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THE SENATE APPROPRIATIONS COMMITTEE

**STATEMENT OF**

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MEDICAL CORPS, UNITED STATES NAVY**

**SURGEON GENERAL OF THE NAVY**

**BEFORE THE**

**SUBCOMMITTEE ON DEFENSE**

**OF THE**

**SENATE APPROPRIATIONS COMMITTEE**

**SUBJECT:**

**DEFENSE HEALTH PROGRAM**

**MARCH 29, 2022**

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Chairman Tester, Vice Chairman Shelby, distinguished members of the Subcommittee, I am pleased to be with you today to provide an update on Navy Medicine. On behalf of our mission-ready One Navy Medicine Team, please know that we are grateful for the support you provide us, as well as the trust and confidence you place in us.

## **Strategy and Execution**

Navy Medicine is guided by the strategic priorities of the Secretary of the Navy, Chief of Naval Operations (CNO) and Commandant of the Marine Corps (CMC). Each leader has articulated the importance of meeting the operational demands of today and the warfighting needs of tomorrow. Collectively, these imperatives provide a foundational framework with which Navy Medicine must be aligned in order to effectively support Naval Forces.

Navy Medicine priorities are direct, clear and relevant: Well-trained **People**, working as expeditionary medical experts on optimized **Platforms**, demonstrating High Reliability **Performance** as highly cohesive teams to project medical **Power** in support of Naval Superiority. These priorities guide our deliberate planning efforts, resources allocation decisions and strategic program investments. Consistent with the CNO's emphasis on Get Real, Get

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In FY2022, the majority of operating funds for Navy Medicine were realigned from the Defense Health Program (DHP) appropriation to Operations and Maintenance, Navy (OMN). A smaller, but still crucial portion of the operating funds, remain in the DHP appropriation. Both

appropriations support medical readiness activities and together, provide the resources necessary to execute our medical readiness responsibilities in support of Naval Forces. Work continues with the Defense Health Agency (DHA) on our collective efforts to complete Military Health System (MHS) transition activities. In addition, we are working through the final aspects of the move to Navy's Enterprise Resource Planning system which will improve our coordination within the Navy and better support our audit readiness posture. Please know that we are grateful for the resources entrusted to us and remain committed to sound fiscal stewardship and best value business practices throughout Navy Medicine.

### **Responding to Crisis**

In response to the ongoing COVID-19 pandemic, our highest priority remains protecting the health of Sailors,

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Marines and families, while maintaining readiness and operational effectiveness of Naval Forces. The SARS-CoV-2 virus is formidable, unpredictable and omnipresent, and each of its variants bring new challenges. We learned that the Omicron variant (B-1-1-259) is highly transmissible with most new COVID-19 cases occurring in fully vaccinated personnel. Navy Medicine assesses the continuous emergence and risk of new COVID-19 variants through testing protocols and disease monitoring, while exercising flexibility in applying preventive measures and, most importantly, emphasizing vaccination (and boosters). Our Navy Medicine Scientific Panel, comprised of research scientists, public health experts and clinicians, remains on the vanguard of providing Naval leadership with current and actionable updates for the COVID-19 fight, as well as other emerging medical threats and scientific developments impacting readiness and force health protection. Their work supports our priority of medical knowledge for operational advantage.

Our operational commanders are keenly focused on operationalizing the best medical and public health guidance. To this end, the Navy issued Standardized Operational Guidance (SOG) 5.0 in January 2022 which, much like the earlier versions beginning in 2020, has proven instrumental in quickly applying lessons learned and best medical guidance so our ships and personnel stay mission capable despite the global pandemic. The SOG, again consistent with CNO's Get Real, Get Better direction, represents an overarching commitment to adapt, learn and improve. The most effective and advantageous public health preventive measure is vaccination – our biological body armor. Demonstrating personal commitment and unit responsibility, Sailors and Marines have responded, with approximately 97 percent of active Naval Forces fully immunized. Throughout the pandemic, Naval personnel have shown responsibility, resiliency and toughness in helping to protect shipmates, installations and communities from COVID-19.

