSCOM (Note: Submission from OWS is only for personnel aboard Cherry Point, NC. New River and Beaufort must utilize assigned Personnel Specialists for submission.)
- e. Prepare MC 604's for uniform issuing.
- f. Prepare Navy Good Conduct medals and procure any other medals.
- g. Liaise with ESO to conduct Navy wide advancement exams.
- h. Manage Navy pay issues.
- i. Credential medical officers.
- j. Assign Leave Control Numbers to all leave requests.
- k. Manage Navy funded TAD.
- l. Ensure manpower is tracked according to the AMD and T/O.
- m. Conduct Petty Officer/Chief Petty Officer indoctrination.
- n. CMC will conduct Sailor/Junior Sailor of the Quarter and Year boards.
- o. CMC will conduct Command Advancement Program boards.

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- p. Maintain Quality Assurance (QA) records.
- q. Conduct zone inspections.
- r. Assign sponsors for new personnel.
- s. Request Augmentation Personnel for operations.
- t. Liaise group CPR classes and track training evolutions.
- u. Conduct and track Navy specific General Military Training.
- v. Provide a career counselor and prepare school packages.
- w. Prepare Disaster Alert Reports.
- x. Participate in CGI inspections.
- y. Manage immunization issues.
- z. Manage Group Monthly Morbidity Reports.

1009. UTILIZATION OF MEDICAL PERSONNEL

1. General. The duties and responsibilities assigned to medical personnel will be within the parameters set forth in reference (a) and other current directives. Units with assigned medical personnel should be responsible for:

a. Issuing and funding of all orders and requests made by the assigned medical personnel which are of a general, medical or military nature. The Navy Medicine, Manpower, Personnel Training and Education Command, NAVMED MPT&E, and the Naval Operational Medicine Institute will occasionally fund medically related courses for operational personnel.

b. The issuance of any security clearance and access.

c. The preparation and submission of Officer and Enlisted Fitness Reports (FITREPS) and/or an Enlisted Performance Evaluations (EVALS) in accordance with reference (e). Commanders are encouraged to seek assistance from the Office of the Wing Surgeon prior to completing the FITREPS/EVALS to ensure that they conform to Navy regulations and that they accurately reflect the performance of the individual on whom reported. Completed/signed

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reports shall be delivered to the appropriate administrative or personnel office for QA and forwarding to COMNAVPERSCOM.

d. Ensuring medical personnel are added to the unit diary and ensuring the medical personnel are included on all unit awards.

e. Ensuring flight personnel have access to the flight schedule in order to maintain the required number of monthly flight hours.

f. Issues and/or concerns related to a member's pay and service record should be directed to the appropriate Wing Personnel Office. Particular attention should be paid to matters which may affect eligibility for unit and/or individual awards.

g. Requests for leave will be approved by the Sailor's CO or designee, and routed to the appropriate personnel or administrative office for an assignment of a Leave Control Number, ensuring appropriate checkage of leave dates.

2. Integration with other medical facilities. When embarked or in garrison where other than organic medical facilities are routinely used by the personnel attached to the unit, 2d MAW medical personnel may supplement the ship or station's medical department (Naval Hospital, Branch Medical Clinic, etc.) to the extent considered feasible by the Wing Surgeon or Senior Medical Officer present with the concurrence of the Wing or Unit Commander. Medical personnel, when so integrated, shall cooperate fully with the ship or station's personnel to provide the most efficient medical care and related services. In the case where 2d MAW medical personnel augment a shore-based facility, the utilization of a Memorandum of Understanding (MOU) is strongly encouraged. However, 2d MAW medical personnel will at all times maintain unit identity, integrity and responsiveness to their respective organizations.

3. Medical Officers. 2d MAW medical officers will participate fully in all unit exercises and deployments with the unit to which they are assigned. Preventive aero medical safety and operational duties have the highest priority for medical officer peace time employment. Additionally, the Wing Surgeon may deploy medical officers with units for field exercises. In addition to other routine duties, medical officers assigned as flight surgeons are expected to closely monitor the physical and psychological health of all members of the aviation community.

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When events dictate the assignment of a flight surgeon to an Aircraft Mishap Board, these duties take precedence over all other medical duties.

4. Hospital Corpsmen. When assigned to a unit without a medical officer, the unit Commander is responsible for the assignment of the Hospital Corpsman's duties. It is strongly recommended Commanding Officers consult with the Wing Surgeon or Group Surgeon for advice and coordination of medical coverage and logistics for Hospital Corpsmen assigned to units without a medical officer.

5. Medical Officers and Hospital Corpsmen are attached to 2d MAW units. Therefore, decisions identifying personnel who will deploy shall be made by the unit commander, with recommendations from the Senior Medical Officer and coordination with the Wing Surgeon and CMC. Ultimately, decisions on the duty assignment of assigned Medical Officers and Hospital Corpsmen attached to a 2d MAW unit rest with the unit commander.

1010. PHYSICAL FITNESS AND PERSONAL APPEARANCE. Physical fitness and personal appearance standards for Navy personnel are governed by references (f) through (i). These references outline the requirements for physical fitness and weight control guidance, and the administration of those who demonstrate a lack of interest and effort in conforming to acceptable standards or who are unsuccessful in reducing or maintaining their weight. The Wing Surgeon will ensure that a viable physical fitness program for attached Navy medical personnel is established in conformance with the above listed instructions. Navy medical personnel reporting to 2d MAW units will have a 60 day period in which to determine voluntary election to wear the Marine Corps uniform and abide by Marine Corps grooming and fitness standards per reference (j). Personnel measuring above the Marine Corps acceptable body fat standard (18% for males and 26% for females) are not eligible for the voluntary election. All Navy medical enlisted personnel will sign an Administrative Remarks (NAVPERS 1070/613), maintained in the Service Record, annotating their decision. For the purpose of this Manual, the utility uniform (cammies) is considered a generic Department of Defense uniform eligible to be worn by all personnel assigned to field type duty. (Note: The uniform will be worn in the manner provided by Marine Corps Uniform Regulations.)

1011. TRAINING

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1. General. Continuous training of medical personnel and Marines is of the utmost importance and is a responsibility of persons at all levels. Viable training programs will be developed and executed in-garrison and in the field. During periods of deployment, intensified didactic training programs, briefings and demonstration sessions will be conducted with the

emphasis of the training being placed on subject areas in which deficiencies have been previously noted. Particular areas to which intensified training should be applied are the Combat Livesavers Course, Tactical Combat Casualty Care, first aid, buddy aid, personal hygiene, field sanitation, first aid and decontamination procedures for NBCD casualties, USMC essential subject training, IFAK, QUICKCLOT and prerequisites for advancement in rating.

