ANN	UAL FREEDOM OF INFO	RMATION ACT REPORT			RT CONTROL SYMBOL A&M(A)1365				
SUBCOMPONENT/COMPONENT OR AGEN	CY REPORTING		7.7.10m - 001	REPORT	FOR FISCAL YEAR				
BUREAU OF MEDICINE AND SURC	GERY (BUMED) (47)				2015				
1. PERSON(S) TO CONTACT WHO CAN AN	SWER QUESTIONS ABOUT TH	E REPORT							
a. NAME (Last, First, Middle Initial)	b. TITLE	c. ADDRESS	d. TELEPHONE NO.	e. E-MAIL	. ADDRESS				
GARCIA, DELLA W	FOIA COORDINATO	R 7700 ARLINGTON BLVD, FAI CHURCH, VA 22042-5124	TUS 703-681-8970	della.v	w.garcia.civ@mail.mil				
2. PROVIDE AN ELECTRONIC LINK FOR ACCESS TO THE REPORT ON THE AGENCY WEB SITE. The Defense Freedom of Information Policy Office (DFOIPO) will satisfy this requirement.									
3. EXPLAIN HOW TO OBTAIN A COPY OF The Defense Freedom of Information		requirement.							
	SEC	TION II - MAKING A FOIA REQUES	Γ						
		e on separate page If necessary using the san							
 SUBCOMPONENT/COMPONENT OR AGE Department of the Air Force) 	ENCY) (e.g, McDill AFB,	b. ADDRESS (Mail Stop, Room, Building, Ba	ase, City, State or Country, ZIP C	ode) (c. TELEPHONE NUMBER				
Navy Medicine West, San Diego		34800 Bob Wilson Drive, San Diego	, CA 92134		619-532-6475				
Navy Medicine East, Portsmouth	e ·	620 John Paul Jones Circle, Portsm	outh, VA 23708		757-953-5976				
Navy Medicine Operational Training (Center	220 Hovey Road, Pensacola, FL 32	2508-1047		850-452-2691				
Naval Medical Research Center		503 Robert Grant Ave, Silver Spring	, MD 20910	i	301-319-7581				
Naval Medical Logistics Command		693 Neiman Street, FT Detrick, MD	21702		301-619-9618				
Navy Medicine Information Systems	Support Activity	2266 Reynolds Ave, FT Sam Housto	on, TX 78234		301-319-1032				
Navy & Marine Corps Public Health C	Center	620 John Paul Jones Circle, Ste 11	10, Portsmouth, VA		757-953-0929				
Naval Hospital Jacksonville, Florida		2080 Child Street, Jacksonville, FŁ	32214		904-542-7816				
2. PROVIDE A BRIEF DESCRIPTION OF WITHE FOIA EXEMPTIONS APPLY. The Defense Freedom of Information		GRANTED AND AN OVERVIEW OR CERTA requirement.	IN GENERAL CATEGORIES OF	THE AGENC	Y'S RECORDS TO WHIC				
	SECTION III - A	ACRONYMS, DEFINITIONS AND EX	EMPTIONS		w.				
The Defence Fundam of Lefence disco	Policy Office will satisfy this								

SUBCOMPONENT/COMPONENT OR AGENCY REPORTING		REPORT FO	R FISCAL YEAR	
BUREAU OF MEDICINE AND SURGERY (BUMED) (47)			2015	
SECTION IV - EXEMPTION 3 STATUTES (Attach addition	nal pages if necessary) <u>C</u>	Continuation P	age	
 (1) List all Exemption 3 statutes. (http://www.dod.mil/pubs/foi/dfoipo/docs/b3.pdf) (2) The Defense Freedom of Information Policy Office will satisfy this requirement. (3) The Defense Freedom of Information Policy Office will satisfy this requirement. (4) For each request, report the number of times each statute was relied upon, however, count each statute only once per re 			Total Number of Unique Uses of Exempt 3 Statutes	20
1. STATUTE (CTRL+click to select all applicable)	2. TYPE OF INFORMATION	WITHHELD	3. CASE CITATION	4. NO. OF TIMES RELIED UPON
10 USC Section 1102	The Defense Freedom o Policy Office will satisfy t	f Information this	The Defense Freedom of Information Policy	3
5 USC Section 574(j)	requirement.		Office will satisfy this requirement.	3
10 USC Section 130b				12
10 USC Section 2305(g)				2
				-
·				
Other:				
Other:				

