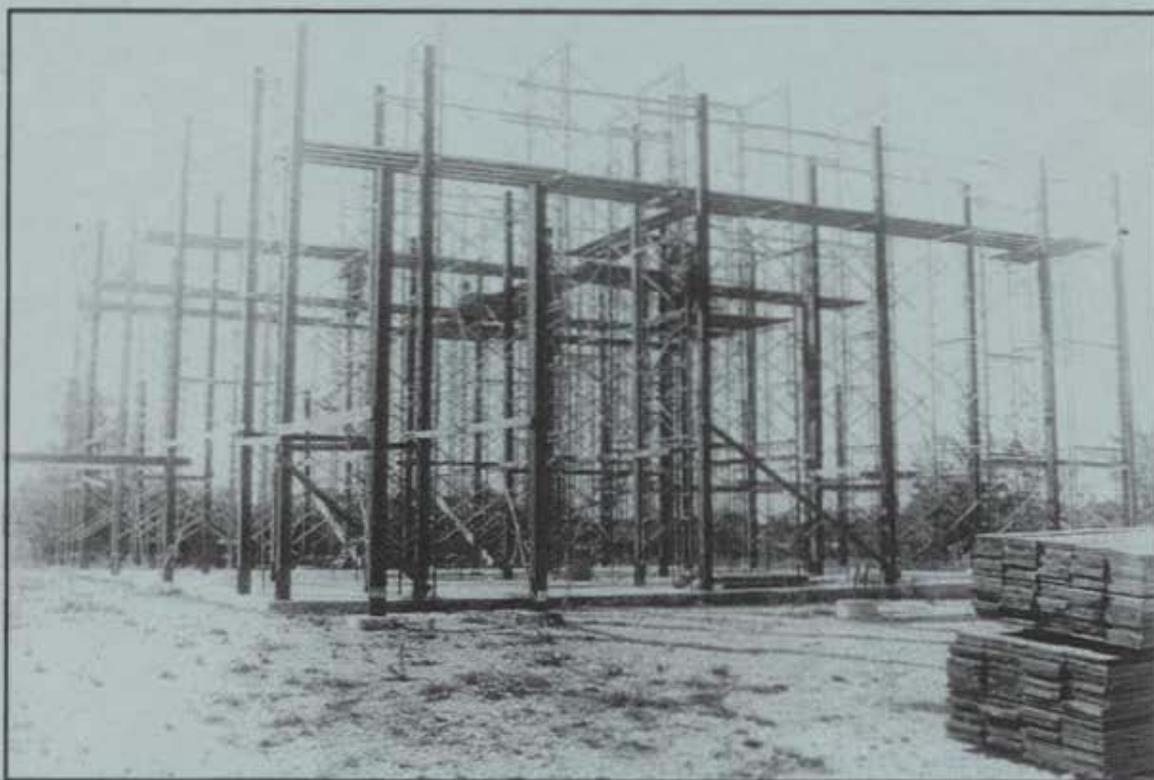


NAVAL MOBILE CONSTRUCTION BATTALION

FORTY



DEPLOYMENT COMPLETION REPORT

GUAM

APRIL - NOVEMBER 1995



DEPARTMENT OF THE NAVY
U.S. NAVAL MOBILE CONSTRUCTION BATTALION FORTY
UNIT 25306
FPO AP 96601-4981

IN REPLY REFER TO:

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From: Commanding Officer, U.S. Naval Mobile Construction Battalion FORTY
To: Distribution

Subj: SUBMISSION OF DEPLOYMENT COMPLETION REPORT

Ref: (a) COMCBPAC/COMCBLANTINST 3121.1B
(b) COMTHIRDNCB OORDER 03-95

Encl: (1) Deployment Completion Report

1. Enclosure (1) is forwarded in accordance with reference (a).
2. In accordance with reference (b), U.S. Naval Mobile Construction Battalion FORTY deployed to Camp Covington, Guam during the period 4 April to 15 November 1995, with Detachments in Diego Garcia; Oman; Qatar; Palau; San Clemente Island and San Diego, California; and Deployments for Training to five Thailand sites, and Jordan.
3. The Battalion provided outstanding quality construction and customer service for a variety of customers, unparalleled training for its personnel, and profoundly improved the readiness of the TOA pack-up and CESE fleet while completing all assigned and significant discretionary tasking.

