

ADMINISTRATIVE MESSAGE

ROUTINE

R 181845Z MAY 01 ZYB

FM BUMED WASHINGTON DC//07//

TO COMNAVSURFRESFOR NEW ORLEANS LA//JJJ//  
COMNAVRESFOR NEW ORLEANS LA//JJJ//  
COMNAVRESFOR NEW ORLEANS LA//JJJ//  
NAVDENCEN CAMP LEJEUNE NC//JJJ//  
NAVDENCEN GREAT LAKES IL//JJJ//  
NAVDENCEN GULF COAST PENSACOLA FL//JJJ//  
NAVDENCEN GULF COAST PENSACOLA FL//JJJ//  
NAVDENCEN MID ATLANTIC NORFOLK VA//JJJ//  
NAVDENCEN MID ATLANTIC NORFOLK VA//JJJ//  
NAVDENCEN NORTHEAST NEWPORT RI//JJJ//  
NAVDENCEN NW BREMERTON WA//JJJ//  
NAVDENCEN NW BREMERTON WA//JJJ//  
NAVDENCEN PARRIS ISLAND SC//JJJ//  
NAVDENCEN PEARL HARBOR HI//JJJ//  
NAVDENCEN PEARL HARBOR HI//JJJ//  
NAVDENCEN SOUTHWEST SAN DIEGO CA//JJJ//  
NAVDENCEN SOUTHEAST JACKSONVILLE FL//JJJ//  
NAVDENCEN SOUTHEAST JACKSONVILLE FL//JJJ//  
AIG SEVEN SEVEN EIGHT THREE  
HLTHCARE SUPPO JACKSONVILLE FL//JJJ//  
HLTHCARE SUPPO JACKSONVILLE FL//JJJ//  
HLTHCARE SUPPO NORFOLK VA//JJJ//  
HLTHCARE SUPPO NORFOLK VA//JJJ//  
HLTHCARE SUPPO SAN DIEGO CA//JJJ//  
HLTHCARE SUPPO SAN DIEGO CA//JJJ//  
COMMARFORRES  
COMNAVFACENCOM WASHINGTON DC//JJJ//  
COMNAVFACENCOM WASHINGTON DC//JJJ//  
PACFLT  
NAVEUR  
COMMARFORLANT  
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COMMARFORPAC  
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COMMARFOREUR  
COMNAVAIRESFOR NEW ORLEANS LA//JJJ//

\*\*\*THIS IS A 2 SECTIONED MSG COLLATED BY MDS\*\*\*  
UNCLAS //N06100//

PASS TO ALL BUMED AND TO ALL REDCOMS FOR WIDEST  
DISSEMINATION

MSGID/GENADMIN/MED-07//

SUBJ/MEDICAL DEPARTMENT RESERVE UTILIZATION PROGRAM  
(MEDRUP) //

REF/A/DOC/BUMED WASHINGTON DC/YMD:20000511//

REF/B/DOC/SECNAVINST 1001.37A/YMD:19970804//

NARR/REF A IS MOU BETWEEN BUMED, COMNAVRESFOR, AND  
COMNAVSURFRESFOR CONCERNING OPERATIONAL CONTROL AND  
ADMINISTRATION SUPPORT OF NAVAL RESERVE UNITS ASSIGNED TO  
CLAIMACY 18 PROGRAMS OF 05 NOVEMBER 2000. REF B SECNAVINST  
1001.37A DEPARTMENT OF THE NAVY SELECTED RESERVE POLICY OF  
08 APRIL 1997.//

POC/L. R. RAS/CDR/MED-73/LOC:WASHINGTON DC/TEL:COM 202 762-  
3415/TEL:DSN 762/TEL:FAX 3414//

RMKS/

1. THIS NOTICE PROVIDES INTERIM GUIDANCE TO FACILITATE  
EFFECTIVE INTEGRATION, UTILIZATION AND TRAINING OF MEDICAL  
AND DENTAL PERSONNEL DURING THE TRANSITION OF THE  
OPERATIONAL CONTROL OF THE NAVAL RESERVE MEDICAL COMMUNITY,  
PER REF (A). THIS INTERIM GUIDANCE APPLIES TO ALL SELECTED  
RESERVE (SELRES) PERSONNEL ASSIGNED TO THE NAVAL RESERVE  
NAVAL HOSPITALS (NRNHS), NAVAL RESERVE FLEET HOSPITALS  
(NRFHS) AND NAVAL BUMED INSTRUCTION 1001.3A WILL SUPERSEDE  
THIS INTERIM GUIDANCE.

