Force's Focus

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Around the Fleet

- Sailors and Marines from Combat Logistics Battalion 5, Marine Rotational Force–Darwin 26 rehearsed medical procedures aboard the Royal Australian Navy's HMAS Canberra.
- MRF-D 26 provides a forward-postured crisis-response capability while strengthening interoperability with Australia and other Indo-Pacific partners.
- This is FMF medicine in the future fight. Different ship. Different nation. Same Marine on the litter. Our Sailors have to be capable of plugging into the joint and combined force without hesitation.

Below: HM3 Damara Wright, center, with Combat Logistics Battalion 5, Marine Rotational Force – Darwin 26,explains how a blood type test kit can be used to determine a patient's blood type.

Warfighters,

It is my absolute honor to be your 18th Force Master Chief of Navy Medicine and the Director for the Hospital Corps!

First, I would like to thank my predecessor, FORCM PatrickPaul "PaP" Mangaran for his leadership, dedication, and advocacy for our beloved Hospital Corps!

As Force Master Chief, I remain aligned with the Surgeon General's Lines of Effort while representing the interests of over 27,000 Sailors across the Navy Medicine Enterprise. I remain focused on aligning the Navy, community, and our Sailors with training and readiness as my top priority. We must ensure the Hospital Corps is ready to fight and win, at any given moment, today and in the future.

My leadership philosophy, and priorities, are "5 P's" rooted in the principle that our people are our greatest warfighting advantage and force multiplier. I believe mission achievement begins with enabling Sailors' success and empowering our teams at every level. By fostering trust, enforcing standards, and developing professional and personal readiness to ensure our teams are prepared to execute across the full spectrum of operations. Everything we do should begin, and end, with our **People** at the heart of each discussion.

It is our **Purpose** that connects our team, and drives our mission, vision and innovation. We must learn from our history and heritage to train and prepare for war.

Pride builds on the foundation of a culture of excellence. We must become experts on the "basics" – technical mastery, grooming standards, uniform appearance, attention to detail, and good order and discipline should be rooted to our core.

Precision in our daily performance is non-negotiable. I set clear expectations, demand accountability, and measure outcomes to ensure operational excellence. I believe disciplined execution, informed decision-making, and continuous improvement are essential to supporting the warfighter and sustaining optimal readiness.

Perseverance is crucial especially in the face of adversity. Maintaining composure during uncertainty, operational stress, and a resource constrained environment. I expect leaders, at every level, to confront challenges directly, learn from setbacks, and adapt and overcome, to accomplish the mission. Continue to raise barriers and communicate up the chain of command. Through perseverance, I reinforce a culture of toughness, grit, teamwork, and conviction – ensuring the force remains ready, capable and lethal.

Sincerely,

FORCM Jerry Cantorna

History & Heritage

Master Chief Hospital Corpsman William R. Charette (1932–2012) stands among Navy Medicine's most distinguished historical figures. He holds the rare distinction of being one of only 22 hospital corpsmen awarded the Medal of Honor, one of 23 corpsmen to serve as a warship namesake (USS William Charette DDG130), christened August 1, 2026, and a pioneer for the Submarine Independent Duty Corpsman specialty.

In March 1953, while serving with F Co, 2/7, 1st MARDIV, Charette took part in a defense against a ferocious Chinese assault on outpost positions in the Korean War. When an enemy grenade landed beside a critically wounded Marine he was treating, the 20-year-old Charette unhesitatingly threw himself over the man, absorbing the entire concussion. Knocked unconscious and temporarily blinded by his own facial wounds, Charette refused treatment and improvised bandages from his clothing to aid other wounded comrades. He selflessly gave his battle vest to a Marine whose armor had blown off, treated five casualties from another blast, and stood upright under intense fire to rescue a gravely injured soldier.

Beyond his wartime bravery, Charette played a profound role in national remembrance. On May 28, 1958, aboard USS Canberra, he selected the World War II Unknown Soldier by placing a carnation wreath on one of two caskets. He remains one of just four service members selected for this solemn honor since 1921.

Community Corner - Paramedics

Paramedics are the Navy's prehospital emergency and critical care medicine specialists. They can work independently or along-side other prehospital providers at the very tip of Navy expeditionary medicine.

Requirements:

- Command approval
- Current NREMT-B (cannot expire before course completion)
- Currently at (or) have hard copy orders to a Navy Medicine command
- College level Math & English or CASAS test
- Pass PRT and meet BCA standards

Upon execution of orders, you will need:

- Class V flight physical and current DD2992
- Underwater emergency egress training
- Reserve personnel should contact your UMIIC CCC for more information.

Speak to your CCC about how to submit a package to your region's N7 for consideration.

Sailor Spotlight

HM1 (SS) Bailey Carter
USS New Jersey (SSN 796)

What began as a routine complaint of indigestion underway evolved into a life-threatening case. My crewmember initially presented with mild dyspepsia following lunch and was treated conservatively.

Several hours later, he returned with worsening abdominal pain, nausea, and vomiting. Although a recent viral illness onboard made gastroenteritis a reasonable consideration, serial reassessments revealed a rapidly changing clinical picture.

Overnight, the patient developed diffuse abdominal pain, persistent emesis, chills, hypotension, tachycardia, guarding, and positive McBurney's and Rovsing's signs. I initiated IV fluids, antibiotics, antiemetics, analgesia, and continuous monitoring while notifying the chain of command and preparing a MEDEVAC.

Command leadership expedited the submarine's pull-in to Port Canaveral. He underwent an emergent appendectomy, required ICU admission for sepsis, and ultimately made a full recovery.

Key Takeaways:

- Early recognition saves lives.
- Communicate early with command.
- Initiate treatment while arranging evacuation.
- Trust your clinical judgment.
- Keep a broad differential diagnosis.
- Perform serial reassessments.
- Trending vital signs are often more valuable than a single set.
- Don't dismiss worsening abdominal pain.

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For questions, comments, or requests to recognize an outstanding Sailor or team, please direct all queries to:
usn.ncr.bumedfchva.list.bumed---pao@health.mil