2. In-service Training. Reference (k) provides guidance for the continuous in-service training of Hospital Corps personnel as required by the Manual of the Medical Department. The fixed medical treatment facility which supports the operational forces may provide in-service training in conjunction with their medical in-service training program while Wing Hospital Corpsmen are in garrison. General military training requirements are contained in reference (l). It is the unit Commander's responsibility to ensure all Navy medical department personnel are provided the training necessary to guarantee the highest level of medical readiness.

3. Troop Training (Medical). Instruction of all non-medical personnel in self aid, buddy aid, IFAK, QUICKCLOT and first aid cannot be over emphasized. Use of all available training aids should be made to assist in ensuring that a full spectrum of paramedical experience is obtained. The tendency to train personnel to meet required Essential Subjects Testing and Marine Corps Combat Readiness Evaluation System goals is inherent to any training program; however, training programs for non-medical personnel should not be limited solely to required areas and must also encompass such topics as Suicide Awareness and Prevention, AIDS/HIV Awareness, and Prevention and Alcohol and Drug Abuse.

4. Training Records. Each unit shall maintain appropriate records of all training scheduled and training actually conducted, with notations listing authority for cancellation or rescheduling. These records will be maintained per the current directives.

HEALTH SERVICES SUPPORT FOR 2D MARINE AIRCRAFT WING

1012. INDOCTRINATION. The Field Medical Service School provides a curriculum in field medical support for all medical department personnel. While this provides an invaluable knowledge base, additional indoctrination of medical personnel is required upon reporting to 2d MAW.

1. Indoctrination Program. Per reference (m), an indoctrination program will be established for Wing medical personnel at MCAS Cherry Point, New River and Beaufort which will include, at a minimum, the subjects listed below. The 2d MAW Command Master Chief is responsible for ensuring a functional indoctrination program exists at each 2d MAW geographical location.

- a. Alcohol Awareness Program.
- b. U.S. Marine Corps customs.
- c. Chain of Command.
- d. Staff functions and procedures.
- e. Suicide Awareness/Prevention.
- f. Uniform Regulations.
- g. Sexual Harassment Training.
- h. Navy Rights and Responsibilities.

2. Source Material. References (b), and (n) through (q).

1013. MEDICAL AUGMENTATION. In the event of actual or imminent operational deployment of 2d MAW units which require augmentation of medical personnel, this Headquarters (Wing Surgeon) shall transmit requirements by priority message to MARFORCOM information copies to CNO, CMC, BUMED, COMNAVPERSCOM and FLEETFORCOM.

1. Requirements. Augmentation requirements shall be predicated and filled per the following criteria:

a. On board strength versus T/O, including specific technical billets to be filled.

b. Augmentation requirements shall be requested in two categories:

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(1) Immediate requirements. Requirements for certain technical or specialist ranks or ratings which are not available locally and without which, the initial deploying forces would be unable to fulfill their medical mission.

(2) Contingency requirements. Personnel are needed to staff additional forces which are placed on alert or contingency status and which may be deployed at a later date. Contingency requirements will be clearly identified by grade/rating and Naval Officer's Billet Classification and Naval Enlisted Classification with the estimated date augmentation will be required.

2. Consolidated requirements. Immediate and contingency requirements may be incorporated in the same message when the situation so indicates, provided each category is clearly identified.

3. Format. Requests for augmentation shall be submitted in the format shown in figure 1-1.

UNCLASSIFIED

RAAUZYUW 3191630-UUUU-

ZNR UUUUU

R 152130Z NOV 94 ZYB

FM CG SECOND MAW//WMED/G-1//

TO COMMARFORLANT//G-1/G-4/MED//

INFO CNO WASHINGTON DC//JJJ//

CMC WASHINGTON DC//HS//

CINCLANTFLT NORFOLK VA//JJJ//

BUPERS//407C//

BUMED//27//

NAVMEDMATSUPPCOM PHILADELPHIA PA//JJJ//

EPMAC NEW ORLEANS LA//JJJ//

BT

CLASSIFICATION //NO6440//

MSGID/GENADMIN//

SUBJ/PERSONNEL AUGMENTATION REQUEST//

POC/(LIST NAME)/(RANK)/DSN(LIST)/COMMAND NAME/DSN(LIST)//

RMK/CITE WARNING ORDER, TASKING ORDER, OR MOBILIZATION ORDER AS APPLICABLE

1. REQUEST FOLLOWING PERSONNEL AUGMENTATION TO (UNIT UIC):

A. (LIST PERSONNEL REQUIREMENTS NEEDED IMMEDIATELY, LIST SPECIFIC GRADE, RATING, NOBC OR NEC AS NECESSARY AND NUMBER REQUIRED).

EXAMPLE:

LCDR, 2100/0214-2

HM3, 8404-46

B. AS AN ALTERNATIVE PROCEDURE, A MOBILIZATION REQUEST MAY REQUEST THAT THE UNIT BE BROUGHT TO M+1 (T/O) MANNING.

C. (LIST PERSONNEL REQUIREMENTS NEEDED TO STAFF FOLLOW-ON UNITS PLACED ON ALERT BUT WHICH ARE NOT REQUIRED IMMEDIATELY. IF THE REQUIREMENT IS FOR A POSSIBLE REINFORCEMENT OF A DEPLOYED UNIT, A REQUEST TO PLACE PERSONNEL ON ALERT FOR POSSIBLE MOVEMENT CAN BE MADE.)

2. REPORTING INSTRUCTIONS:

A. PERSONNEL ARE TO REPORT TO (GIVE EXACT LOCATION, INCLUDING BUILDING NUMBER OR NAME).

B. TIME PHASING

(1) PERSONNEL REQUESTED PARA 1A ARE TO REPORT NOT LATER THAN (GIVE TIME/DATE).

(2) PERSONNEL REQUESTED PARA 1B ARE TO REPORT NOT LATER THAN (GIVE TIME/DATE) (OR WITHIN 24 HOURS OF SUBSEQUENT REQUEST).

(3) POINT OF CONTACT (GIVE NAME, COMMERCIAL AND DSN TELEPHONE NUMBER).

BT

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Figure 1-1.—Sample Format of a Medical Augmentation Request.

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CHAPTER 2

MEDICAL SERVICE

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CHAPTER 2

MEDICAL SERVICE

2000. GENERAL. When deployed, medical service is the responsibility of the unit commander. The unit medical officer or senior medical officer department representative (SMDR), if assigned, under the direction of the Commanding Officer, shall exercise technical supervision over all medical department functions, including prevention and control of diseases; treatment, care and evacuation of the sick and injured; preparation, maintenance, and preservation of medical records; professional and military training of medical personnel; and troop training. As the principal medical advisor, the unit medical officer or SMDR must keep informed of the commander's mission requirements, keep the commander appraised of current developments and requirements of the medical department, and make appropriate recommendations regarding the health and welfare of the command. Accordingly, the unit medical officer or SMDR shall be included in planning conferences and intelligence briefings. Unit medical personnel will acquaint themselves with the additional provisions of reference (a), this Manual and other pertinent directives for guidance in carrying out their general medical duties.