2. TO BRING ABOUT A TOTAL FORCE INTEGRATION OF THE MEDICAL  
RESERVE AS DIRECTED BY REF (B), REF (A) WAS SIGNED ON 5 NOV  
2000 BY THE NAVY SURGEON GENERAL, THE COMMANDER NAVAL  
RESERVE FORCE, AND THE COMMANDER NAVAL SURFACE RESERVE  
FORCE. THIS TRANSITION OF CONTROL MARKS A SIGNIFICANT  
CHANGE IN THE DIRECTION OF MANAGEMENT OF NAVY MEDICINE'S  
MEDICAL RESERVE ASSETS. THE SURGEON GENERAL IS RESOURCE  
SPONSOR FOR THE NRNHS (PROGRAM 32), NRFHS (PROGRAM 46), AND  
NRDCS (DENTAL AUGMENTATION) RESERVE ASSETS. THE TRANSITION  
THAT HAS STARTED WILL FACILITATE THE UTILIZATION OF THE  
RESERVE COMPONENT AS A FULL PARTNER AND "PART-TIME" STAFF

RATHER THAN A "FORCE IN RESERVE". THE GOAL IS TO OPTIMIZE ALL AREAS OF CARE DELIVERY THROUGHOUT NAVY MEDICINE'S SCOPE OF RESPONSIBILITY, AND ENHANCE MEDICAL AND DENTAL READINESS OF THE NAVAL RESERVE FORCE.

3. REFERENCE (B) REQUIRES THAT TRAINED AND QUALIFIED RESERVISTS ARE AVAILABLE FOR ACTIVE DUTY THROUGHOUT THE ENTIRE SPECTRUM OF REQUIREMENTS, INCLUDING WAR OR NATIONAL EMERGENCY, CONTINGENCY OPERATIONS, MILITARY OPERATIONS OTHER THAN WAR, PEACETIME CONTRIBUTORY SUPPORT, HUMANITARIAN OPERATIONS, AND AT SUCH OTHER TIMES AS THE NATIONAL SECURITY MAY REQUIRE. UTILIZATION OF SELRES ASSETS MUST BE FOCUSED ON OPPORTUNITIES THAT FULLY UTILIZE THE SKILLS AND QUALIFICATIONS OF THE INDIVIDUALS WHO SUPPORT NAVY MEDICINE'S MISSION AND REQUIREMENTS. UTILIZATION IS NOT LIMITED TO THE ASSIGNED MEDICAL OR DENTAL TREATMENT FACILITY OR FLEET HOSPITAL PLATFORM.

4. INTEGRATED PEACETIME MEDICAL SUPPORT REQUIRES BOTH ACTIVE AND RESERVE MEDICAL DEPARTMENT PERSONNEL TO HAVE A FLEXIBLE APPROACH IN MEETING THE MISSION OF NAVY MEDICINE. RESERVE PERSONNEL MUST BE AVAILABLE TO MEET PEACETIME CONTRIBUTORY SUPPORT REQUIREMENTS WHEN THEY ARE MOST NEEDED AND/OR WHEN REQUIRED TRAINING IS AVAILABLE. FLEXIBILITY IN PERFORMING SCHEDULED DRILL PERIODS AND ANNUAL TRAINING IS CRITICAL IN ENABLING MEDICAL DEPARTMENT SELRES TO SUPPORT NAVY MEDICINE. THE ADMINISTRATION OF NRNH, NRFH AND NRDC COMPONENTS MUST BE A JOINT EFFORT BY ACTIVE, RESERVE AND RESERVE FORCE TO ENSURE THAT RESERVE MEDICAL DEPARTMENT PERSONNEL ARE FULLY QUALIFIED AND COMPETENT TO PERFORM THE DUTIES OF THEIR BILLET.