R. E. CELLON

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EXECUTIVE SUMMARY

U.S. Naval Mobile Construction Battalion FORTY, Pacific Fleet's 1995 Best of Type (Active), and the 1995 Peltier Battalion had an extraordinary Pacific deployment. NMCB FORTY deployed to Guam, six Detachment sites across the Pacific and Indian Oceans: San Diego and San Clemente Island, California; Palau; Diego Garcia; Oman; Qatar; five Deployment For Training sites in Thailand in support of EXERCISE COBRA GOLD 95; and one site in Jordan in support of EXERCISE EASTERN CASTLE 95. The Battalion provided outstanding quality construction and customer service for a variety of customers and unparalleled training for its personnel while completing all assigned and significant discretionary tasking.

READINESS: Within days of arrival on Guam, NMCB FORTY mounted out five Deployment For Training (DFT) Detachments to Thailand and two Detachments to Southwest Asia; inventoried and upgraded the Armory, renovated and made the TA-41 combat ready, reduced deadlined CESE by fifty percent, and achieved 92% equipment availability from an original 81%.

MEDICAL: The Department provided direct medical support to eight DFT sites, the Civic Action Team, and the mainbody while maintaining and upgrading the Guam Medical Table of Allowance. The Department also initiated the link-up of the Snap Automated Medical System (SAMS) and the Consolidated Health Care System (CHCS), and coordinated hands-on training with Naval Hospital Guam.

SAFETY: The Safety Office aggressively conducted daily inspections of all projects and routine inspections of shops, facilities, and activities on Guam. All mishaps were immediately reported, investigated, and corrective action implemented.

TRAINING: The Battalion performed over 4,000 man-days of physical, tactical, technical, and General Military Training while on deployment.

OPERATIONS: The Battalion completed 29,813 man-days of construction on 37 tasked projects, executed the mount out of the DFTs, Direct Labor Training allocation, and Camp Maintenance.

SUPPLY: The Battalion is the first to implement the new COMTHIRDNCB Supply Management Assist Pilot Program; reconstructed the Air Detachment Table of Allowance to 95% complete, replaced 33 rotted TOA tent boxes, and restocked Central Store Room and Camp Maintenance Store Room, obtaining 100% validity.

ADMINISTRATION/PERSONNEL/EXECUTIVE STAFF

ADMINISTRATION

1. **Narrative.** The Administration Department, Legal Office, ADP Office, Career Counselor and Command Indoctrination Office were located in Bldg 559A. The Admin Department handled all incoming and outgoing correspondence, transportation requests, and non-tactical communications for the Battalion. The Legal office was double-hatted as the ADP office.

2. **Areas That Need Improvement/Attention.**

a. **ADP Assets.** The Administration Office has three computer stations and only one printer. This hindered production, requiring extended manhours to complete administrative tasking. The Administration Office needs at least two more printers or Local Area Network to efficiently perform all work.

b. **Gate Guard Program.** There were no Battalion personnel trained to troubleshoot the program and the Naval Computer and Telecommunications Master Station Guam ADP specialists had to correct identified problems. The removable disk drives (Bernoulli disk drives) often malfunctioned and had to be reloaded by NCTAMS or replaced.

c. **CD-ROM Capabilities.** The Administrative Department has no CD-ROM capability. This will become a necessity in the near future as most Department of the Navy publications and Directives will soon be received via CD.

3. **Commendatory Items and Positive Trends.**

a. **NCTAMS.** The Admin Department developed an exceptional working relationship with NCTAMS. All problems with message traffic or the Gate Guard system were handled promptly and with great customer service. NCTAMS personnel routinely went well above expectations in assisting the Admin Department.

b. **TAP Classes.** An outstanding working relationship was developed with the Transition Assistance Program (TAP) coordinator who provided one-on-one counseling service to members unable to attend the monthly TAP seminars in Guam. Navy Campus provided excellent service processing Battalion personnel for DD295 workshops and enrollment in the University of Maryland.

PERSONNEL

1. **Narrative.** The Personnel Office is responsible for all enlisted transfers and receipts, separations and retirements, and administration of Navy-wide advancement examinations. Transportation requirements for funded TAD travel (including Emergency Leave) are processed through PSD Naval Activities Guam.