SUBCOMPONENT/COMPONENT OR AGENCY REPORTING REPORT FOR FISCA											SCAL YEAR	
BUREAU	OF MEDICIN	IE AND SUF	GERY (BUM	ED) (47)							2015	
					SECTION V	- FOIA REC	QUESTS					
Provide the	numbers of rec	eived, process		STS. requests, both per of columns 1 and						ber of "Request	s Pending as of	End of Fiscal
	1. ER OF REQUESTS F START OF FISC		NUMI	2, BER OF REQUESTS IN FISCAL YE		NU	MBER OF REQU	3. ESTS PROCESSI AL YEAR	ED		4. OF REQUESTS PE END OF FISCAL \	
	2	•		333				333		,	2	
1. All Proces		⊃rovide the nur		ispositions as des columns 1 throug								Other than
(1)	(2)	(3)		(4) NUMBER OF FU	LL DENIALS BASE	ON REASONS OT	HER THAN EXEMP	TIONS (Please cour	nt each case can	be in only 1 calumn)		(5)
NUMBER OF FULL GRANTS	NUMBER OF PARTIAL GRANTS PARTIAL DENIALS	NUMBER OF	a. NO RECORDS	b. ALL RECORDS REFERRED TO ANOTHER COMPONENT/ AGENCY	c. REQUEST WITHDRAWN	d. FEE- RELATED REASON	e, RECORDS NOT REASONABLY DESCRIBED	f. IMPROPER FOIA REQUEST FOR OTHER REASON	g. NOT AGENCY RECORD	h. DUPLICATE REQUEST	i. OTHER (Explain in B.2 below)	TOTAL
104	155	37	13	17	3	0	1	0	0	3	0	333
			Reasons Other to al "Other" colum	nan Exemptions". n in B.1.	For any reques	t marked "Othe	er", provide des	criptions of other	r reasons for	full denials and	the number of ti	mes each
			(1) DES	CRIPTION OF "C	OTHER" REAS	ONS FOR DEN	IALS				(2) NO. C	OF TIMES
											(3) TOTAL	
3. Number of	Times Exemption	ons Applied. C	ount each exemp	tion only once per	request.	· · · · · · · · · · · · · · · · · · ·						
EX. 1	EX. 2	EX. 3	EX. 4	EX. EX. 5 6				EX. 7(D)	EX. 7(E)	EX. 7(F)	EX. 8	EX. 9
0	0	20	12	13 19	92 1	0	1	7	0	0	0	0

SUBCOMPO	NENT/CO	MPONENT	OR AGENCY	REPO	RTING		•	•					REPOR	T FOR FIS	CAL YEAR	ŧ .	
BUREAU	OF MED	DICINE A	ND SURG	ERY (E	BUMED) (47)										2015		
			SECTIO	VI - A	ADMINISTRA	ATIVE APP	EALS OF I	NITIAL DE	TERN	ITANIN	ONS OF I	OIA RI	EQUES	TS			
Provide the columns 1 thre number in col	e number ough 4. T umn 4. St	of administrate of a he sum of a tarting with	ative appeals columns 1 and Fiscal Year 2	receive I 2 minu 109, the	STRATIVE APPI d, processed, ar s the number in number in colur om the previous	nd pending as column 3 mus nn 1 must mai	st equal the tch the		ne num in the ' imber o n, but v	iber of ad "Total" co of appeal were clos	dministrative olumn must i Is which neit sed for other	appeal a match the her affirm reasons (djudication number ed nor re (see DFC	ons as desci in Section ' versed/rem OIPO Instru	ribed in the VI. A., colur anded the l ctions)	colur nn 3.	In column 4,
1. NUMBER OF A PENDING AS OF FISCAL Y	START OF		2, OF APPEALS IN FISCAL YEAR		3. MBER OF APPEALS CESSED IN FISCAL YEAR	PENDING .	4. OF APPEALS AS OF END OF AL YEAR	1. NUMBER AFFI ON APPEA		PAI REVERSE	2, R PARTIALLY RMED AND RTIALLY ED/REMANDED APPEAL	REMA	3. OMPLETEL RSED/ ANDED PPEAL	APPEAL FOR	4. BER OF S CLOSED OTHER SONS		5. TOTAL
C. REASONS 1. Number of report that apprendicts	Times Ex	emptions A	pplied. Note:	If an ad	ministrative app	eal results in t beal, report all	the denial of in exemptions a	l formation base pplied; howev	ed on a	exemption	ons and also exemption o	based on nly once p	a reasor per appea	ı or reason: al.	s presented	in C.:	2 and 3,
EX. 1	EX. 2		X. 3	EX. 4	EX. 5	EX. 6	EX. 7(A)	EX. 7(B)		EX. 7(C)	EX. 7(D)		:X. (E)	EX. 7(F)	EX. 8		EX. 9
	i					;											, , , , ,
2. Reasons C	Other than	Exemption	s. Provide th	numbe	er of administrati	ve appeals res	sulting in denia	for reasons	other th	nan exen	nptions, as d	escribed	below. C	.2. plus C.:	3 must be e	qual t	o B.4.
(1) NO RECORDS	REI	(2) ECORDS FERRED AT AL REQUEST LEVEL	(3) REQUES WITHDRA	T VN	(4) FEE- RELATED REASON	(5) RECORDS NOT REASONAB DESCRIBE	IMPR REQUE LY OTHER	6) OPER ST FOR REASON	(7) NOT AGEN RECO	CY	(8) DUPLICAT REQUEST OR APPEAL	.	(9) REQUEST IN LITIGATIO	N SOLE OF R	(10) PEAL BASED LY ON DENIAL EQUEST FOR XPEDITED ROCESSING		(11) OTHER (Explain in C.3 below)
							,				-						
3. "Other" R	easons for	Denial. Pi	ovide descrip	tions of	the "other" reaso	ons and the nu	umber of times	each was reli	ed upo	n. "Tota	l" must equa	al "Other"	column,	C.2.(11).			
					DESCRIP	(1) TION OF "OT	HER" REASC	N							NUMBER	(2) R OF	TIMES
			•					ē						(3) T	OTAL		