2001. DUTIES AND RESPONSIBILITIES. Duties and responsibilities of Medical Staff Officers and section heads are as follows:

1. Wing Surgeon. The Wing Surgeon will be an Aerospace Medicine Specialist (NOBC 0163); a special staff officer responsible to the Wing Commander for the supervision of the medical services within 2d MAW, and the recommendation of appropriate measures for promoting the health and readiness of all Wing personnel. Additional responsibilities include:

a. Supervision of all Wing medical activities, including the care, treatment, and evacuation of the sick and injured, and the professional instruction of medical personnel.

b. Providing assistance in achieving the highest level of combat effectiveness by training flight personnel in the human factors related to specific aircraft weapons systems and by applying the skill and knowledge of Wing flight surgeons to ensure that all personnel assigned duties involving flying are physically and aeronautically adapted for the efficient execution of their duties.

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c. Maintaining cognizance on matters concerning hygiene and sanitation to include nutrition, sanitary standards of living spaces, sewage disposal, insect and rodent control, immunizations, venereal disease control, epidemiological matters, and medical aspects of NBC defense.

d. Preparation and preservation of records of illness and injury for the information of higher authority for use in future planning, and for assistance in the future adjudication of claims.

e. Supervision of all public health measures in occupied territory.

f. Training of all personnel of the medical department and supervising the training of all command personnel in hygiene, military sanitation, and first aid.

g. Within the parameters of higher directives, the assignment and reassignment of medical personnel within the Wing organization.

h. Ensuring that required records are retained and reports submitted.

i. Interpretation and evaluation of known reports or suspected attacks with nuclear, biological, or chemical (NBC) warfare agents. Additionally, provide advice to the Wing Commander on the medical aspects of NBC agents and ensure provisions are made for decontamination of NBC casualties requiring medical or surgical care by Wing field medical facilities.

j. Direct Quality Assurance and Credentialing Programs.

2. Wing Medical Administrative Officer. The Wing Medical Administrative Officer shall be a Medical Service Corps Officer with the primary NOBC of Plans, Operations, Medical Intelligence with a subspecialty in Healthcare Administration. He/she will function as the assistant to the Wing Surgeon and will normally serve as Wing Medical Personnel Officer, Wing Medical Logistics Officer, Plans and Operations Officer, Medical Intelligence Officer, and any other duties and responsibilities as assigned by the Wing Surgeon.

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3. Medical NBCD Officer. An officer of the Medical Corps, as designated by the Wing Surgeon, will function as the Wing Medical NBCD Officer. The incumbents will review the medical aspects of NBC procedures, keeping the Wing Surgeon advised concerning these needs, and maintain, in cooperation with the Wing NBCD Officer, a continuing program for the development of plans and procedures for handling NBC casualties.

4. Group Surgeon. Medical Corps officers of the Wing's major subordinate units have similar functions and responsibilities to those of the Wing Surgeon as applicable to their units.

5. Squadron Medical Officer. Medical Corps officers assigned to tactical squadrons have functions and responsibilities similar to those of the Wing Surgeon, as applicable to their units.

2002. MEDICAL ADVICE AND ASSISTANCE

1. The Wing Surgeon's office is always available for advice concerning medical personnel and medical matters within 2d MAW.

2. The direct availability of the Wing Surgeon and his office for advice and assistance shall not be construed as permitting medical personnel to disregard the chain of command, nor as relieving them of their responsibility for keeping their immediate superiors informed of their actions. However, efficient technical medical support requires that the Wing Surgeon and his office be kept intimately informed in all matters relating to medical service and Navy personnel management.

3. The Wing Surgeon's office shall be immediately informed of all events, situations, or problems of a nature that may affect the medical readiness of a unit or the Wing, or which requires a response by medical personnel.

2003. PERSONNEL RELIABILITY PROGRAM

1. Reference (r) delineates the procedures for screening, reviewing, and marking health records of personnel assigned to duties under the Nuclear Weapons Personnel Reliability Program (PRP). Commanding Officers shall furnish the name of each individual to be assigned to a reliability billet to the appropriate medical records section in order that the individual's medical record may be reviewed to ascertain no indication of mental or emotional disturbance exists which would preclude assignment to such duties. When, as a result of screening, clinical evaluation is indicated, the individual

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unit commander will determine acceptability or non-acceptability of such individuals based on the results of clinical evaluation.

2. A NAVPERS Form 5510/1, Record Identifier for Personnel Reliability Program, shall be placed in the front of the health record per reference (r).

3. Medical personnel shall maintain close liaison with unit PRP officers in order to facilitate the operation of the program, accurate identification of personnel assigned PRP duties, and proper monitoring of PRP personnel.

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CHAPTER 3

MEDICAL PLANNING

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CHAPTER 3

MEDICAL PLANNING

3000. GENERAL. Medical support includes all aspects of medical and para-medical service, in garrison, on exercises, on deployment for contingencies and during actual combat operations. All deployed units will have written medical plans appropriate to their mission, including coordination procedures with supporting ships or stations. Copies will be provided to the Wing Surgeon's office for retention. Medical planning shall be accomplished by the unit's medical officer or SMDR if no medical officer is assigned, developed consistent with and in conjunction with other planning, and coordinated with the Wing Surgeon, AC/S(G-4) and unit S-4. Accordingly, the unit medical officer or SMDR should be included in all planning conferences. References (b), (n), and (q) provide guidance, planning data, staff procedures, and proper format for writing the medical plan. Medical plans should be reviewed periodically and updated as necessary.

3001. CONTINGENCY OPERATIONS/LIMITED WAR/GENERAL WAR. Upon alert/warning for possible contingency deployments, determination of the requirements for medical personnel and supplies will be calculated and forwarded, by the unit commander based upon the advice of his/her medical officer.

3002. EXERCISES. Medical planning for exercises will be conducted as thoroughly as for actual operations, consistent with the exercise objectives and commander's guidance. During exercises, unit commanders and their staff medical officers are encouraged to concurrently develop improved tactics and techniques in combat medical support with operational and logistical methods being developed under the modern concept of amphibious operations. New concepts of medical support, thoroughly studied and developed in proper form, shall be submitted to the Commanding General (MED) via the chain of command.

3003. MEDICAL SUPPORT INCIDENT TO A NUCLEAR ACCIDENT. The unit medical officer, under the commanding officer, will be prepared to take appropriate action incident to a nuclear accident. Reference (s) provides guidance in the initial management of irradiated and radioactively contaminated personnel.

