



DEPARTMENT OF THE NAVY
CHIEF, BUREAU OF MEDICINE AND SURGERY (20372-5300)
WASHINGTON, DC
COMMANDER, NAVAL RESERVE FORCE (70146-5300)
COMMANDER, NAVAL SURFACE RESERVE FORCE (70146-5300)
NEW ORLEANS, LA

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05 Nov 00

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05 Nov 00

MEMORANDUM OF UNDERSTANDING
BETWEEN
CHIEF, BUREAU OF MEDICINE AND SURGERY
AND
COMMANDER NAVAL RESERVE FORCE
AND
COMMANDER NAVAL SURFACE RESERVE FORCE

Subj: OPERATIONAL CONTROL AND ADMINISTRATIVE SUPPORT OF NAVAL
SURFACE RESERVE UNITS ASSIGNED TO CLAIMANCY 18 PROGRAMS

1. Purpose. To delineate the responsibilities of Chief, Bureau of Medicine and Surgery (BUMED), Commander Naval Reserve Force (COMNAVRESFOR), Commander Naval Surface Reserve Force (COMNAVSURFRESFOR), and their subordinate commands for the operational control and administrative support of Reserve units assigned to Claimancy 18 Naval Reserve Naval Hospitals (Program 32), Naval Reserve Dental Augment Units, Naval Reserve Surgical Surge Units, and Naval Reserve Fleet Hospitals (Program 46).
2. Background. This Memorandum of Understanding (MOU) formalizes a process to fully integrate Reserve medical assets as an integral part of the Navy's Medical/Dental Force. This MOU establishes processes and organizational changes to allow implementation of a single, integrated Naval Medical Department. The primary goal is to integrate Reserve Program 32, 46, and Dental Augment Units into Medical/Dental Treatment Facilities (MTFs/DTFs), operational communities, BUMED and subordinate commands.
3. Expected Benefits. The most direct benefits will be to:
 - a. Enhance flexibility to respond to fleet commanders and parent command requirements.
 - b. Improve the overall efficiency and effectiveness for utilization of medical reserve forces.

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c. Maximize medical/dental readiness for the Selected Reserve Force.

4. Delineation of Authority. This section specifies the authority over assigned Reserve Component (RC) forces that will be assumed by BUMED and its subordinate commands, and the authority that remains with COMNAVRESFOR and its subordinate commands.

a. Coordinating Authority Successful implementation of this MOU is based on the delegation of authority from COMNAVRESFOR and COMNAVSURFRESFOR to BUMED who will act as Coordinating Authority for implementation of responsibilities shifted under the MOU.

b. Operational Control (OPCON) authorities over the RC Forces Assigned to BUMED

(1) Navy Medicine will continue to provide the medical readiness support they have traditionally provided the Surface Reserve Force through Programs 7, 9, 32, and 46. In conjunction with COMNAVRESFOR and COMNAVSURFRESFOR, BUMED will provide health services beyond Surface Reserve medical capabilities to maximize medical and dental readiness for the Reserve Force.

(2) The Assistant Chief, Reserve Force Integration (MED07), will be responsible for achieving full integration of medical reserves and will exercise Coordinating Authority, in collaboration with the Medical Reserve Flag Officers for Programs 32 and 46.

(3) Program 32 and Dental Augment Reserve Unit Commanding Officers (COs) regular reporting senior will be their parent MTF/DTF commander. Program 46 COs will report directly to BUMED as their regular reporting senior. Orders for Program 32, 46 and Dental Augment COs will specify this primary reporting relationship. Program 32, 46 and Dental Augment COs will exercise regular reporting senior authority over all of their detachment officers in charge (OICs) with Performance Information Memorandum (PIM) reports from the appropriate Naval Reserve Activity (NRA) CO.

(4) BUMED will continue responsibility for the training and readiness of assigned medical RC forces, including development and approval of Individual Training Plans (ITPs).

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Existing tracking and reporting systems at COMNAVRESFOR will continue to be utilized for monitoring training and readiness.

(5) BUMED will continue to advise COMNAVSURFRESFOR in matters relating to structuring Program 32, 46, and Dental Augment Reserve units billets and establishment/disestablishment, with desired location of medical/dental reserve units. Billet/body mismatches will be submitted to COMNAVSURFRESFOR for corrective action.

(6) BUMED will exercise direct responsibility and control over the planning, prioritization, and approval (location/activity) where training is performed and the obligation of training funds, specifically, Active Duty for Training (CME ADT), and Annual Training (AT). BUMED will provide ADT requests to a COMNAVRESFOR representative during annual ADT negotiations with the Fleet Commander In Chiefs (CINCs). BUMED will prioritize the use of these funds based on both training and Peacetime Contributory Support (PCs) requirements that cannot be met via the primary sources of training funds provided to Reservists. BUMED will continue to rely on COMNAVRESFOR, its subordinate commands, and their established accounting systems, for actual travel orders, airline ticketing, reimbursement, and travel claim liquidation, as required.