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SUBCOMPONENT/COMPONENT OR AGENCY REPORTING REPORT FOR FISCAL YEAR											
			RY (BUMED)	(47)					otti i otti	2015	
	SI	ECTION VI - A	ADMINISTRA	TIVE APPEA	LS OF INITIA	L DETERMIN	ATIONS OF I	FOIA REQUE	STS (Continue	d)	
C.4. Response	time for Adminis	trative Appeals.	Provide the (1) m	edian, (2) averag	re, and (3) and (4) range in numbe	er of days to respo	ond to administra	tive appeals.		-
MEDIA	(1) N NUMBER OF	DAYS	AVERA	(2) GE NUMBER OF	DAYS	RANGE - LO	(3) OWEST NUMBER	R OF DAYS	RANGE - HI	(4) GHEST NUMBE	R OF DAYS
-							•				
5. Ten Oldest Pending Administrative Appeals. Provide the date of receipt of the ten oldest pending administrative appeals, and the number of days pending. (YYYYMMDD, e.g. 20030918) To calculate the number of Federal work days, see http://www.codeforexcelandoutlook.com/blog/2008/06/calculate-working-days-minus-holidays-in-vba/ or http://www.excelexchange.com/WorkingDays.html . MS. Excel formula "Net workdays less holidays." See attached Excel list of Federal holidays.											
		10th OLDEST	9th	8th	7th	6th	5th	4th	3rd	2nd	OLDEST
(1) DATE OF RE	1) DATE OF RECEIPT										
(2) NUMBER OF PENDING	DAYS										
		SECTION	/II - FOIA RE	QUESTS: RE	SPONSE TIM	E FOR PRO	CESSED AND	PENDING R	EQUESTS		
If using a multi-tr granted expedite NOTE: Table A information was To calculate the	ack processing sed processing. must reflect the lighter if the granted, either if the mumber of Federal process.	system, report res response times fon n full or in part. eral work days, se	sponse times sep or <u>all</u> processed p ee http://www.coc	arately for each to erfected requesto deforexcelandout	rack. If not using ts. Table B is a s look.com/blog/20	a multi-track pro sub-set of Table <i>A</i> 08/06/calculate-v	ceipt of the perfect cessing system, and must reflect working-days-mini excel list of Federa	at a minimum, re the response timus-holidays-in-vb	nes only for those		
A. PROCESSE perfected reque		RESPONSE TIM	E FOR ALL PRO	CESSED <u>PERF</u> I	ECTED REQUES	STS. Provide the	(1) median, (2) a	verage and (3) a	nd (4) range in n	umber of days to	process all
	1. SI	MPLE			2.	COMPLEX			3. EXPEDITED	PROCESSING	
(1) MEDIAN NUMBER OF DAYS	(2) AVERAGE NUMBER OF DAYS	(3) RANGE - LOWEST NUMBER OF DAYS	(4) RANGE - HIGHEST NUMBER OF DAYS	(1) MEDIAN NUMBER OF DAYS	(2) AVERAGE NUMBER OF DAYS	(3) RANGE - LOWEST NUMBER OF DAYS	(4) RANGE - HIGHEST NUMBER OF DAYS	(1) MEDIAN NUMBER OF DAYS	(2) AVERAGE NUMBER OF DAYS	(3) RANGE - LOWEST NUMBER OF DAYS	(4) RANGE - HIGHEST NUMBER OF DAYS
13	18	1	45	11	20	10	50	0	0	0	0
B. PROCESSE number of days	D REQUESTS - to process all <u>pe</u>	RESPONSE TIM rfected requests	E FOR <u>PERFEC</u> in which informat	TED REQUESTS tion was granted	FOR WHICH IN (full grants and p	FORMATION W. artial grants).	AS GRANTED.	Provide the (1) m	edian, (2) averag	e and (3) and (4)	range in
	1. SI	MPLE			2. CO	MPLEX			3. EXPEDITE	PROCESSING	
(1) MEDIAN NUMBER OF DAYS	(2) AVERAGE NUMBER OF DAYS	(3) RANGE - LOWEST NUMBER OF DAYS	(4) RANGE - HIGHEST NUMBER OF DAYS	(1) MEDIAN NUMBER OF DAYS	(2) AVERAGE NUMBER OF DAYS	(3) RANGE - LOWEST NUMBER OF DAYS	(4) RANGE - HIGHEST NUMBER OF DAYS	(1) MEDIAN NUMBER OF DAYS	(2) AVERAGE NUMBER OF DAYS	(3) RANGE - LOWEST NUMBER OF DAYS	(4) RANGE - HIGHEST NUMBER OF DAYS
6	10	1	20	11	15	6	31	0	0	0	0