While we are administering vaccinations to protect our Sailors and Marines and addressing challenges of new variants to keep our ships underway and Sailors healthy, Navy Medicine personnel also continue to deploy to render medical assistance to our fellow citizens. The operational tempo of our response teams over the last two years has remained high, as we

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There is no doubt that these efforts are directly making a difference in the lives of our fellow citizens. A highlight for me over the last several months has been the opportunity to

visit with these teams and see firsthand how seamlessly they integrate with their civilian counterparts to provide critical medical services in the whole of Nation response.

In addition, our ongoing our domestic COVID-19 missions, Navy Medicine personnel also responded, both overseas and domestically, to Department of Defense (DoD) and interagency

missions to provide essential medical support and public health services associated with the relocation of eligible Afghan partners and families. As part of Operation Allies Refuge and Operation Allies Welcome, personnel supported sites in Italy, Spain, Bahrain and Kuwait, as well as domestic locations onboard military installations Marine Corps Base Quantico, Joint Base McGuire-Lakehurst-Dix, Fort Pickett and Camp Atterbury.

The safety, care, and well-being of all service members and families affected by the drinking water contamination at the Red Hill Bulk Fuel Storage Facility remains the Navy's highest priority. Under the operational direction of the Commander, U.S. Pacific Fleet, the fleet surgeon rapidly established a Joint Health Services Working Group, comprised of medical leadership from the Joint Force (Army / Navy / Air Force / Marine Corps) along with MTF commanders as well as Hawaii Department of Health, Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, and other state and federal agencies. This approach was important given the range of personnel and families impacted and to leverage the full breadth of capabilities in this crisis. In addition to our medical forces stationed in Hawaii, Navy Medicine deployed 56 medical personnel to increase capabilities to deliver care to personnel and families. We also sent public and environmental health experts, as well as toxicology and water quality specialists to provide support. The working group documented medical encounters for both symptomatic cases, as well as screenings. An official incident report to capture potentially exposed population was established in the Defense Occupational and Environmental Health Readiness System (DOEHRS), the official DoD system of record related to environmental, public health and occupational exposure for DoD-affiliated personnel. This incident report will be available for future action, research, or analysis to ensure we track the long-term health of those potentially exposed.

## **People: Valuing our Most Critical Resource**

The most important asset in Navy Medicine is our people, and quite frankly, they represent our competitive advantage. The One Navy Medicine Team is comprised of talented, dedicated and diverse health care professionals who serve around the world to support the Navy and Marine Corps. Our efforts remain focused on ensuring that our uniformed force is structured to meet the current and emerging operational demands of the Naval Force, including Distributed Maritime Operations (DMO) and Expeditionary Advanced Base Operations (EABO); pandemic response; and embedded mental health (EMH).

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Each of our Medical Department officer Corps (Medical, Dental, Medical Service, and Nurse) is critical to our readiness mission. As such, we monitor both overall Corps manning, as well as individual specialties to ensure alignment to operational medicine requirements. This focus includes wartime critical specialties, including mental health and other high-demand specialties. Our student programs, along with opportunities for Navy graduate health education, remain vital to accessing, training, and retaining these officers. We are grateful for your sustained funding of recruiting and retention incentives for both the active component (AC) and reserve component (RC) personnel.

The Hospital Corps is the Navy's largest enlisted rating, comprised of over 27,000 Corpsmen in the AC and RC. These Sailors are responsible for delivering initial care on the battlefield or in isolated assignments aboard a ship or submarine. It is evident that their performance in Iraq and Afghanistan significantly contributed to higher combat survivability rate. Similar to our officer Corps, we carefully track both the health of overall manning as well as individual Navy Enlisted

Classifications (NECs). We continue active recruiting within the Hospital Corps for qualified and motivated candidates to become Independent Duty Corpsmen (IDCs), as well as working

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hard to retain them given the key roles they have in our operational medical framework.