2. Areas That Need Improvement/Attention.

a. Office Supplies, Equipment and ADP Assets.

(1) **ESO Courses/Manuals.** The availability of Rate Training Manuals on the deployment site should be closely planned and coordinated between the current and relieving Battalions. Upon NMCB FORTY's arrival, the ESO library was significantly short of OF-13 courses. The courses that were ordered upon arrival, and did not arrive until the end of the deployment. The most commonly used courses (or courses that were low on supply) should be ordered in sufficient time prior to deploying, use the deployment site's UIC to ensure availability.

(2) **Shredder.** Considering the amount of paper that is generated within the Administrative Department, a larger shredder should be purchased. There is limited use of the mulcher at NCTAMS.

(3) **CD ROM Capabilities.** The ESO needs CD-ROM capabilities because the CANTRAC and all updates are on CD-ROM.

3. Commendatory Items and Positive Trends. An extraordinary working relationship was established with PSD Naval Activities Guam. In particular, the NAVPTO provided exceptional customer service for short-fused travel arrangements and itinerary changes and provided 24-hour service on emergency leave travel arrangements.

MEDICAL

1. **Narrative.** The NMCB FORTY Medical Department was staffed with 1 General Medical Officer, 3 Independent Duty Corpsmen, 1 Preventive Medicine Technician, 1 Laboratory Technician, 1 X-RAY Technician, 2 General Duty Corpsmen and a Striker. The 3 IDCs were deployed away from Guam through the majority of the deployment in support of Deployment for Training Detachments in Thailand and Jordan, detachment sites in Southwest Asia, and the Civic Action Team in Palau. The Department provided routine medical support and maintained the Guam Medical Table of Allowance (TOA).

2. **Areas That Need Improvement/Attention.**

a. **TOA Management.** The Medical Department's most challenging task at Camp Covington was medical TOA management. Substantial TOA discrepancies and material shortages were identified early. Immediate implementation of the Snap Automated Medical System (SAMS) and strict inventory control and management helped to resolve most discrepancies. Factors attributing to the TOA shortages included:

(1) Considerate quantities of drugs and consumable medical materials with limited shelf lives had expired, were surveyed, and disposed of. This problem can be minimized by rotating expiring TOA shelf life items to working stock or to NAVHOSP Guam and replenishing the TOA with new stock. NAVMEDLOGCOM's Shelf Life Extension Program extending the shelf life of expired items following FDA testing, is posted in monthly NMDMB's. High usage stocks can occasionally be traded with the Naval Hospital Pharmacy, Naval Hospital Supply, or the Medical Clinic at Anderson AFB prior to expiration for items that have at least 2 months of shelf life left. Utilizing the SAMS supply database to monitor expiring stock items significantly simplifies this tracking process.

(2) The Medical Department utilized medical TOA materials because simultaneous DFT exercises demanded more supplies than the non-TOA supplies. Dets in remote locations with insufficient medical treatment capabilities require extensive amounts of routine and emergent medical materials and equipment to properly support them. Additional medical equipment must be procured to support the Deployment for Training requirements and adequate supplies of medicinals should be drawn from the hospital or procured well in advance of the DFTs departure dates. This mandates the Medical Department be informed of DFT plans several months prior to departure to procure the required medical materials utilizing funds specifically allotted for DFTs.

b. **Shortage of Independent Duty Corpsmen.** DFT tasking's during the deployment exceeded the number of IDCs (NEC 8425) available and the Medical Department was forced to utilize less qualified NEC 8404/0000 Field Medical Technicians. When non-IDC HM's were utilized to fill IDC billets, they were sent to the least remote sites with better access to definitive (though not ideal) medical care. DFTs are often in remote locations where the medical treatment facilities and medical personnel are inadequate. These DETs should always be manned by

IDCs. Non-IDC HMs lack the advanced emergency medical training, knowledge, and experience to operate independently. If DFT tasking exceeds IDC availability, Operations should immediately request augment support from the ISIC. This should be requested a minimum of three months prior to the requirement. Local medical clinics and hospitals and NAVHOSP Guam can't be relied upon to supply IDCs to support DFT missions.