SUBCOMPONENT/COMPONENT OR AGENCY REPORTING

BUREAU OF MEDICINE AND SURGERY (BUMED) (47)

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2015

SECTION VII - FOIA REQUESTS: RESPONSE TIME FOR PROCESSED AND PENDING REQUESTS (Continued)

C. PROCESSED REQUESTS - RESPONSE TIME IN DAY INCREMENTS.

- (1) Provide the number of perfected requests processed in each of the thirteen designated time increments (i.e., within 20 days in the first column, within 21-40 days in the second column, etc.).
- (a) If using a multi-track system, create separate tables as presented below to report the information for each track. If not using a multi-track system, at a minimum create a separate table for requests which have been granted expedited processing.
- (b) Insert the sum of the thirteen columns in the "Total" column to reflect the total number of requests processed for each of the tracks.

						1. SII	MPLĘ REQUE	ESTS						•
<1 DAY	1-20 DAYS	21-40 DAYS	41-60 DAYS	61-80 DAYS	81-100 DAYS	101-120 DAYS	121-140 DAYS	141-160 DAYS	161-180 DAYS	181-200 DAYS	201-300 DAYS	301-400 DAYS	401+ DAYS	TOTAL
12	275	9	1	0	0	0	0	0	0	0	0	0	0	297
						2. CO	I IPLEX REQU	JESTS	<u>l</u>				•	· · · · ·
<1 DAY	1-20 DAYS	21-40 DAYS	41-60 DAYS	61-80 DAYS	81-100 DAYS	101-120 DAYS	121-140 DAY\$	141-160 DAYS	161-180 DAYS	181-200 DAYS	201-300 DAYS	301-400 DAYS	401+ DAYS	TOTAL
0	30	5	1	0	0	0	0	0	0	0	0	0	0,	36
			1	1	3. REC	UESTS GRA	I NTED EXPE	L DITED PROC	ESSING	<u> </u>				
<1 DAY	1-20 DAYS	21-40 DAYS	41-60 DAYS	61-80 DAYS	81-100 DAYS	101-120 DAYS	121-140 DAYS	141-160 DAYS	161-180 DAYS	181-200 DAYS	201-300 DAYS	301-400 DAYS	401+ DAYS	TOTAL
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

D. PENDING REQUESTS - ALL PENDING PERFECTED REQUESTS.

Provide the number of <u>perfected</u> requests pending as of the end of the fiscal year, and the median and average number of days those requests had been pending. If an agency or component is unable to determine whether all of its pending requests are <u>perfected</u>, the agency must include <u>all</u> pending requests and attach a footnote that it has done so.

	1. SIMPLE			2. COMPLEX	!	3. EXPEDITED PROCESSING				
(1) NUMBER PENDING	(2) MEDIAN NUMBER OF DAYS	(3) AVERAGE NUMBER OF DAYS	(1) Number Pending	(2) MEDIAN NUMBER OF DAYS	(3) AVERAGE NUMBER OF DAYS	(1) NUMBER PENDING	(2) MEDIAN NUMBER OF DAYS	(3) AVERAGE NUMBER OF DAYS		
2	15	15	0	0 .	0	0	0	0		

E. PENDING REQUESTS - TEN OLDEST PENDING PERFECTED REQUESTS.

Provide the date of receipt of the ten oldest perfected requests pending as of the end of the fiscal year, and the number of days pending.

	10th OLDEST	9th	8th	7th	6th	5th	4th	3rd	2nd	OLDEST
1. DATE OF RECEIPT					ı				09/29/15	08/31/15
2. NUMBER OF DAYS PENDING									6	24