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Our Navy civilians are critical to the Navy Medicine mission. As our military personnel deploy and transfer to other duty stations, we rely heavily on our civilians to provide much needed continuity in our facilities and mentorship to their new uniformed colleagues. Their service allows us to cultivate talent and build teamwork. All of us understand that there is strong competition with the private sector to attract and retain civilians in high demand health care specialties. We are grateful for the flexibilities in direct hire authorities to help address these challenges, as they aid in ensuring a swifter end-to-end administrative hiring process resulting in shorter overall onboarding timeframes. We have transferred 43 echelon II and III Navy civilians via Transfer of Function, and 63 employees via Management Directed Transfer to the DHA. In FY2022, Navy intends to realign funding for 8,649 full time equivalents to the DHA. Consistent with MHS transition, these employees currently support the beneficiary health mission which is the responsibility of the DHA.

Robust training and education is a force multiplier and foundational to preparing Navy

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Medicine personnel for their primary mission of increasing the survivability of Sailors and Marines. We focus on relevant and ready learning and employ a full-range of

capabilities (both live and virtual) including world-class education programs, modeling and simulation capabilities, specific operational platform training and strategic partnerships to develop confident and ready personnel. It starts with initial training: Sailors earn their caduceus and officially become Hospital Corpsmen upon graduation from their A school training. In FY2021, over 2,000 Hospital Corpsmen joined the One Navy Medicine Team. We also graduated over 1,200 Corpsmen from advanced “C” school training, and approximately the same number completed Field Medical Battalion Training. In addition, our graduate health education programs are among the best in the Nation and prepare our providers to meet their demanding responsibilities. These programs help form the “industrial base” of Navy Medicine by ensuring we have trained, confident and mission-ready personnel.

Our trauma training partnerships with leading medical centers continue to yield high value returns. Navy Medicine personnel are getting unmatched clinical experience – which I refer to as “reps and sets” – to prepare them for demanding operational assignments. We established Hospital Corpsmen Trauma Training programs at four Level 1 civilian trauma centers: James H. Stroger Jr. Hospital in Chicago, Illinois; University of Florida Health Shands Hospital in Jacksonville, Florida; and University Hospital Cleveland in Cleveland, Ohio; and, WakeMed Health and Hospitals in Raleigh, North Carolina. In FY2021, a total of 186 Corpsmen completed this training, and we are projecting this year’s throughput to be significantly higher. In addition, we will be sending some of our IDCs to Cleveland Clinic for additional clinical skills sustainment opportunities. Our newest strategic partnership was launched in September 2021 with the University of Pennsylvania. We embedded a team of 11 officers and Corpsmen for a period of three years to work directly with their trauma staff. I am confident that this experience

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will help prepare them to save lives at sea or on the battlefield. This partnership joins our long-standing training program with and the LA County + University of the Southern California Medical Center.

As part of our commitment to cultivate a Culture of Excellence, Navy Medicine strives to create and maintain a work environment in which all personnel are treated with dignity, decency and respect. This work includes demonstrating our core values, exhibiting signature behaviors and optimizing our collective human performance.

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We will confront new challenges directly and decisively, and must include attracting, recruiting and retaining diverse talent. We are stronger for our inclusion and continue to leverage the knowledge, experience, and perspectives of all members of the One Navy Medicine Team.

### **Platforms: Preparing for the Future Fight**

We expect a lot of our Navy Medicine personnel: They need to provide 24/7 force health protection to Sailors and Marines and, when Naval Forces go into harm's way, our men and women must do everything they can to save lives. In turn, our continuing commitment must be to provide the One Navy Medicine Team with the operational capabilities, manpower, and equipment to execute these demanding responsibilities. Naval Expeditionary Health Service Support is changing with the transition to Distributed Maritime Operations (DMO) and Expeditionary Advanced Basing Operations (EABO). We recognize that the Fleet and Fleet Marine Force will require modular, adaptive, and scalable capabilities, to include small agile theater hospitalization, forward resuscitative care, small damage control surgery teams, patient movement assets, and agile preventive medicine teams.