5. TRANSFER OF OPERATIONAL CONTROL OF NRNHS, NRFHS, AND NRDCS TO THE BUREAU OF MEDICINE AND SURGERY (BUMED) HAS TAKEN EFFECT WITH THE SIGNING OF THE MOU ON 05 NOVEMBER 2000. PER REF (A) TRANSITION OF SOME FUNCTIONS WILL OCCUR THROUGHOUT FY 2001. IT IS ESSENTIAL THAT RESERVE MEDICAL DEPARTMENT COMMANDING OFFICERS COMMUNICATE MEDRUP FUNCTIONAL AND ORGANIZATIONAL CHANGES THROUGH THEIR OFFICERS IN CHARGE AND DEPARTMENT HEADS TO THE MEDICAL AND DENTAL RESERVISTS AT THE DECK PLATE.

6. NRNHS AND NRDCS WILL BE STRUCTURED AND ORGANIZED WITH A CENTRAL HEADQUARTERS DETACHMENT AND COMPONENT DETACHMENTS. THE CO OF THE NRNH/NRDC WILL HAVE FITNESS REPORT AUTHORITY OVER THE NRNH/NRDC DETACHMENT OFFICERS IN CHARGE (OICS). THE MTF/DTF CO WILL HAVE FITNESS REPORT AUTHORITY OVER THE

NRNH/NRDC CO. THE NRNH/NRDC CO WILL FUNCTION AS THE PRINCIPLE ADVISOR ON ALL RESERVE MEDICAL DEPARTMENT MATTERS TO THE CO OF THE MTF/DTF. NAVAL RESERVE ACTIVITY (NRA) COMMANDING OFFICERS WILL NO LONGER WRITE FITNESS REPORTS ON NRNH/NRDC COS OR OICS. NRA COS MAY SUBMIT A PERFORMANCE INFORMATION MEMORANDUM (PIM) TO REPORTING SENIORS AS SPECIFIED IN REF (A).

7. THE NRNHS/NRDCS WILL RECEIVE PROGRAM GUIDANCE FROM BUMED IN ORDER TO ESTABLISH COMPLETE INTEGRATION OF RESERVE ASSETS INTO THE MEDICAL DEPARTMENT FACILITIES WHICH THEY ARE DESIGNATED TO SUPPORT. IT IS THE RESPONSIBILITY OF THE NRNH/NRDC CO TO ENSURE THAT ALL RESERVE PERSONNEL ASSIGNED TO MTFs/DTFs ARE TRAINED AND SUPPORT NAVY MEDICINE'S PRIORITIES. THE NRNH/NRDC/NRFH COS OR DESIGNEE ARE RESPONSIBLE FOR APPROVAL OF ALL AT, ADT, ADSW AND IDTT REQUESTS. THE TERMINOLOGY "RIGHT OF FIRST REFUSAL" IS NO LONGER APPROPRIATE TO MAXIMIZE UTILIZATION OF ALL MEDICAL DEPARTMENT SELRES PERSONNEL. ALLOCATION OF RESERVE ASSETS WILL BE BASED ON DOCUMENTED VALIDATED REQUIREMENTS, WHICH WILL BE FACILITATED BY ADVANCED MTF/DTF PLANNING, AND USE OF THE MEDRUP INFORMATION MANAGEMENT SYSTEM.

8. IDT SUPPORT TO NAVAL AIR STATIONS WILL CONTINUE AS PREVIOUSLY PROVIDED UNTIL FURTHER NOTICE. NRNH PERSONNEL ASSIGNED TO NAVAL AIR STATIONS WILL BE EXPECTED TO PERFORM AT UNDER THE DIRECTION OF THE NRNH COMMANDING OFFICERS WHICH IS CONSISTENT WITH PRIOR AGREEMENTS WITH PROGRAM 5.