SUBCOMPONENT/COMPONENT OR AGENCY REPORTING REPORT FOR FISCAL YEAR BUREAU OF MEDICINE AND SURGERY (BUMED) (47) 2015 SECTION VIII - REQUESTS FOR EXPEDITED PROCESSING AND REQUESTS FOR FEE WAIVER Section VIII now reflects new mandatory reporting requirements and is no longer an optional section. Provide information for adjudicated requests for expedited processing or adjudicated requests for a fee waiver, i.e., requests for expedited processing or requests for a fee waiver which were granted or denied. Do not include requests for expedited processing or requests for a fee waiver which became moot for various reasons and, as a result, were neither granted nor denied. A. REQUESTS FOR EXPEDITED PROCESSING. (1) Include requests for expedited processing made both at the initial request level and, when applicable, at the administrative appeal level. (2) Calculating days: Count only the days spent adjudicating the request for expedited processing. Count calendar days, not working days. (3) NOTE: The response time of this new reporting requirement captures the time taken to decide whether to grant or deny a request for expedited processing. This does not cover the FOIA requests which have already been granted expedited status, placed in the "expedited processing" track, and reported elsewhere in this Report. Rather, this new requirement reflects the time taken to make a determination, (i.e., adjudicate) whether a request for expedited processing should be granted or denied. The FOIA requires agencies to determine within ten calendar days whether a request satisfies the standards for expedited processing. **MEDIAN NUMBER OF DAYS** AVERAGE NUMBER OF DAYS NUMBER ADJUDICATED **NUMBER GRANTED** NUMBER DENIED TO ADJUDICATE TO ADJUDICATE WITHIN TEN CALENDAR DAYS 0 0 0 B. REQUESTS FOR FEE WAIVER. (1) Include requests for a waiver of fees made both at the initial request level and, when applicable, at the administrative appeal level. (2) Calculating days: Count only the days spent adjudicating the fee waiver request. Count working days. Do not include additional days that may precede consideration of the fee waiver request, e.g., days the request waits in a processing queue, processing time which precedes commencement of adjudication of fee waiver request, etc. NUMBER GRANTED NUMBER DENIED MEDIAN NUMBER OF DAYS TO ADJUDICATE AVERAGE NUMBER OF DAYS TO ADJUDICATE 223 0 7 7 **SECTION IX - FOIA PERSONNEL AND COSTS** A. PERSONNEL. Provide the number of "Full-Time FOIA Staff" by adding the number of B. COSTS. Add together all costs expended by the agency for processing FOIA requests at the "Full-Time FOIA Employees" and "Equivalent Full-Time FOIA Employees" initial request and administrative appeal levels, and for litigating FOIA requests. Include (see DFOIPO Instructions). salaries of FOIA personnel, overhead, and any other FOIA-related expenses. (Agency's http://www.dod.mil/pubs/foi/dfoipo/docs/Full, and part_time plus cost calculations FOIA,xls budget may be used as a resource.) (Enter numbers only, no commas or periods.) http://www.usdoj.gov/oip/foiapost/guidance-annualreport-052008.pdf -- page 27. http://www.usdoj.gov/oip/foiapost/guidance-annuaireport-052008.pdf -- page 26. NUMBER OF FULL-TIME FOIA NUMBER OF EQUIVALENT **TOTAL NUMBER OF PROCESSING** LITIGATION-RELATED TOTAL **EMPLOYEES FULL-TIME FOIA EMPLOYEES FULL-TIME FOIA STAFF** COSTS COSTS COSTS 3 2.05 5.05 \$ 387,987 \$ 387,987 SECTION X - FEES COLLECTED FOR PROCESSING REQUESTS

Report the dollar amount of fees collected from FOIA requesters for processing their requests. Also report the percentage of total processing costs (from Section IX, B.1.) that those fees represent. In

calculating the amount of fees collected, include fees received from a FOIA requester for search, review document duplication, and any other direct costs permitted by agency regulations,

1. TOTAL AMOUNT OF FEES COLLECTED

2. PERCENTAGE OF TOTAL PROCESSING COSTS

\$ 3,718

.95828 %

SUBCOMPONENT/COMPONENT OR AGENCY REPORTING REPORT FOR FI								FISCAL YEAR		
BUREAU OF MEDICINE	AND SURGE	RY (BUMED)	(47)						2015	
			SEC.	TION XI - FOI	A REGULATI	ONS				
AGENCIES MUST PROVIDE AN	I ELECTRONIC I	LINK TO THEIR	FOIA REGULATI	IONS, INCLUDIN	IG THEIR FEE S	CHEDULE.				
The Defense Freedom of I	Information Pol	licy Office will	satisfy this req	luirement.						
		SECTION	I XII - BACKL	OGS, CONS	ULTATIONS,	AND COMPA	ARISONS			
A. BACKLOGS OF FOIA REQUIDED (1) Provide the number of FOIA records (2) NOTE: The statutory time per when "unusual circumstances" are	equests and adm riod is ordinarily t re present (see 5	iinistrative appea wenty working da U.S.C. Section 5	ls that were <u>penc</u> sys from receipt c 52(a)(6)(B)(i).	of a perfected req	statutory time puest (see 5 U.S.C	period as of the e C. Section 552(a)	end of the fiscal ye (6)(A)(i). but may	ear. be extended up	to ten additional v	working days
NUMBER OF BACKLOGGEE should be equal to or less than	Section V.A.4 to			cklog requests			O APPEALS AS (n Section VI.A.4 (log appeals
3. EXPLAIN BACKLOG HERE ('Optional)			•	<u> </u>					
									•	
				·						
B. CONSULTATION ON FOIA F The consultation portions of the A (1) Provide the number of consultation (2) The number in Column 1 must Report. (3) The sum of Columns 1 and 2	Annual Report rectations received for match the number	quire information rom other agenci per of "Consultati	about consultation ies, those proces ons Received fro	ons received from sed, and those po m Other Agencie	other agencies, i ending, as descril s that Were Pend	bed in the columr	ns below.	ne Fiscal Year" ((Column 4) from la	ist year's Annual
1. NUMBER OF CONSULTATIONS	DECEIVED	NUMBER OF CO	2. DNSULTATIONS <u>R</u>	ECENTED FROM	NUMBER OF CO	3. DNSULTATIONS R	ECENTED EDOM	NUMBER OF C	4. ONSULTATIONS R	FORWER FROM
FROM OTHER AGENCIES PEND AGENCY AS OF START OF THE	ING AT YOUR	OTHER AGEN	CIES DURING THE	FISCAL YEAR	OTHER AGENC	CY DURING THE F	PROCESSED BY	OTHER AGENCII	ES <u>PENDING</u> AT Y ID OF THE FISCAL	OUR AGENCY AS
C. CONSULTATIONS ON FOIA Provide the date of receipt of the									ending.	
	10th OLDEST	9th	8th	7th	6th	5th	4th	3rd	2nd	OLDEST
1. DATE OF RECEIPT					·	CC TOP COSTON AS TO THE				
2. NUMBER OF DAYS PENDING										