Our investments must reflect this priority of adaptive deployable medical systems to better support adaptive multi-mission platforms. Maritime medicine’s pacing challenge in this dynamic environment will be the capacity to meet patients at the point of injury and move patients through the continuum of care as we know it. Correspondingly, the ability to provide maritime Damage Control Resuscitation/Damage Control Surgery (DCR/DCS) in kinetic operations as well as testing and treating personnel when threatened by infectious disease remain high priorities. Navy is expanding its afloat medical capability through construction of Expeditionary Fast Transport (T-EPF). T-EPF 14 (USNS CODY), with expected delivery in 2023, will be the first Flight II variant which will facilitate the embarkation of a Role II enhanced

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medical payload when the ship is tasked as surface ambulance/sea connector, functioning as treatment, movement, and patient holding capability in the maritime environment.

Military treatment facilities are also important readiness training platforms. They provide the clinical workload to help build the knowledge, skills and abilities (KSAs) of our providers. Collaboration with the DHA is particularly important in this area given their responsibilities in the administration and management of the MTFs. Our Navy Medicine teams deploy in support of Defense Support of Civil Authorities missions, humanitarian and disaster response, as well as global operational contingency operations. Our personnel directly benefit from having access to complex and challenging medical and surgical cases at either MTFs or through our civilian partnerships. This is an important line of effort, and I am encouraged by initiatives such as Project Caladrius underway at Naval Medical Center Portsmouth, Virginia to actively recapture this KSA-centric care in a larger geographic area. Likewise, the staff at Naval Medical Center

Camp Lejeune, a Level III trauma center, continues to get firsthand experience in managing and treating a full-range of trauma patients in eastern North Carolina.

Given the priority of ensuring our personnel are ready to “fight tonight,” Navy Medicine Readiness and Training Commands (NMRTCs) provide the critical command and control for Navy Medicine personnel, as well as the structure essential for proper execution of Service-specific force readiness requirements. Their work includes the development of important Readiness Performance Plans to ensure our men and women have the clinical currency and operational competency to support expeditionary platforms such as hospital ships, expeditionary medical facilities and other deployable medical systems. The role of our NMRTCs continues to evolve as we move forward in completing MHS transition activities and apply important lessons learned from the COVID-19 response and other deployments.

### **Performance: Supporting Naval Forces**

Navy Medicine’s performance is ultimately measured by those we serve – the Naval Forces.

As part of our solemn obligation to these Sailors and Marines, we are continuing our strong commitment to High Reliability in Navy Medicine. The concept of a High Reliability Organization (HRO) originated in high-risk Navy environments, such as our submarines and aircraft carriers, to enable teams to avoid the detrimental impacts of mistakes. High Reliability is particularly applicable within military health care because the three HRO pillars – leadership engagement, continuous process improvement, and a culture of safety – directly translate to better outcomes and fewer life-threatening errors.

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For Navy Medicine, High Reliability represents a commitment to safety, quality, resiliency, and operational success wherever Naval Forces operate. The goal remains building a system of capabilities that optimizes the One Navy Medicine team to proactively communicate, anticipate, identify, resolve and share to solve problems that threaten warfighter readiness and survivability. I want to emphasize that the study of lessons learned is necessary, but not sufficient. Those that are value-added must be quickly applied. I am encouraged with the robust implementation of Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) in the Fleet, as well as increased participation in basic and advanced HRO training in place at our Navy Medicine Quality and Safety Leadership Academy. We continue to implement these principles and practices within the Fleet and Fleet Marine Force, as well as leverage ongoing collaboration with DHA to build a strong HRO foundation within the MTFs.