9. THE MTF RESERVE LIAISON OFFICER (RLO) WILL FUNCTION AS THE FULL TIME REPRESENTATIVE OF THE NRNH CO AND THE MTF ADVISOR ON RESERVE MATTERS AS WELL AS THE POINT OF CONTACT FOR SELRES PERFORMING DUTY AT THE MTF. THE MTF CO IS THE REGULAR REPORTING SENIOR FOR THE RLO, HOWEVER THE NRNH CO WILL PROVIDE INPUT TO THE MTF CO. THE RLO WILL ENSURE THAT ALL HEALTH CARE PRACTITIONERS OR PROVIDERS PERFORMING DUTY AT THE MTF/DTF ARE CREDENTIALLED AND PRIVILEGED BEFORE APPROVING ORDER REQUESTS. THE RLO WILL PROVIDE ADMINISTRATIVE SUPPORT TO THE NRNH TO INCLUDE BUT NOT LIMITED TO THE FOLLOWING: MANAGEMENT OF THE MEDICAL RESERVE ORDER ASSIGNMENT MANAGEMENT REPORTING SYSTEM (MROAMRS); ASSISTANCE IN THE IDENTIFICATION OF COMMAND RESERVE REQUIREMENTS; PROVIDE COMMAND RESERVE EDUCATION AND TRAINING; FACILITATE PERSONNEL AND READINESS TRACKING; ASSIST WITH DOCUMENTATION OF SELRES CONTRIBUTORY SUPPORT; AND COORDINATE SUPPORT OF MEDICAL AND DENTAL READINESS ACTIVITIES AT THE MTF FOR RESERVE FORCE PERSONNEL.

10. NAVAL RESERVE FLEET HOSPITALS (NRFHS) WILL CONTINUE TO BE STRUCTURED AND ORGANIZED IN THE MANNER THEY ARE CURRENTLY. THE REPORTING SENIOR FOR THE NRFH COS WILL BE THE DEPUTY CHIEF BUMED. PROGRAM GUIDANCE WILL BE PROVIDED BY FLEET HOSPITAL DIRECTOR (MED 02FH) AND MED 27. FLEET HOSPITALS WILL CONTINUE TO TRAIN PER THEIR CURRENT TRAINING PLANS AND REQUIREMENTS UNTIL OTHERWISE DIRECTED. READINESS REPORTING PROCEDURES WILL BE DIRECTED BY MED 27. TRAINING REQUIREMENTS AND MISSION SUPPORT WILL BE DETERMINED BY BUMED. FLEET HOSPITAL PERSONNEL WHO ARE NOT ESSENTIAL FOR SPECIFIC MISSIONS OR TRAINING EVOLUTIONS WILL BE UTILIZED TO PROVIDE PEACETIME CONTRIBUTORY SUPPORT (PCS). TRAINING IN MEDICAL OR PATIENT CARE SKILLS SHOULD BE CONSIDERED AT THE LARGER MTFs TO MAXIMIZE THE SKILL MATCH OF THE RESERVISTS AND THE SUPPORT REQUIREMENTS OF NAVY MEDICINE.

11. PROGRAM PLANNING CONFERENCES FOR NRNHS/NRFHS/NRDCS WILL BE CONDUCTED BY BUMED AT LEAST TWICE A YEAR. NRNH/NRFH/NRDC COs SHOULD MEET WITH THEIR RESPECTIVE DETACHMENT OICS AT LEAST TWICE A YEAR. THIS IS PARTICULARLY IMPORTANT DURING THIS TRANSITION PERIOD IN ORDER TO PROVIDE COMMUNICATION AND GUIDANCE.

12. NAVY MEDICINE HAS RESPONSIBILITY FOR MEDICAL AND DENTAL READINESS AND THE HEALTH OF THE NAVAL RESERVE FORCE. BUMED, CNRF MEDICAL PERSONNEL AND CNSRF HEALTH SERVICES PERSONNEL WILL ENSURE THIS RESPONSIBILITY IS MET. USE OF MEDICAL DEPARTMENT RESERVISTS TO MEET MEDICAL/DENTAL READINESS REQUIREMENTS DURING IDT AND IDTT WILL CONTINUE. BUMED HAS ESTABLISHED MED 72, RESERVE FORCE HEALTH AND MEDICAL READINESS TO COORDINATE ADDITIONAL MEDICAL/DENTAL SUPPORT AS REQUIRED.