SUBCOMPONENT/COMPONENT OR AGENCY REPORTING

BUREAU OF MEDICINE AND SURGERY (BUMED) (47)

REPORT FOR FISCAL YEAR

2015

SECTION XII - BACKLOGS, CONSULTATIONS, AND COMPARISONS (Continued)

- D. COMPARISON OF NUMBERS OF REQUESTS FROM PREVIOUS AND CURRENT ANNUAL REPORT REQUESTS RECEIVED, PROCESSED, AND BACKLOGGED.
- (1) Provide the number of requests received and the number of requests processed during the fiscal year, and the number of requests backlogged as of the end of the fiscal year (starting with the Annual Report from Fiscal Year 2009) from last year's Annual Report and the number of those received and processed during the fiscal year, and backlogged as of the end of the fiscal year, from the current Annual Report.
- (2) The numbers in Columns 1 and 2 must match the "Number of Requests Received in Fiscal Year" from Section V. A. of the Annual Report from last year and from this year respectively. The numbers in Columns 3 and 4 must match the "Number of Requests Processed in Fiscal Year" from Section V. A. of the Annual Report from last year and from this year respectively.
- (3) The numbers in Columns 5 and 6 must match the "Number of Backlogged Requests as of End of the Fiscal Year" from Section XII. A. of the previous Annual Report and the current Annual Report, respectively.

REQUESTS	RECEIVED	REQUESTS	PROCESSED	REQUESTS B	ACKLOGGED
1. NUMBER RECEIVED DURING FISCAL YEAR FROM LAST YEAR'S ANNUAL REPORT	2. NUMBER RECEIVED DURING FISCAL YEAR FROM CURRENT ANNUAL REPORT	3. NUMBER PROCESSED DURING FISCAL YEAR FROM LAST YEAR'S ANNUAL REPORT	4, NUMBER PROCESSED DURING FISCAL YEAR FROM CURRENT ANNUAL REPORT	5. NUMBER BACKLOGGED AS OF END OF THE FISCAL YEAR FROM PREVIOUS ANNUAL REPORT	6. NUMBER BACKLOGGED AS OF END OF THE FISCAL YEAR FROM CURRENT ANNUAL REPORT
247	333	247	333	1	0

- E. COMPARISON OF NUMBERS OF ADMINISTRATIVE APPEALS FROM PREVIOUS AND CURRENT ANNUAL REPORT APPEALS RECEIVED, PROCESSED, AND BACKLOGGED.
- (1) Provide the number of administrative appeals received and the number of administrative appeals backlogged as of the end of the fiscal year (starting with the Annual Report from Fiscal Year 2009) from last year's Annual Report and the number of those received and processed during the fiscal year, and backlogged as of the end of the fiscal year, from the current Annual Report.
- (2) The numbers in Columns 1 and 2 must match the "Number of Administrative Appeals Received in Fiscal Year" from Section VI. A. of the Annual Report from last year and from this year respectively. The numbers in Columns 3 and 4 must match the "Number of Administrative Appeals Processed in Fiscal Year" from Section VI. A. of the Annual Report from last year and from this year respectively.

 (3) The numbers in Columns 5 and 6 must match the "Number of Backlogged Administrative Appeals as of End of the Fiscal Year" from Section XII. A. of the previous Annual Report and the current Annual Report, respectively.

APPEALS	RECEIVED	APPEALS	PROCESSED	APPEALS BACKLOGGED			
1. NUMBER RECEIVED DURING FISCAL YEAR FROM LAST YEAR'S ANNUAL REPORT	2, NUMBER RECEIVED DURING FISCAL YEAR FROM CURRENT ANNUAL REPORT	3. NUMBER PROCESSED DURING FISCAL YEAR FROM LAST YEAR'S ANNUAL REPORT	4. NUMBER PROCESSED DURING FISCAL YEAR FROM CURRENT ANNUAL REPORT	5. NUMBER BACKLOGGED AS OF END OF THE FISCAL YEAR FROM PREVIOUS ANNUAL REPORT	6. NUMBER BACKLOGGED AS OF END OF THE FISCAL YEAR FROM CURRENT ANNUAL REPORT		

F. DISCUSSION OF OTHER FOIA ACTIVITIES (Optional). Provide here any further information about the agency's efforts to improve FOIA administration. Attach additional pages if necessary. Yes