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3004. MEDICAL PLAN FOR CASUALTY OVERLOAD. Medical plans will be prepared to provide for casualty overload situations. Such situations occur when the number of casualties and their required treatment is so great that the capability of a medical facility to adequately treat patients is temporarily compromised. Casualty overload may occur at one or more medical facilities simultaneously and must be differentiated from mass casualty situations where the numbers of casualties overwhelm all treatment facilities in the area and in the immediate rearward evacuation destinations to such a degree that priority of treatment is based almost solely upon the probability of a casualty's survival.

The plan will assume that:

1. All patients requiring treatment beyond the evacuation policy will be evacuated.
2. Medical capability of other field medical facilities in an area of operation will not be withdrawn in support of a casualty overload situation unless ordered by higher authority.
3. Plans will provide for a simple, rapid means of communications to expedite assembly and movement of medical resources to a unit experiencing patient overload.
4. As a general policy and in order to maintain flexibility to meet casualty situations, the medical organization of the unit will endeavor to retain the minimum casualties for treatment that is consistent with the evacuation policy.
5. Planning for special types of warfare shall include a continual training program for all medical personnel with particular emphasis placed on the management of mass casualties. Attention is invited to references (s) through (u).

3005. CIVIL AFFAIRS. Medical care assumes an important role in civil affairs/civil action programs. Medical participation in these programs is encouraged and will be defined in the Civil Affairs Annex to the Operating Plan (OPLAN)/Operating Order (OPORD) for both exercises and operations. Unit medical officers will coordinate their actions with the Civil Affairs Officer in both planning and execution phases and shall keep the Commanding Officer and Civil Affairs Officer cognizant of the capabilities and limitations of the medical sections in respect to civil affairs. Data of all civil affairs medical expenditures shall be maintained for future operational and budgetary planning.

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3006. CARE OF ENEMY PRISONERS OF WAR (EPW) AND CIVILIAN DETAINEES. The Geneva Conventions imposes an obligation to provide care for all military and civilian persons, injured as a result of military operations. The provision of care to EPW's and civilian detainees is of particular concern. Medical care shall be provided to injured and sick personnel in these categories without adverse distinctions on the basis of their nationality, sex, race, religion, political opinions or similar criteria. Sick and injured members of opposing forces shall not be left without medical care and assistance or subjected to torture or to biological experiments. Priority in the order of treatment is justified only by urgent medical reasons. A statement of this policy shall be included in the Medical Annex of all OPLAN/OPORDs. Further, medical planners will make provisions for the care of EPW's and civilian detainees in the custody of their units. Maximum use of captured medical supplies will be made in the treatment of EPW's and civilian detainees. Retained medical personnel of the opposing forces are to be employed to the maximum extent possible in such health service support duties as caring for EPW patients, preferably those of their own armed forces.

3007. PRE-DEPLOYMENT MEDICAL OPERATIONS PLANNING. The unit medical officer or assigned Senior Medical Department Representative shall ensure that adequate medical planning and preparation is completed prior to every deployment/exercise to ensure optimum medical support for the operation/exercise. The responsible officer shall:

1. Develop a Concept of Operation. To ensure that medical support conforms with tactical plans and policies of the deployment/exercise, the medical officer must be aware of all aspects of the deployment/exercise including; deployment/exercise location and duration, number of participating personnel, intensity and profile of the operations/exercise, command structure and key personnel, and command policies. This information can be gained only by attending staff meetings and participating in all phases of the deployment/exercise planning.
2. Collect Medical Intelligence. Information concerning diseases and conditions endemic to the area; dangerous plant, animal and marine life indigenous to the area; medical support available in the civilian community; and environmental conditions may be obtained from the Armed Forces Medical Intelligence Center (AFMIC), Navy Environmental and Preventive Medicine Units (EPMU), communication with personnel/agents in the operations/exercise area, and colleagues who have previously deployed to the site.

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In addition, past After Action Reports will provide information on unique conditions or situations that have occurred in the past, types of illness and injury that can be expected, and recommendations for needed supplies. Medical staff shall pursue all available sources of medical intelligence to ensure that optimum planning and preparation is achieved.

3. Formulate Preventive Medicine Considerations. In order to conserve the combat efficiency of the deploying unit, a continuous and dynamic Preventive Medicine Program shall be implemented. Individual and unit preventive medicine measures shall be formulated based on an assessment of the health threats identified from EPMU's, AFMIC, and any other planning activity.
4. Perform Health Record Screening. Medical staff shall ensure that a thorough review of the medical records of deploying personnel is performed to determine the medical readiness of each individual. Each record will be screened for completeness and accuracy with special attention given to; immunizations, allergies and medical warning tags, G6PD, Sickle Cell, Blood type, DNA reference specimen collection, current eyeglass prescription, gas mask inserts, chronic medical problems and disposition and special medications. Dental records shall also be reviewed to ensure that all deploying personnel are either Class I or II. Easily correctable medical or dental deficiencies should be taken care of immediately.
5. Assess Unit Health Status. Medical staff shall make an assessment of each deploying individual's health. Any medical deficiency that cannot be corrected and that may affect the safe and effective performance of the individual while deployed shall be brought to the attention of the Commanding Officer with a recommendation that the individual be considered unfit for the deployment. Medical recommendations of fitness shall be based on the standards established by the Manual of the Medical Department and the judgment of the unit medical officer. Individuals identified as not fit for deployment should be the subject of a formal Limited Duty Medical Board.
6. Develop Medical Care and Evacuation Plans. It is the responsibility of the medical staff to ensure the highest possible quality of medical care is provided during the deployment/exercise. This requires planning for diagnosis and treatment of routine medical problems, mass casualty triage, initial management of serious illness and injury, and the routine and emergency evacuation of patients to supporting medical facilities.

HEALTH SERVICES SUPPORT FOR 2D MARINE AIRCRAFT WING

7. Request Medical Supplies and Equipment. For exercises and normal operations a written request for medical supplies and equipment should be submitted via the chain of command four to six weeks prior to deploying to ensure all requested items can be requisitioned. Determination of supplies needed shall be based on current medical intelligence, After Action Report recommendations, recommendations of experienced colleagues, and the assessment of the unit health status. Careful consideration shall be given to embarkation restrictions and the clearly established need for each item.

8. Provide Mission Specific Medical Training for Medical and Unit Personnel. The unit medical officer shall conduct or supervise the education of all unit personnel on the anticipated health threats, including preventive medicine measures recommended. Aircrews shall be given aero-medical briefs specific to planned flight operations. Medical personnel should be thoroughly familiar with all aspects of the medical operation plan, especially the identified health threats and preventive medicine considerations.

9. Prepare the Medical Operations Plan. The Medical Operations Plan OPLAN shall be prepared as noted in figure 3-1. The Medical OPLAN outlined in this Manual is general information that is required and should not be confused with any Medical OPLAN contained in any doctrinal publication (i.e., MCDP 6, FMFM 4-5).