We recognize that it is every leader's responsibility to help develop Sailor resiliency and toughness as well as foster a Culture of Excellence to counter destructive behaviors. This commitment also includes ensuring that our warfighters have access to mental health services when needed. There is "no wrong door" for our Sailors and Marines to get help. Mental health and substance misuse services are available worldwide within primary care and specialty clinics at MTFs, on the waterfront, embedded within the Fleet and Fleet Marine Forces, at Navy and Marine Corps installation counseling centers, and from our Chaplains. We continue to prioritize

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support at the deck plates, with our embedded mental health providers. We currently have 36 percent of active duty mental providers and 30 percent of behavioral health technicians assigned to EMH billets. They support platforms including Aircraft Carriers, Submarine Forces, Amphibious Assault and Surface Combatant ships, Naval Expeditionary

Combat Command units, Naval Information Forces, Marine Corps Ground Combat, Logistics and Command Element units, Navy and Marine Corps Special Operations, and various training commands.

In addition, we continue to leverage virtual mental health capabilities to improve access and continuity of care. Sustaining our commitment to providing care during the COVID-19 pandemic has resulted in significant increases in the use of virtual health by both patients and providers, particularly in primary care and mental health. In FY2021, almost 20 percent of mental health appointments for Sailors and Marines were conducted virtually.

Disaster mental health services are also important in order to provide rapid and targeted care and coordination. Navy's Organizational Incident Operational Nexus (ORION) Trauma Tracking program provides long-term tracking of Sailors and Marines involved in unit-level traumas and targets outreach to Naval Forces at elevated risk for psychological injury. In 2021, ORION was activated seven times. Correspondingly, our Special Psychiatric Response Intervention Teams (SPRINT), which were deployed for 10 events in 2021, provides on-site short-term mental health support immediately after critical events when local resources are overwhelmed or do not exist.

Our Navy Medicine Female Force Readiness Strategy guides our efforts in support of our female Sailors and Marines. Two priority initiatives are to optimize health and readiness by expanding access to women's health care in operational settings and to increase the women's health proficiencies of our operational providers. In addition to providing full-scope contraception walk-in clinics, we established two waterfront pilot sites for our Embedded Women's Health Provider Program that offered convenient access to women's health services. Given our positive results, we are assessing opportunities to expand this initiative. We are also

focusing on performance improvement in several areas including family planning, mental health, and neuro-musculoskeletal; all of which are consistent with our commitment to HRO and Get Real, Get Better.

We are also keenly focused on maximizing the deployability of our Sailors and Marines. As part of the COVID-19 response, we integrated virtual health capabilities to support individual medical readiness requirements, including the periodic health assessments. While these efforts have been effective in reducing backlogs brought about by the pandemic, moving forward, the application of virtual health represents an opportunity to ensure timely completion of these assessments. We also implemented decision support tools in our conditions-based limited duty assessments to provide current clinical guidelines and support an expeditious return to duty.

The continued deployment of MHS GENESIS remains an important component of HRO. This single, integrated electronic health record supports our beneficiaries through the continuum of care. Importantly, the expansion of the Joint Health Information Exchange capability can improve patient safety by affording our providers greater access to health care data from the Department of Veterans Affairs medical facilities and civilian health care systems. I am encouraged with the progress we have made in the rollout of MHS GENESIS, including using our seasoned subject matter experts to support site implementations as well as rapidly applying lessons learned at successive deployment sites.

## **Power: Increasing Survivability**

The Navy Marine Corps Public Health Center (NMCPHC) serves as the DON's primary command for public health issues that potentially impact operations across the globe, for both expeditionary and installation-based environments. Navy Environmental Preventive Medicine Units, including their Forward Deployed Preventive Medicine Units, are public health lifelines for Navy and Marine Corps operational forces worldwide and their work enhances readiness,

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both ashore and afloat. Since the early stages of the COVID-19 outbreak, NMCPHC has been at the forefront of our response with actionable, high impact capabilities to contain outbreaks, and deliver commanders important modeling and surveillance analytics. Their contributions continue to support other environmental health issues confronting our personnel and their families. Our Naval operational commanders rely on NMCPHC and their unique maritime expeditionary public health capabilities to maintain mission effectiveness and provide force health protection to Naval Forces.