c. **Transport of Controlled Medicinals.** Commercial air was used to transport the Waterwell DFT to the deployment site. The IDC was required to hand carry controlled meds (Morphine, Codeine, Diazepam) through civilian international airports (Phillipines, Singapore, Malaysia, Bahrain, Jordan) where the penalty for illegal transportation of narcotics can carry the death penalty. Although no incidents occurred, IDCs don't have available nor carry identification or certification proving they are medical professionals authorized to carry controlled medications. A letter was signed by the U.S. Embassy attesting to the IDCs authorization to carry controlled medications. IDCs traveling overseas with controlled medications should carry a letter from their Command and from the appropriate U.S. Embassy attesting that the IDC are authorized to carry and prescribe controlled medications.

3. Commendatory Items and Positive Trends.

a. **Installation of SAMS.** The Medical Department installed the Snap Automated Medical System (SAMS) software at Camp Covington immediately upon arrival. SAMS greatly improved management of the Medical TOA, health maintenance, and preventive medicine programs as well as overall Battalion readiness.

b. **Initiated CHCS Installation.** The Consolidated Health Care System (CHCS) was implemented. The Battalion Surgeon and HMs were trained in its use by the Naval Hospital, a modem was secured, and the Camp Covington Clinic was connected to the Naval Hospital's CHCS system. This system greatly enhanced the ability to place pharmacy, X-Ray, Lab and consult orders and results by computer/modem, eliminating excessive chits, calls, awaiting results and multiple runs to and from the hospital. This timesaving system requires training prior to obtaining access, with training available in Homeport, or on deployment from the CHCS Coordinator.

c. **Medical Support.** Medical quickly established a strong professional relationship with the Naval Hospital Guam and the Naval Activities Medical Clinic. Hospital support including E.R., Specialty Service Clinics, Pharmacy, Laboratory, X-RAY, Training and Medical Supply was abundant and forthcoming. Consultation services offered at the Naval Hospital were much more convenient than those in Homeport (CBC Port Hueneme) where we often send Seabees TAD to Camp Pendleton or San Diego Naval Hospitals for required specialty consults. Naval Hospital Guam offered amazingly quick consultations in most major fields, with the exception of Neurosurgery and Cardiology which lacked specialists on island. While routine eye exams were difficult to obtain, special evals and ophthalmology consults are readily available. The Naval Activities Medical Clinic was utilized to perform lab-work, X-Rays and fill prescriptions for routine items. The hospital loaned Camp Covington Medical Clinic an Audiometer and booth

allowing audiometric testing to be performed on site. Continue to utilize the Naval Hospital Supply Department's "Free Issue/Redistribution Program" from which we received two thousand dollars of free medical materials/consumables and equipment to restock the clinic and Medical TOA.

d. Reserve Augment. The Battalion was augmented by a Reserve Medical Officer for three week to help fill the four-week gap between Battalion Medical Officers. During this time, he assisted in expediting the turn-around time for prescriptions and patient consults and updating the clinic's emergency resuscitation protocol and equipment.

e. Progress toward 1994 TOA. The items needed to update to the 1994 Medical TOA were identified and 1250s prepared. To minimize the need for constant trading of high usage stock items, negotiations were initiated between the Naval Hospital, THIRD NCB, and the Battalion. The desired outcome is the hospital will carry the consumable items the Camp requires in their stock. Once the items are in the hospital stock system, the Battalion will be able to have them delivered within 48 hours.

DENTAL

1. **Narrative.** During the deployment, the Dental Department diagnosed and treated the dental needs of Battalion's Main Body personnel, including root canal therapy, tooth extractions, soft tissue biopsy, dental cleaning, oral hygiene instructions, emergency treatment for trauma and infections of the oral cavity, maintenance of periodontal patients, restoration of decayed and broken down teeth, and replacement of missing teeth. NMCB FORTY maintained a Dental Readiness of 97 percent.

2. **Areas That Need Improvement/Attention.**

TOA. The TOA is old and several missing items were ordered. A thorough inventory and reorganization of instruments was completed.