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The Medical OPLAN is a planning document which the medical officer submits to the unit commander in advance of a deployment/exercise. Its purpose is to formally advise the commanding officer about preventive medicine and occupational health considerations.

The body of the Medical OPLAN is presented in sections as outlined below. All paragraphs may not be appropriate in all cases, nor need they necessarily occur in this Manual.

1. Purpose. A general statement about "promulgating information about medical department policies pertaining to the upcoming deployment to wherever on whatever dates..." etc. usually just a sentence or two will suffice.
2. Medical Personnel. Name yourself, any other medical officers who may be accompanying you, and any corpsmen who are assigned to your unit.
3. Medical Facilities. If you are deploying to another base where there is a fixed facility (branch clinic, flight line clinic, aid station, etc.) then describe it and its capabilities here. If you are planning to set up your own sick call spaces in a tent, hangar or other area, then describe the amount of space, and any additional equipment you may need.
4. Medical Supplies. This section may be pertinent if you are going to where there is no fixed facility or, particularly, no military pharmacy. It will give the embark personnel an estimation of how much pallet space will be required for the medical department.
5. Medical Operations. In this section, tell the CO exactly how you intend to operate. State when and where sick call will be held and what conditions will be handled (ie: laboratory capabilities, expertise or equipment available to treat sprains and fractures, etc.) Describe how after-hours emergencies and coverage will be provided. Describe whether dental care will be provided. Be sure to include a statement about the transportation and storage of health records, if applicable.
6. Medical Support and Evacuation. This paragraph is applicable when you are deploying to a relatively remote locale where you are the only medical provider, or if there is a military (or other) medical facility nearby to back up your clinic. List the

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available hospitals that might provide specialty consultation or inpatient care. It might be useful to briefly detail the capabilities of these supporting hospitals as well (i.e. small vs. large tertiary care hospital; types of specialists available, etc.). If none are going to be in the immediate vicinity, then explain what contingencies have been made for MEDEVACS/CASEVACS.

7. Preventive Medicine Considerations. Discuss any condition peculiar to the planned deployment/exercise which could potentially affect the health or readiness of the unit: environment in the operating area, presence of endemic diseases or biological hazards, need for particular immunizations, etc. A few lines about the hazards of self-imposed stressors are frequently justified, since often the most significant medical problems result from preventable accidents, carelessness on the job, and off-duty excesses. This is also where something is said about occupational safety and suggestions about work/liberty schedules.

8. Expected Morbidity. Sometimes it is possible to anticipate the kinds of medical problems to be faced based on where you are going (e.g. heat/cold related injuries, sexually transmitted diseases (STD), etc.). More often one doesn't expect major occurrences, however, and this section may be extraneous.

9. Pre-deployment Planning. Indicate the health records have been screened, immunizations administered, aero-medical briefs given, training corpsmen have received, and anything else accomplished in preparation for the deployment.

10. Summary. Reemphasize the high points of the plan. Be sure to emphasize the need for command attention to safety considerations such as troop education programs, enforcement of safety policies, and so forth.

It will usually be appropriate to send info copies of the Medical Operations Plan to other cognizant department heads in the squadron (e.g. Ops, Logistics) as well as to the Senior Flight Surgeon, Wing Surgeon and the Wing Training and Education Officer. The latter individuals should, in any case, receive their copy as an enclosure to the After Action Report.

Figure 3-1.--Sample Format for Medical Operations Plan--Continued.

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CHAPTER 4

PREVENTIVE MEDICINE AND SANITATION

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CHAPTER 4

PREVENTIVE MEDICINE AND SANITATION

4000. GENERAL. Preventive medicine and sanitation are command responsibilities. The unit medical officer or SMDR shall supervise all preventive medicine and sanitation functions, keeping the unit commander apprised of all situations detrimental to the health of the command. In addition to the environmental hazards usually associated with field conditions, certain areas present special hazards which may affect the health of the command. The unit medical officer or SMDR shall recommend corrective or protective measures to the unit commander for these situations and ensure that all personnel are adequately indoctrinated in appropriate protective or remedial measures.

4001. IMMUNIZATIONS. Basic immunizations required for Fleet Marine Force personnel are contained in reference (v). Additional immunization requirements may be promulgated by BUMEDNOTE, message or directives from area, Fleet or Environmental Preventive Medicine commanders. All personnel assigned to 2d MAW will have a current and properly completed International Certificate of Vaccination (PHS-731) filed on top of the SF-601 in the member's health record.

4002. MALARIA CONTROL. 2d MAW units subject to operate in a malaria endemic area shall ensure all assigned personnel receive instruction in the nature and transmission of the disease, symptoms, and individual protective measures. Unless superseded by more current or specific guidance, chemoprophylaxis will be administered in accordance with reference (w).

4003. TUBERCULOSIS CONTROL. Reference (x) provides the current policy on tuberculosis control, program of screening, preventive therapy, case identification and treatment, and contact investigation to control active cases among members of the Navy and Marine Corps. It is the responsibility of each unit commander to ensure compliance with the reference for an effective tuberculosis control program.

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4004. WATER SUPPLY. The unit medical officer or SMDR, assisted by preventive medicine technicians, is responsible for advising the commanding officer and engineering officer on water sanitation and water discipline. Chapters 5, 6, and 9 of reference (y) provide detailed information on water sanitation.

1. All field water supplies are considered contaminated unless approved by proper medical authority.

2. Results of daily chlorine residual tests of field water supplies will be recorded and reported to the unit medical officer.

4005. HEAT CASUALTIES. Heat casualty control and reporting will be per reference (z).

4006. SEXUALLY TRANSMITTED DISEASE. Reference (aa) requires all commands establish a continuing program to effectively indoctrinate personnel in the nature and danger of sexually transmitted diseases (STD's) to include the administrative and medical aspects. Unit medical officers are encouraged to consult with local public health agencies to determine the types, prevalence, resistance patterns and recommended treatment protocols for STD's that may be encountered in normal operating areas. Reference (bb) establishes policy for the identification, surveillance and administration of military members with HIV.

4007. DISINFESTATION OF AIRCRAFT. Disinfestation of aircraft will be carried out pursuant to reference (cc). Reference (dd) provides detailed instructions on the materials and methods to be used.

4008. INSPECTION OF FOOD SERVICE PERSONNEL AND AREAS. Chapter 22, Manual of the Medical Department sets forth the responsibility of medical department personnel to conduct inspections of food, food service facilities, and food service personnel. A written report of such inspections shall be submitted to the commanding officer of units inspected using NAVMED Form 6240/1, Report of Food Service Inspection. Attention is invited to reference (y) Chapter 1, for further information on food service or sanitation inspections.