(7) BUMED, in conjunction with COMNAVRESFOR and COMNAVSURFRESFOR, will review, provide, and monitor Reserve Force medical/dental readiness. In addition, BUMED will be provided medical/dental readiness data by COMNAVRESFOR as required, to respond to higher authority. All commands affected by this MOU will be asked for increased efforts in monitoring, reporting, and feedback of lessons learned, and are expected to support this effort fully, based on these critical evaluation needs. In the case of readiness reporting, BUMED initially will utilize existing COMNAVRESFOR reporting systems. For PCs reporting, BUMED will use its own reporting system, providing those reports to COMNAVRESFOR as the sole PCs input from Programs 32 and 46. Fleet Hospitals will report readiness status in Standard Operational Readiness Training Systems (SORTS) to BUMED and COMNAVRESFOR.

(8) BUMED will conduct Medical Inspector General visits as necessary for Program 32 and 46 units as determined by the Medical Inspector General, BUMED-07, and COMNAVSURFRESFOR.

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c. Administrative Control (ADCON) authorities over the RC Forces Assigned to BUMED.

(1) Commander, Naval Reserve Force and its subordinate commands will continue to provide the administrative support they have traditionally provided for the Reserve Medical Force assigned to Programs 32, 46 and Dental Augment Units. This will include reserve pay, mobilization, medical, dental, and physical readiness, drug and alcohol screening programs, completion of fitness reports (FITREPS) and evaluations (except as specified elsewhere in this MOU), command assessment visits once every 3 years, retention, promotion and advancement, personnel records maintenance, order writing, and training outside the realm of Medical Department Forces, i.e., General Navy Training, Leadership Continuum, Non-Prior Service Accession Course, participation in national selection boards and national training opportunities. Some existing Naval Reserve processes, i.e., for orders and travel, readiness reporting, will be utilized as a support service, even though decision authority for these matters will shift to BUMED. When reservists cannot drill with their parent command, reliance on local NRAs for support will continue, much as it exists today.

(2) Naval Reserve Activity COs will remain responsible for supporting and evaluating the performance for Medical Department Reserve unit COs/OICs on all matters of administration, readiness and training, as discussed above. Commander, Naval Surface Reserve Force and subordinate commands will issue orders to unit COs that specify the reporting relationships, and guidance to NRAs on proper handling of FITREPs and PIMs for Program 32 and 46 COS/OICS.

(3) Commander, Naval Reserve Force, working with the Fleet CINCs, Reserve Liaison Officers (RLOs), and Plans, Operations and Military Intelligence Officers (POMIs), will support efforts to create a fair-share allocation of discretionary training funds (ADT) to meet Naval Medical Department operational requirements.

d. ADCON responsibilities shared by Chief, Bureau of Medicine and Surgery and the Commander, Naval Reserve Force.

(1) The above delineation of responsibilities is neither exhaustive nor inflexible, as lessons are expected to be learned during implementation. As areas of uncertainty emerge regarding

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responsibility, Naval Medical Department leadership should resolve questions based on this criterion:

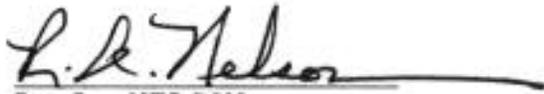
(a) ADCON should reside in the Active or Reserve chain of command, based on which has the greatest knowledge, capability, vested interest or specific responsibility established by regulations governing the function under review.

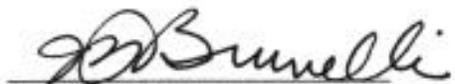
(b) BUMED, COMNAVRESFOR and COMNAVSURFRESFOR will jointly manage some functions primarily in manpower areas. For example, the senior officer detailing process will utilize the existing COMNAVSURFRESFOR selection process; however, BUMED will have the opportunity, prior to the board, to communicate recommendations to the senior board member to achieve overall community career management. Other functions shared between BUMED and COMNAVSURFRESFOR will include investigations, military justice, and awards and recognition. To jointly manage the Medical Reserve, there will be an exchange of electronic information between BUMED, COMNAVRESFOR and COMNAVSURFRESFOR.

5. Implementation. To achieve a smooth transition and optimal success in reserve utilization to support Navy Medicine and Operational Forces, an implementation plan will be developed and executed during the first year of the MOU. The support and use of this model is consistent with the Reserve Integration policy. This MOU will be reviewed and modified as needed, with approval of the signatory commands. After three years, the MOU and implementing guidance will be reviewed for any needed changes, and if none are made, will remain in effect until otherwise canceled.

6. Effective date. 05 November 2000


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