DEPARTMENT OF THE NAVY
Office of the Chief of Naval Operations
Washington, DC 20350-2000
and
Headquarters, United States Marine Corps
Washington, DC 20380-0001

OPNAVINST 6320.6
OP-933G/CMC(MED)
30 July 1986

**OPNAV INSTRUCTION 6320.6**

**From:** Chief of Naval Operations
Commandant of the Marine Corps
**To:** All Ships and Stations

**Subj:** HOSPITALIZATION OF SERVICE MEMBERS IN FOREIGN MEDICAL FACILITIES

**Ref:** (a) MANMED Chapter 16-25
(b) NAVMEDCOMINST 6320.1
(c) MCO P3040.4B (Marine Corps Casualty Procedures Manual) (NOTAL)
(d) NAVMILPERSMAN

**1. Purpose.** To establish policy, prescribe procedures, and assign responsibilities regarding hospitalization of Department of Navy (DON) service members in foreign medical facilities. Due to the geographical remoteness of Hawaii and Alaska, and for the purpose of this instruction only, Hawaiian and Alaskan civilian hospitals are considered foreign medical facilities.

**2. Background.** Navy and Marine Corps members on active duty may be hospitalized in foreign medical facilities in an emergency and, when in consonance with status of forces agreements, in nonemergency situations. Reference (a) addresses the handling of the patient's health and service records, and reference (b) provides guidelines for medical cognizance over hospitalized service members. Reference (b) directs action to be taken in the event a service member is hospitalized in a non-naval facility.

**3. Policy.** If medical or dental care is required by Navy and Marine Corps members and there are no naval facilities available, initial application shall always be made to other available Federal facilities. Additionally, members may obtain emergency and nonemergency care from military facilities of the host (foreign) country or, if applicable, from foreign civilian sources under the North Atlantic Treaty Organization (NATO) Status of Forces Agreement (SOFA) when U.S. facilities are not available and the member is stationed in or passing through a NATO SOFA nation. When service members are admitted to a foreign medical facility, timely action will be taken to transfer them to a United States military treatment facility equipped to care for their injury or illness.

**4. Responsibilities**

**a. Members.** If able, notify the parent command and the nearest naval activity of the circumstances requiring the use of non-Federal facilities. Provide the exact location to facilitate movement to a Federal facility. If unable to notify the parent command, contact the nearest U.S. Embassy or consulate for assistance.

**b. Commanding Officers/Officers In-Charge.** When commanding officers/officers-in-charge receive information of a service member's hospitalization in a foreign medical facility, as a minimum they shall:

**(1)** Obtain as much information as possible.

**(2)** Ensure that another member is assigned to the bedside to provide for the welfare of the hospitalized member. It is advisable to assign a member who is conversant in the local language. The assigned member shall be returned to his/her parent command once the hospitalized member is transferred to U.S. military control.

**(3)** Notify the appropriate regional naval medical command.

**(4)** In the case of Marines or Navy personnel assigned to Marine units, be guided by the procedures contained in the current edition of reference (c).

**(5)** In the case of Navy members, submit a personnel casualty report (NMPC 1770-4 applies) following Article 4210100.11 of reference (d) on all terminally ill, seriously/very seriously ill/injured members. Follow-on progress reports must be submitted by the member's commanding officer following Articles 4210100.11 and 4210100.12 of reference (d), unless submitted by a regional naval medical commander as directed in paragraph 4c.

**c. Regional Naval Medical Commands.** When a regional naval medical command is notified of a service member's hospitalization in a foreign medical facility, the commander shall:

**(1)** Assume medical cognizance over the hospitalized member and be responsible for arranging the member's transfer to an appropriate U.S. military treatment facility as soon as possible.

**(2)** Ensure that a timely medical evaluation is made of the patient's condition and that this is accurately reflected in progress reports following Articles 4210100.11 and 4210100.12 of reference (d). Appropriate specialty consultation should be arranged as necessary.

(3) Make telephonic or personal contact with the foreign medical facility on a regular basis, at least every 3 days, and daily if member is in serious or very serious condition.

(4) Notify the nearest U.S. Embassy or consulate of the service member's hospitalization, and request that they assist in monitoring the patient's care by providing information on local medical resources and in facilitating a transfer.

(5) Provide progress reports to the Commander, Naval Medical Command and the service member's commanding officer, every 3 days or daily if the patient is in serious or very serious condition. (If a Navy member, include the Commander, Naval Military Personnel Command (NMPC-122) or if a Marine member, include the Commandant of the Marine Corps (MHP-10) as an addressee.)

(6) Report all hospitalization of Marines or Navy personnel assigned to marine units per paragraph 1006 of reference (c), in conjunction with reporting through appropriate Navy channels.

P. X. KELLEY
Commandant
U.S. Marine Corps

**d. Director, Naval Medicine** shall:

(1) Serve as DON focal point for the program.

(2) Monitor and ensure compliance with this instruction.

**e. Fleet Commanders-in-Chief and other Superiors in Command** shall ensure that all Navy commanding officers/officers-in-charge comply with this instruction.

**f. Marine Commanders and Officers-in-Charge** shall ensure the strictest compliance with the contents of this instruction.

**g. Commander, Naval Medical Command** shall:

(1) Ensure that regional naval medical commands comply with this instruction.

(2) Provide technical assistance when requested.

C. A. H. TROST
Chief of Naval Operations

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