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4009. MEDICAL INTELLIGENCE. Unit medical officers deployed to overseas areas may be required to contact U.S. Naval Attaches or District Intelligence Officers in U.S. Territories for briefing in regard to medical intelligence requirements in the area. When it is determined that a matter has value as medical intelligence, the medical officer will inform the unit intelligence officer (G-2/S-2) to determine reporting procedures. Medical officers preparing plans shall make use of all available intelligence. Medical intelligence can be obtained through the unit G-2/S-2, the Office of the Wing Surgeon (Attn: Preventive Medicine Technician), or the Armed Forces Medical Intelligence Center, Fort Detrick, Maryland.

4010. NAVY ENVIRONMENTAL AND PREVENTIVE MEDICINE UNITS. Navy Environmental and Preventive Medicine Units (EPMU's) are available for technical advice and assistance as outlined in reference (ee). Request for EPMU assistance will be made by the command concerned, via the Commanding General, 2d Marine Aircraft Wing (MED) to Commander, Marine Forces Atlantic (MARFORCOM, ATTN: Force Surgeon). Units on extended deployment are authorized direct liaison, but must send an information copy to this Command.

4011. DISEASE ALERT REPORTS. Disease Alert Reports shall be submitted per reference (ff) to the Officer in Charge of the cognizant Naval EPMU with information copies provided to this Command and MARFORCOM (Attn: Force Surgeon).

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CHAPTER 5

MEDICAL EQUIPMENT AND SUPPLIES

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CHAPTER 5

MEDICAL EQUIPMENT AND SUPPLIES

5000. AUTHORIZED MEDICAL ALLOWANCE LISTS (AMAL). The minimum types and quantities of equipment or supplies (an allowance) required to establish or support a specific health care function, such as an aid station under combat/deployed conditions is an AMAL. The lists are established by CMC and promulgated by Naval Medical Logistics Command, FT Detrick, MD. Equipment AMAL's provide the equipment necessary to perform a function; consumable AMAL's provide the consumable supplies necessary for the use of the related equipment AMAL to support a predetermined workload.

1. Requirements. As directed by this Headquarters or higher authority, units deploying to a combat environment will deploy with all assigned equipment and consumable AMAL's.

2. Maintenance. When medical supplies and equipment assets are placed in the custody of the group or squadron commander, the following guidance shall apply:

a. All AMAL's will be subjected to internal management practices which will ensure timely removal and replacement of dated/shelf-life items. Procedures will be established for routine, periodic inspections/inventories of all AMAL's. Sterile surgical packs will not be routinely opened for inventory unless sterility is due to expire.

b. Modularized AMAL's will be maintained in a ready to use condition except during inventory/maintenance cycles.

c. Broken, deteriorated, or otherwise unusable items will be considered as "shortages" and will be replaced.

d. All items in modularized AMAL's will be packed to reduce occurrence of breakage.

3. Property Exchange. All echelons in the chain of command will practice property exchange.

4. Defective Material. All suspected defective material will be reported in compliance with the current edition of reference (gg).

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5001. AMAL CHANGE RECOMMENDATIONS. Recommendations for change to the composition of AMAL's may be made by any individual. Such recommendations should identify desired additions, substitutions, or deletions by both NSN and nomenclature and should provide justification for each recommended change. All change recommendations will be forwarded via the chain of command for comment.

5002. CENTRALIZED AMAL MANAGER. 2d Medical Logistics Company, 2d Supply Battalion, Combat Logistics Regiment 25, 2d Marine Logistics Group is the centralized manager for all AMAL's within 2d MAW. All requests for, reports and recommendations concerning AMAL's will be routed through, and coordinated by, 2d Medical Battalion per reference (gg) via the chain of command.

5003. AUTHORITY FOR EXERCISE USE OF AMAL's. Chapter 12 of reference (hh), defines AMAL's as mount out material. Thus, they are War Reserve Stock (WRS) and further classified as Propositioned War Reserve Material Requirements (PWRMR). The peacetime issue of WRS is stringently controlled. Authority to issue stocks owned and held by FMF units is limited, by paragraph 0109 of reference (hh) to the Force Commander. Because of the negative effect of this restriction on the training of FMF medical personnel and on the continuing review of AMAL's, the Commander, Marine Forces Command, Atlantic has authorized issuance and exercise utilization of AMAL WRS for authorized training evolutions subject to the following caveats:

1. AMAL's used in training will be inventoried before and after each exercise by the Responsible Officer (RO), who shall be of the pay grade E6 or above.
2. Lost, unserviceable or consumed items will be replaced at the expense of the requesting unit.
3. To ensure AMAL's are reconstituted to A-1 (100%-90% attainment level) condition as soon as possible, inventories will be completed and all missing, used, damaged or expired items will be replaced or requisitioned within ten days of return from the exercise.
4. Funding for use of AMAL's must be managed within current authorized funding and is the responsibility of the requesting unit.

5004. AMAL-699 SICKCALL BLOCK. AMAL-699 is not WRS and therefore not subject to the requirements of PWRMR.

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These AMAL's are no longer maintained by the Medical Logistics Company. Accordingly, eight have been issued to 2d MAW for maintenance, issuance and utilization.

1. Each Marine Wing Support Squadron (MWSS) shall maintain two AMAL-699 blocks for issuance to requesting units for the purpose of field operations and training exercises. AMAL-699s will not be requested, nor will they be issued, for major deployments such as the Unit Deployment Program (UDP).

2. Units requesting an AMAL-699 will, in writing, submit to the MWSS supporting their group, via (1) Office of the Wing Surgeon, and (2) Marine Wing Support Group (MWSG) 27, 14 days prior to inventory date, the following information:

a. The dates the AMAL will be held by the requesting unit.

b. The Limited Technical Inspection (LTI) and pick-up dates.

c. The Responsible Officer.

3. Requesting units are responsible for the timely return (within ten days) of the AMAL-699 to the supporting MWSS upon completion of the mission for which the AMAL was requested.

4. Following inventory, using units will submit all budgetary requests, associated with reconstitution to A-1, to the MWSG-27 S-4 Officer.

5. Maintaining units (MWSS) will conduct an annual (preferably semi-annual) inventory in order to determine shelf-life, efficacy and expiration of medications and to ensure the AMAL is at its highest attainable level. Medical personnel will assist in the annual/semi-annual inventory as their degree of medical expertise warrants their participation and assistance.

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CHAPTER 6

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CHAPTER 6

REPORTS

6000. GENERAL. Reports required by Chapter 23, Manual of the Medical Department and by other directives of this or higher Headquarters shall be consolidated by the Wing Surgeon for submission.

6001. MEDICAL PERSONNEL STATUS REPORT. A letter report of medical personnel status will be submitted to the Wing Surgeon not later than the fifth day of each month. The report will be in the format shown in figure 6-1 and will be current as of the last day of the preceding month. Report control symbol 2dMAW-6000-01 is assigned to this report. The senior medical officer from each group is responsible for the submission of this report.