SUBCOMPONENT/COMPONENT OR A		REPORT FOR FISCAL YEAR				
BUREAU OF MEDICINE AND S	URGERY (BUMED)	(47)			20	015
SEC	TION XIII - GRADE	LEVELS/PAY RATES/TYPE(S) C	F HOURS WORKE	D ON ANNUA	L REPORT	
A. CONTRACTOR/NON HOURLY COST Provide any contractor/non hourly cost		of the work performed. Do not provide ho	urly rates, but rather over	all costs for the sp	ecific work.	
:	1. DESCRIP	TION OF WORK PERFORMED			2. COST TO	COMPONENT
(1)					\$	
(2)					· \$	
(3)					\$	
(4)					\$	
(5)					\$.	
(6)					\$	
(7)					\$	
B. GRADE LEVEL/PAY RATE (INCLUD Provide the Grade Level/Pay Rate, in hours worked at each level/pay rate.	ING STEP, IF APPLICA cluding step, if applicable	BLE) AND NUMBER OF HOURS WORKE , of each type of employee (Military/Civilia	ED IN HELPING GENERA n/Contractor) who worked	ATE/PREPARE T I to generate and	HE ANNUAL REPORT. brepare the annual report	t, and the number of
1. GRADE LEVEL/PAY RATE	2. HOURS WORKED	1. GRADE LEVEL/PAY RATE	2. HOURS WORKED	1. GRADE	LEVEL/PAY RATE	2. HOURS WORKED
(1) GS 14/6	3	(11)		(21)		-
(2) GS 13/5	18	(12)	-	(22)		
(3) GS 12/6	21	(13)	A CALLADAY AND A CALL	(23)		
(4) GS 11/6	56	(14)	-	(24)		
(5) GS 8/7	2	(15)		(25)		
(6) GS 7/7	1	(16)		(26)		
(7) GS 6/7	1	(17)		(27)		
(8) GS 5/7	3	(18)		(28)		
(9)		(19)		(29)		
(10)	and the state of t	(20)		(30)		

SUBCOMPONENT/COMPONENT OR AGENCY REPORTING

REPORT FOR FISCAL YEAR

BUREAU OF MEDICINE AND SURGERY (BUMED) (47)		2015					
SECTION II - MAKING A FOIA REQUEST (Continued) 1. ALL AGENCY COMPONENTS THAT RECEIVE FOIA REQUESTS (Continued) Return to Section II 1							
a. SUBCOMPONENT/COMPONENT OR AGENCY (e.g, McDill AFB, Department of the Air Force)	b. ADDRESS (Mail Stop, Room, Building, Base, City, State or Country, ZIP Cod	de) c. TELEPHONE NUMBER					
Naval Hospital Bremerton	1 Boone Rd, Bremerton, WA 98312	360-475-4644					
Naval Hospital Twentynine Palms	Bldg 1145, Twentynine Palms, CA 92278	760-830-2738					
Naval Hospital Oak Harbor	3475 Saratoga St, Bldg 993, Oak Harbor, WA 98278	360-257-9885					
U.S. Naval Hospital Okinawa, Japan	PSC 482 FPO AP 96362-2499	DSN 315-643-7425					
Navy Drug Screening Laboratory (JAX)	P.O. BOX 113, BLDG H-2003, Jacksonville, FL 32212	904-542-7755					
Navy Drug Screening Laboratory (Great Lakes)	P.O. Box 88-6819 Great Lakes, IL 60022	. 847-688-2045					
Navy Drug Screening Laboratory (San Diego)	34425 Farenholt Ave., San Diego, CA 92134	619-532-5165					
Navy Entomology Center of Excellence (NECE)	P.O. Box 43, Jacksonville, FL 32212	904-542-2424					
Naval Dosimetry Center	8901 Wisconsin Ave. Bldg 4/6, Bethesda, MD 20889	301-295-0142					
Navy Bloodborne Infection Management Center	NNMC, 8901 Wisconsin Ave, Bethesda, MD	301-295-1639					
Navy Environmental and Preventive Medicine Unit 2	1285 West D Street, Norfolk, VA 23511	757-953-6652					
Navy Environmental and Preventive Medicine Unit 5	3225 Albacore Alley, San Diego, CA 92136	619-556-7071					
Navy Environmental and Preventive Medicine Unit 6	385 South Ave. BLDG 618, Pearl Harbor, HI 96860	808-471-0292					
Navy Expeditionary Medical Support Command	108 Sanda Avenue, Bldg. 564, Williamsburg, VA 23185-5830	757-887-7705					
Naval Ophthalmic Support and Training Activity	160 Main Road, Bldg. 1794, Yorktown, VA 23691	757-887-4297					
Naval Medical Research Unit 3	PSC 452 Box 5000, FPO AE 09835-9998	240-762-0674					
Naval Medical Research Unit 6	3230 Lima Place Washington, DC 20521-3230	011-511-614-4173					
Naval Medical Research Unit Dayton	2624 Q St, Bldg 851 Wright Patterson AFB, OH 45433-7955	937-938-3879					
	Continued on Separate Bond						