The Naval Medical Research and Development (NMR&D) enterprise is focused on developing cutting edge materiel solutions and knowledge products to enhance the readiness and health of Naval Forces. Partnerships with nations on six continents, academia, non-profit organizations, and the private sector, in addition to a worldwide network of scientists, allow for research focused on the mission of maintaining healthy and ready Sailors and Marines. Their work includes a range of operationally-relevant research including: infectious diseases; warfighter health, performance and operational support; combat casualty care; bio-effects risk

mitigation and countermeasures; physical, mental and behavioral health; and research support and execution.

NMR&D work continues to be pivotal in our COVID-19 pandemic response activities, including their specialized diagnostic testing and development of countermeasures including

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vaccines, therapeutics and enabling technologies. To improve Naval operations, our biomedical prototyping efforts advanced medical technologies including shipboard decontamination devices that mitigate spread of respiratory disease and novel therapeutics for bacterial infection and antimicrobial resistance. In addition, work

continues on their seminal study initiated at Marine Corps Recruit Depot, Parris Island, COVID-19 Health Action Response for Marines (CHARM) to understand long term clinical outcomes of a young, healthy population previously infected with SARS-CoV-2. NMR&D publications and data from these studies will continue to inform DoD and wider COVID-19 policies. Our operational commanders place high value on the work being conducted by NMR&D to meet the current and future needs of Naval Forces. Since the early stages of this pandemic, we have consistently demonstrated the synergy that occurs, and is needed, between R&D and Public Health to mitigate the threat of COVID-19.

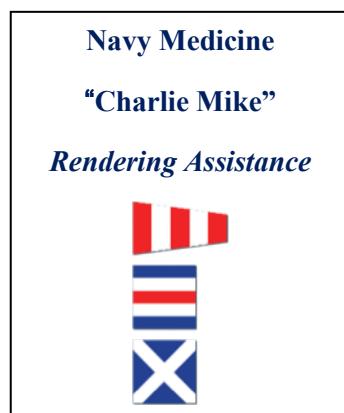
Projecting medical power is also reflected in our Global Health Engagement (GHE) activities. GHE remains a critical element of global stability and national security. There has been a steady increase in demands from the operational forces for GHE activities as a security cooperation tool to promote and enhance partner nation stability and security and develop military and civilian partner nation capacity. Navy GHE is also an effective readiness tool utilized as a training platform for personnel to foster resiliency and increase their medical and non-medical



knowledge, skills, and abilities in unfamiliar environments with limited resources. Our Global Health Specialist Program is the foundation of the Navy GHE. We currently have 279 active and reserve component Navy Medicine personnel that have earned the Global Health Specialist additional qualification designator, which requires extensive experience in critical areas of security cooperation, public health, diplomacy, and other GHE competencies. In May 2022, hospital ship USNS MERCY (T-AH 19) will get underway in support of Pacific Partnership 2022, the largest multinational humanitarian assistance and disaster response mission in the Indo-Pacific area of responsibility. These exercises provide our personnel with significant readiness training opportunities, particularly in the maritime environment.

## **Way Forward**

We recognize the demands of ensuring the readiness and health of our Naval Forces in rapidly changing and increasingly more dangerous operational environments. To meet these current and future challenges, the One Navy Medicine Team remains focused on employing our people, platforms, performance and power in support of Naval superiority. Our center of gravity is the commitment to provide expeditionary maritime medical care to our forward deployed Naval and Joint Forces. The ability to quickly deploy in support of crisis response around the world makes



military medicine unique, but, more importantly, demands that we are both operationally relevant and clinically prepared. For over 30 years, Navy Medicine has proudly flown our signal flags to reflect our mission posture. Correspondingly, these flags have evolved as our missions changed: From “Charlie Golf One” (Standing by to Assist) in 1987 to “Charlie Papa” (Steaming to Assist) following

September 11, 2001. In November 2021, we transitioned to “Charlie Mike” which appropriately

communicates “Rendering Assistance”. This is the mission of the One Navy Medicine Team – protecting the health and increasing the survivability of our Naval Forces. Again, thank you for your support.