6002. DEPLOYMENT MEDICAL STATUS REPORT

1. Background. Marine Forces Atlantic receives frequent queries from higher authority concerning the medical capabilities of deployed 2d MAW units. Due to the tempo of operational and training deployments undertaken by 2d MAW units, a standardized reporting system will be established to obtain data on the medical capabilities of deployed units.

2. Action. Upon deployment outside of the continental limits of the United States, the unit commander will provide a one time message report of the unit's medical capabilities to MARFORCOM (Attn: Force Surgeon) with an info copy to this Command using the format shown in figure 6-2. Report Symbol 2dMAW-6000-02 is assigned to this report.

6003. MEDICAL POST-DEPLOYMENT/AFTER ACTION REPORT

1. Background. Training exercises and operational deployments provide opportunity to develop new concepts of medical support, refine existing procedures, and to gain experience with equipment and supplies.

New lessons are learned, old lessons are relearned; and recommendations for changes to doctrine, organization, equipment, personnel and supply complements are frequently conceptualized. To accumulate a body of information relating to lessons learned, conditions at specific locations, and proposed or possible changes to the medical support organization, information from the

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medical personnel of all units engaged in training exercises or operational deployments are desired.

2. Action. Within 10 working days of each significant field training evolution, upon return from deployment, or following withdrawal from contingency/operational commitment, unit medical officers or SMDRs shall prepare and submit an after action report to COMMARFORLANT via their chain of command. A format similar to figure 6-3 is suggested. Report Symbol 2dMAW-6000-03 is assigned to this report.

6004. MEDICAL QUALITY ASSURANCE REPORT

1. Background. It is the goal of the 2d MAW medical staff to provide the highest possible quality of care utilizing available resources. Higher authority directs the establishment of a Medical Quality Assurance Program which includes standards and procedures for evaluating medical services and credentialing or certifying providers to ensure that the care rendered is consistent with acceptable standards of medical practice.

2. Action. All 2d MAW activities, whether in-garrison, on field training exercises or deployed, shall comply with reference (ii). The Wing Surgeon is responsible for the organization and implementation of the 2d MAW QA Program. A format similar to figure 6-4 is suggested.

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Letterhead

SSIC
Originators
code
Date

From: Commanding Officer, (unit)
To: Office of the Wing Surgeon, 2d Marine Aircraft Wing

Subj: NAVY PERSONNEL STATUS REPORT FOR THE MONTH OF _____
ENDING 2400, _____

Ref: (a) WgO 6000.1K

1. Per the reference, the following is submitted:

a. Strengths:

<u>Corps</u>	<u>AMD Billets Authorized</u>	<u>NMP</u>	<u>Current Onboard</u>
MC			
MSC			
HM			
PN			
DK			

b. Personnel:

<u>Name</u>	<u>Rank</u>	<u>NEC Desig</u>	<u>PRD</u>	<u>EAOS</u>	<u>Unit Assigned</u>
Last name, FI, MI	LT	2100	9510	Indef	MWSS-271

c. Projected Losses through P9:

(list as above in paragraph 1b.)

d. Projected Gains through P9:

(list as above in paragraph 1b.)

e. Reenlistment Statistics:

<u>Term</u>	<u>Number Eligible</u>	<u>Number Reenlisted</u>	<u>Gross %</u>
1 st	0	0	0
2 nd	2	1	50
Career	1	1	100

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2. Point of contact for all manpower issues is _____ at DSN:_____.

Figure 6-1.--Sample Medical Personnel Status Report.

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UNCLASSIFIED

RAUZYUW 3181630-UUUU-
ZNR UUUUU
R 142130Z NOV 94 ZYB
FM CG SECOND MAW//WMED//
TO COMMARFORLANT//JJJ//
BT
UNCLAS //NO6000//
MSGID/GENADMIN//
SUBJ/DEPLOYMENT MEDICAL STATUS REPORT//
REF/A/DOC/FORO P6000.1/09SEP91//
POC/(LIST POINT OF CONTACT)/RANK/PHONE NUMBER/UNIT/UNIT PHONE
NUMBER//
1. UNIT: (REPORT EACH SUBORDINATE UNIT/COMPONENT HAVING MEDICAL
CAPABILITY)
USN OFFICERS: 2100/# ATTACHED
2200/# ATTACHED
2300/# ATTACHED
2900/# ATTACHED
USN ENLISTED: HM?/NEC/# ATTACHED
DT?/NEC/# ATTACHED
AMALS: AMAL NUMBER/QUANTITY
2. MMART ASSETS ATTACHED:
MMART DESIGNATION:
USN OFFICERS: (Report as above)
USN ENLISTED: (Report as above)
BT

NNNN
The above is an example. (Use message text format and
appropriate security classification.)

Figure 6-2.—Sample Deployment Medical Status Report.

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Classification

From: Commanding Officer, (unit)
To: Commander, U.S. Marine Corps Forces, Atlantic
(Attn: Force Surgeon)
Via: Chain of Command

Subj: MEDICAL AFTER ACTION REPORT COVERING THE PERIOD _____
(Report Control Symbol 2d MAW-6000-03)

Ref: (a) ForO P6000.1 Series
(b) WgO P6000.1H

Encl: (As appropriate)

1. In accordance with the references, the following report is submitted.

2. General

a. Personnel assigned (submit roster if desired):

- (1) USMC Enlisted
- (2) USN Officer
- (3) USN Enlisted

b. Training (summarize in narrative form):

(1) Hospital Corps training

- (a) Professional training
- (b) General Military training
- (c) Other

(2) Troop training

- (a) First Aid/Self Aid/Buddy Aid training
- (b) Hygiene and Sanitation training
- (c) Other

(3) Training exercise participation (use narrative form; report significant medical exercise play).

(4) On-the-job training (use narrative form; report significant experience gained).

Figure 6-3. Sample Medical Post-Deployment/After Action Report

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c. Material and supplies (use narrative form and report significant findings):

(1) Organic material

(2) Medical material

(a) AMAL

(b) Sickcall Block

(3) Other

3. Preventive Medicine aspects (use narrative form; report significant findings or problems encountered):

a. Environmental factors

b. Sanitation

c. Food service

d. Habitability

e. Vector control measures

f. Immunizations

g. Sexually transmitted diseases

h. Other (hearing conservation, heat stress, cold weather)

4. Evacuation and hospitalization (use narrative; include evacuation or hospitalization support provided by external agencies outside of amphibious task force or deployed unit).

5. Problems encountered.

6. Other noteworthy or significant items (use narrative form and include aircraft mishaps).

7. Recommendations.

Figure 6-3. Sample Medical Post-Deployment/After Action Report - Continued.