Continued from Page 11

ANNUAL FREEDOM OF INFORMATION ACT REPORT		l l	REPORT CONTROL SYMBOL DD-DA&M(A)1365		
SUBCOMPONENT/COM			R FISCAL YEAR		
Bureau of Medicine and Surgery			2015		
	SECTION I	- BASIC INFORMATION REGARDIN	NG REPORT		
1. PERSON(S) TO COM	ITACT WHO CAN ANSWER QUESTIONS A	ABOUT THE REPORT			
a. NAME	b. TITLE	c. ADDRESS	d. TELEPHONE NO	D. e. I	EMAIL ADDRESS
Garcia, Della W.	FOIA/PA Paralegal Specialist	7700 Arlington Blvd Falls Church, VA 22042	703-681-8970	681-8970 della.w.gard	
	SE	CTION II – MAKING A FOIA REQUE	EST .		
1. ALL AGENCY COMP	ONENTS THAT RECEIVE FOIA REQUEST	S			
a. SUBCOMPONENT/C	OMPONENT AGENCY	b. ADDRESS			c. TELEPHONE NUMBE
Navy Medicine Wes		4170 Norman Scott Rd, Ste 5 Sa	n Diego, CA 92136-5	512	619-556-0018
Navy Medical Cente		620 John Paul Jones Circle Portsmouth, VA 23708			757-953-0095
Naval Hospital Lem	oore	937 Franklin Ave, Lemoore, CA		•	059-998-4295
Naval Hospital Gua	ntanamo Bay	FPO AE 09589-9997			011-5399-72450
Naval Health Clinic	Quantico	3259 Catlin Ave, Quantico, VA 22134			703-784-1677
Naval Hospital Pen	sacola, Florida	6000 West Highway 98, Pensacola, Florida 32512			850-505-6845
Naval Hospital Cam	np Lejeune, North Carolina	100 Brewster Boulevard, Camp L	100 Brewster Boulevard, Camp Lejeune, North Carolina 28547		
	Corpus Christi, Texas	10651 East Street, Corpus Christi, Texas 78419			361-961 - 3103
	New England, Newport	43 Smith Road, Newport, Rhode Island 02841			401-841-7753
	ufort, South Carolina				843-228-5309
	Great Lakes, Illinois	3001a Sixth Street, Great Lakes, Illinois 60088			847-688-3288
Naval Health Clinic		250 Wood Rd, Annapolis, MD 21	250 Wood Rd, Annapolis, MD 21402		
Naval Health Clinic	Cherry Point, North Carolina	PSC Box 8023, Cherry Point, No.			252-466-0537
U.S. Naval Hospital		PSC 887 Box 351, FPO AE 09617			314-629-6350
U.S. Naval Hospital		PSC 819 Box 18, FPO AE 09645			956-82-2581
U.S. Naval Hospital		PSC 836, FPO AE 09636			314-624-4779
	Charleston, South Carolina	3600 River Avenue, North Charle			843-743-7277
	earch Unit-San Antonio	3650 Chambers Pass, JBSA Fort Sam Houston 78234-6315		210-539-6959	
Naval Medical Rese		140 Sylvester Rd, San Diego, CA 92106-3521		619-553-0569	
Naval Submarine B		Box 900 Groton, CT 06349-5900		860-694-2558	
Naval Health Clinic		47149 Buse Rd. Bldg 1370, Patuxent River, MD 20670		301-342-1499	
U.S. Naval Hospital		Agan Heights Guam 96919			671-344-9671
JAL Federal Health		3001 Green Bay Road, North Chicago, Il 60088-5230			847-688-1900
_	cation & Training Command	4075 Dickman Rd, Ste 308, JBS/			210-808-9679
Navy Medicine Training Support Center		2931 Harney Path, Bldg 903, JBSA-FSH 78234 210-808-1011			
Navy Postgraduate		8901 Wisconsin Avenue, Bethesda, MD 20889 301-295-60 200 Mercy Circle, Camp Pendleton, CA 92134-5000 760-719-33			
Naval Hospital Can					760-719-3307

SUBCOMPONENT/COMPONENT OR AGENCY REPORTING	REPORT FOR FISCAL YEAR									
BUREAU OF MEDICINE AND SURGERY (BUMED) (47)	2015									
SECTION IV - EXEMPTION 3 STATUTES (Continued) Return to Section IV 1 (1) List all Exemption 3 statutes. (http://www.dod.mil/pubs/foi/dfoipo/docs/b3.pdf)										
 (1) List all Exemption 3 statutes. (http://www.dod.mii/pubs/foi/droipo/docs/b3.pdf) (2) The Defense Freedom of Information Policy Office will satisfy this requirement. (3) The Defense Freedom of Information Policy Office will satisfy this requirement. (4) For each request, report the number of times each statute was relied upon, however, count each statute only once per request. 										
1. STATUTE (CTRL+click to select all applicable)	2. TYPE OF INFORMATION WITHHELD		3. CASE CITATION	4. NO. OF TIMES RELIED UPON						
	The Defense Freedom o Policy Office will satisfy to requirement.		The Defense Freedom of Information Policy Office will satisfy this	0						
			requirement.	0						
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Othor	1 . 1									
Cuter.										
Other:										