13. THE MEDICAL RESERVE ORDER ASSIGNMENT MANAGEMENT REPORTING SYSTEM (MROAMRS) HAS BEEN DEPLOYED TO NRNH RLOS AND NRFH PROGRAM MANAGERS AND WILL BE DEPLOYED TO NDC COS DTFS. THIS AUTOMATED MANAGEMENT TOOL WILL SERVE AS AN INTERIM SYSTEM TO COLLECT AND VALIDATE MEDICAL RESERVE REQUIREMENTS, MATCH REQUIREMENTS WITH APPROPRIATELY SKILLED RESERVISTS, RECORD BILLET CONTROL NUMBERS, DOCUMENT RESERVISTS ACTIVITIES, AND REPORT CONTRIBUTORY SUPPORT. MED 07 IS PROVIDING CURRENT INFORMATION ON RESERVISTS ASSIGNED TO EACH COMMAND IN ORDER TO ENABLE MATCHING OF REQUIREMENTS WITH APPROPRIATELY SKILLED RESERVISTS. THOSE MTF'S WHO DO NOT HAVE THE MROAMRS SYSTEM WILL SUBMIT THEIR REQUIREMENTS ON AN EXCEL SPREADSHEET. BUMED WILL E MAIL THE TEMPLATE TO

ALL MTF'S WHO DO NOT HAVE ACCESS TO MROAMRS. THE MED 07 WEB PAGE SECTION THAT PROVIDES NOTICE OF RESERVE OPPORTUNITIES WILL BE DISCONTINUED 01 JULY 2001. ACTIVE DUTY COMMANDS WILL SUBMIT THEIR PROJECTED RESERVE SUPPORT REQUIREMENTS FOR FY 2002 TO BUMED (MED 07) BY 30 MAY 2001. THESE REQUIREMENTS WILL BE FORWARDED TO MED 03 FOR VALIDATION OF MTF SUPPORT, N931 FOR OPERATIONS AND EXERCISES, AND MED 06 FOR DENTAL VALIDATION. URGENT REQUIREMENTS WILL BE COORDINATED BY MED 07 AS THEY ARE IDENTIFIED.

14. WORK IS IN PROCESS TO REPLACE THE MROAMRS PROGRAM WITH A WEB ENABLED SYSTEM. THE MEDICAL RESERVE UTILIZATION PROGRAM MANAGEMENT INFORMATION SYSTEM (MEDRUPMIS) WILL BE A FIFTH MODULE OF NAVY MEDICINE'S UPGRADED STANDARD PERSONNEL MANAGEMENT SYSTEM (SPMS II). THIS WEB ACCESSIBLE SYSTEM WILL BE READY FOR DEPLOYMENT BY OCTOBER 2001. IMPLEMENTATION OF THE MEDRUPMIS WILL NOT REQUIRE REENTERING OF DATA FROM MROAMRS.

15. DURING THIS TIME OF CHANGE IT IS CRITICAL THAT INFORMATION BE PROVIDED TO OUR MEDICAL DEPARTMENT RESERVISTS BY RLOS, COS AND OICS. AN AGGRESSIVE MARKETING PROGRAM WILL BE IMPLEMENTED BY THE BUMED HEADQUARTERS RESERVE UNIT (NR BUMED 106) TO GET THE LATEST INFORMATION TO THE FIELD, HOWEVER IT IS THE RESPONSIBILITY OF NRNH/NRFH/NRDC COS TO ENSURE THAT INFORMATION GETS TO THE DECK PLATE. MY POINTS OF CONTACT FOR ADDITIONAL INFORMATION ARE CDR WILLIAM ARBAUGH, MEDRUP PROJECT MANAGER AT (202) 762 3826 OR CDR LEE RAS, DIRECTOR OF OPERATIONS AND RESERVE UTILIZATION AT (202) 762 3415.

16. RADM LYNCH SENDS.//

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Section 1: PSN

Section 2: PSN