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LETTERHEAD

SSIC

Originator code

Date

From: Chairman, (Echelon QA Committee)
 To: Commanding General, 2d Marine Aircraft Wing (Attn: Wing Surgeon)
 Via: (1) Chairman, Aid Station QA Committee
 (2) Chairman, MCAS QA Committee
 (3) Chairman, 2d MAW QA Committee

Subj: QUALITY ASSURANCE MINUTES FOR THE MONTH OF _____

Ref: (a) WgO P6320.4B

Encl: (1) Attendance Matrix
 (2) Problem Summary Reports
 (3) Medical Care Evaluation Reports
 (4) Focused Review Reports
 (5) Occurrence Screens and Management Variance Reports
 (6) Patient Satisfaction Survey Results
 (7) Aid Station SOP Changes
 (8) Aid Station Monthly Morbidity Report Summary
 (9) QA Meeting Minutes from lower echelon, if applicable
 (10) Medical Education and Training Activity Summary

(Format for enclosures (2)-(6) and (8)-(10) are found in WgO P6320.4B)

1. The meeting of the (echelon) QA Committee commenced at (time) on (date) at (location). Enclosures (1) through (whatever number) are submitted as documentation.
2. Old Business. Discuss all items of business which were unresolved at the last meeting. Include in this paragraph problems due for periodic review. A copy of the PSR/PRR tracking log may be enclosed as documentation of follow-up.
3. New Business. Use this paragraph to address new business which may include PSRs, monthly/quarterly MCE summaries, patient satisfaction survey summaries, occurrence screenings or management variance reports.

Figure 6-4. Sample QA Report

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4. Morbidity Reports. Each echelon shall review the morbidity statistics from deployed and in-garrison aid stations.
5. Continuing Education. Submit a summary of the monthly/quarterly medical training conducted at each facility/location.
6. There being no further business, the meeting was adjourned at (time). The next meeting will be held (give time, date and location).

(Chairman's Name)
(Rank, Corps, Branch)

Figure 6-4. Sample QA Report—Continued.

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APPENDEX A

LIST OF ACRONYMS AND ABBREVIATIONS

<u>LONG TITLE</u>	<u>ACRONYM/ABBREVIATION</u>
ACTIVITY MANNING DOCUMENT	AMD
ARMED FORCES MEDICAL INTELL CENTER	AFMIC
AUTHORIZED BILLETS	BA
AUTHORIZED MEDICAL ALLOWANCE LISTS	AMAL
BUREAU OF MEDICINE& SURGERY	BUMED
BUREAU OF MEDICINE& SURGERY INSTRUC	BUMEDINST
BUREAU OF NAVAL PERSONNEL	BUPERS
BUREAU OF NAVAL PERSONNEL INSTRUC	BUPERSINST
CHAIRMAN OF THE JOINTS CHIEFS OF STAFF	CJCSINST
CHEMICAL BIO IMMEDIATE RESPONSE FORCE	CBIRF
CHIEF OF NAVAL OPERATIONS	CNO
COMMANDANT OF THE MARINE CORPS	CMC
COMMANDER-IN CHIEF, US ATLANTIC FLEET	CINCLANTFLT
COMMANDER, MARINE CORPS FORCES, ATLANTIC	COMMARFORLANT
COMMANDING GENERAL'S INSPECTION	CGI
COMMANDING OFFICER	CO
COMPOSITE HEALTHCARE COMPUTER SYSTEM	CHCS
DEFENSE SWITCHED NETWORK	DSN
DEOXYRIBO NUCLEIC ACID	DNA
ENEMY PRISONERS OF WAR	EPW
ENLISTED DISTRIBUTION VERIFICATION REPORT	EDVR
ENLISTED PERSONNEL MANAGEMENT CENTER	EPMAC
ENVIRONMENTAL AND PREVENTATIVE MEDICAL UNIT	EPMU
FIELD MANUAL ARMY	FM
FLEET MARINE FORCE MANUAL	FMFM
FLEET MARINE FORCE	FMF
HAZARDOUS MATERIAL REPORT	HAZREP
HUMAN IMMUNODEFICIENCY VIRUS	HIV
MARINE CORPS AIR STATION	MCAS
MARINE CORPS FORCES ATLANTIC	MARFORLANT
MARINE CORPS FORCES, ATLANTIC ORDER	MARFORLANTO
MARINE CORPS ORDER	MCO
MARINE EXPEDITIONARY UNIT	MEU
MEDICAL CARE EVALUATION	MCE
MEMORANDUM OF UNDERSTANDING	MOU
MOBILE AUGMENTATION READINESS TEAM	MMART
NATIONAL STOCK NUMBER	NSN

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LIST OF ACRONYMS AND ABBREVIATIONS

<u>LONG TITLE</u>	<u>ACRONYM/ABBREVIATION</u>
NAVAL MEDICAL COMMAND INSTRUCTION	NAVMEDCOMINST
NAVAL MEDICAL MATERIAL SUPPLY COMMAND	NAVMEDMATSUPPCOM
NAVAL PERSONNEL	NAVPERS
NAVAL SERVICE OPERATION PROCEDURES	NAVSOP
NAVY ENLISTED CLASSIFICATION	NEC
NAVY MANNING PLAN	NMP
NAVY SCHOOL OF HEALTH SCIENCES	NSHS
NUCLEAR BIOLOGICAL AND CHEMICAL	NBC
NUCLEAR BIOLOGICAL AND CHEMICAL DEFENSE	NBCD
OCCUPATIONAL HEALTH	OH
OFFICE OF THE CHIEF OF NAVAL OPERATIONS	OPNAV
OFFICE OF THE CHIEF OF NAVAL OPS INSTRUCTION	OPNAVINST
OFFICE OF THE SECRETARY OF THE NAVY	SECNAV
OFFICE OF THE SECRETARY OF THE NAVY INSTRUC	SECNAVINST
OPERATION ORDER	OPORD
OPERATION PLAN	OPPLAN
OPERATIONS	OPS
PERSONNEL RELIABILITY PLAN	PRP
PREPOSITION WAR RESERVE MATERIAL REGULATIONS	PWRMR
PROBLEM REFERRAL REPORT	PRR
QUALITY ASSURANCE	QA
RESPONSIBLE OFFICER	RO
SEARCH AND RESCUE	SAR
SECOND FORCE SERVICE SUPPORT GROUP	2D FSSG
SECOND MARINE AIRCRAFT WING	2D MAW
SENIOR MEDICAL DEPARTMENT REPRESENTATIVE	SMDR
SEXUALLY TRANSMITTED DISEASE	STD
STANDARD OPERATING PROCEDURES	SOP
TABLE OF ORGANIZATION	T/O
UNITED STATES MARINE CORPS	USMC
UNITED STATES NAVY	USN
UNITED STATES NAVY REGULATIONS	U.S.NAVREGS
UNIT IDENTIFICATION CODE	UIC
WAR RESERVE STOCK	WRS