3. **Commendatory Items and Positive Trends.**

a. Support from NDC, Guam was outstanding.

b. The physical condition of the clinic was improved considerably. The clinic interior was painted, new waiting room furniture added, and excess equipment removed, allowing smoother operations and improved sanitation. The Naval Dental Center, Guam and the Naval Hospital, Guam provided Oral Surgical Care for several Battalion members. The NDC, Guam Dental Prosthetic Laboratory fabricated high-quality prosthetic appliances i.e. crowns, bridges, and various removable partial dentures. The NDC, Guam Supply and Repair Departments also continuously supported material shortages and maintenance repair of critical dental items.

CHAPLAIN

1. **Narrative.** The Camp Covington Chapel provided the following Religious activities. Sunday School, Catholic Mass, Protestant Worship, and Gospel Services were held on Sundays; Bible Study on Wednesdays; Prayer Meetings on Thursdays; and Music Theory and Composition, Group Music Lessons, and Choir Practice on Fridays. One Saturday a month a "Monthly Birthday Fellowship" was held at the Christian Servicemen's Center. The NMCB FORTY Seabee Choir visited area chapels on a regular basis and assisted the Camp Covington Chapel in sponsoring a "Community Concert" for area chapels. The Chaplain also ministered to those in the hospital and on the projects. The chapel sponsored a "Return and Reunion" Seminar for the Battalion upon completion of the deployment.

2. **Areas That Need Improvement/Attention.**

- a. Procurement action was initiated to replace the deteriorated Chapel organ.

3. **Commendatory Items and Positive Trends.**

- a. The NMCB FORTY Choir visited over twenty local chapels, churches, and communities on a regular basis. The choir also assisted the Camp's Chapel in sponsoring a "Community Concert" for area chapels.

- b. The chapel sponsored a Battalion "Return and Reunion" Seminar upon completion of the deployment.

- c. In addition to recategorizing the 2,500 books in the Chapel library under the Dewey Decimal system, over 350 new books were added.

- d. The Chapel facility was also used for All-Khaki, FEX GMT, and Battalion Safety training sessions.

- e. The Chapel piano was repaired and tuned.

SAFETY

1. **Narrative.** A SWC was the Safety Officer and a CE1 was the Battalion Safety Chief. The Battalion Safety Office conducted daily inspections of all projects and routine inspections of the shops, facilities, and recreational activities in Guam. All identified unsafe or unhealthful conditions were expediently corrected. The Safety Office ensured that all mishaps were investigated and all reports completed and forwarded quickly, while the mishap statistics were analyzed and measures implemented to prevent recurrence. The Safety Office assisted project planners in developing safety plans and provided assistance to the Detachments throughout the deployment.

2. **Areas That Need Improvement/Attention.**

a. **Paint booth.** To comply with the National Fire Protection Agency, the Alfa Company vehicle paint booth required an approved fire extinguisher system. The sprinkler system was designed by engineering, approved by PACDIV, and the material ordered. Replacement covers for nineteen light fixtures were ordered. The exit door modifications were completed to compliance.

b. **Respirator Fit Test.** Homeport respirator training and fit testing were conducted on 3M type respirators. 3M type respirators were available for the Main Body and Detachment Southwest Asia. However, Detachment Diego Garcia only had Wilson and MSA manufactured respirators. Respirator training and fit testing in Diego Garcia were conducted by the local Safety Office. To rectify this problem, Homeport training and fit testing must be tailored for the different manufacture types of respirators available at the sites. Another alternative would be to train, fit test, and replenish the TOA with only one type of respirator.

c. **Safety Glasses.** Eye goggles are the main eye protective equipment issued by CTR. Because of the hot humid conditions, fog easily develops in the goggles, and obscures visibility, causing inconvenience and a safety hazard. It is recommended that CTR issue safety glasses (plastic frame, wire wrap temple with clear side shields).

3. **Commendatory Items and Positive Trends.**

a. **Local Command Support.** The NAVACTS Safety Office provided technical assistance, conducted a NAVOSH inspection, and made their technical library available for the Battalion's use. Public Works Center, Guam included the Battalion in their safety training offerings. The NAVACTS Fire Marshall replaced CO2 fire extinguishers with ABC extinguishers.

b. **Electrical Lockout/Tagout and Temporary Power Programs.** To prevent electrical shock from unexpectedly energized machinery or equipment, Lockout/Tagout program was implemented and strictly enforced. A Temporary Power Inspection and Certification Program was also implemented.