NAVAL INSPECTOR GENERAL
COMMAND INSPECTION OF
BUREAU OF MEDICINE AND SURGERY
25 OCTOBER TO 5 NOVEMBER 2010

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From: Naval Inspector General
To: Distribution

Subj: COMMAND INSPECTION OF THE BUREAU OF MEDICINE AND SURGERY

Ref: (a) SECNAVINST 5040.3A

1. In accordance with reference (a), the Naval Inspector General
(NAVINSGEN) conducted a Command Inspection of the Bureau of
Medicine and Surgery (BUMED) from 25 October to 5 November 2010.
In general, we found BUMED facing challenges to achieve its
mission as currently staffed and trained. We recognize BUMED is
aligning its staff to meet mission requirements; however, the
reported workload, coupled with the assignment of Individual
Augmentation (IA) personnel, military personnel reductions, and
required training, are causing strains on both the military and
civilian staff.

2. <u>Our primary findings include</u>

    a. *Mission, Function and Tasks Statement.* BUMED has a
Mission, Function and Tasks (MFT) statement dated January 2006.
However, the MFT statement is signed by the Surgeon General and
as such, is not in accordance with section 151, Table 1 of the
Navy Organization Change Manual, OPNAVINST 5400.44, which
requires approval of the Secretary of the Navy (SECNAV), Chief
of Naval Operations (CNO), or the Director, Navy Staff,
depending on the nature and scope of the change.

    b. *Communications.* Internally, BUMED uses a variety of
meetings to disseminate information within the command. These
meetings appear to be effective for senior leadership; however,
according to survey data, focus group discussions, and personal
interviews, junior members (both military and civilian
personnel), often feel un-informed of their respective
department's direction and BUMED's overall way ahead. Of note,
U.S. Fleet Forces Command (USFFC) continues to challenge BUMED
by not clearly articulating manpower requirements for both IA
assignments and Urgent Need requests. It was observed USFFC
calls for a specific specialty and in some instances a
particular individual, instead of conveying a requirement and

allowing BUMED to determine the best specialist to fill the requirement. BUMED's challenge is attempting to understand the underlying need for the specific request and if that request is a reflection of the requirement.

c. *Property Management*. As a major claimant, BUMED is not adequately performing its responsibility in accordance with SECNAV directives. BUMED needs to establish a personal property management process within the headquarters activity which provides effective personal property management oversight for the claimancy.

d. *Facilities*. In March 2008, the Office of the Secretary of Defense directed BUMED to transfer installation management responsibilities to Commander, Navy Installations Command (CNIC) by the end of FY11 for its stand alone medical facilities adjacent to Navy installations. Facility investments for the BUMED Headquarters are minimally funded due to the impending Base Realignment and Closure (BRAC) realignment to Falls Church, Virginia. This minimal funding for investment negatively affects the staff's quality of work life. However, BUMED receives appropriate enterprise funding for medical treatment facility sustainment, repair, and modernization. BUMED will retain control of maintenance funding to prevent jeopardizing accreditation of their medical treatment and laboratories.

e. *Base Realignment and Closure (BRAC)*. Navy Medicine has 12 BRAC actions that are either on schedule or completed. Three additional BRAC actions, where the Navy is affected as a tenant, are at risk of slipping beyond BRAC deadlines. They include the laboratory at Fort Detrick (Army action), the Bethesda/Walter Reed merger (Army action), and the Enlisted Training Campus at San Antonio Regional Medical Center (Air Force action). The BUMED BRAC Director is fully engaged on Navy inputs for these projects.

f. *Safety and Occupational Health*. BUMED has identified and validated a shortfall of 479 full-time industrial hygiene and occupational medicine civilian billets for Programmed Objective Memorandum 2012 (POM-12) through POM-16. This issue was not a high priority for POM-12 consideration and was ranked 15 of 19 BUMED issues. The overall risk from this manning shortfall is the inability to fully execute required DoD and Navy workplace exposure and medical surveillance monitoring. In FY09, only 31 percent of the required workplace exposure monitoring was conducted. Additionally, less than half of the Navy's

conducted. Additionally, less than half of the Navy's Occupational Health Clinics have board-certified Occupational and Environmental Medical physicians assigned.

3. Positive findings include

a. *Communications.* Externally, with high Operational TEMPO, current operations and future changes within Navy Medicine, BUMED does an effective job communicating with other Budget Submitting Offices, sister services, and other government agencies. The use of the Command Executive Board for Strategic Review enables BUMED to identify trends and potential risks through their respective lower echelons. Additionally, the Public Affairs Office produces three publications tailored to communicate Navy Medicine's mission to the Fleet. Also, BUMED billets at Military Sealift Command, Naval Sea Systems Command, and Office of Legislative Affairs successfully advocate for logistical, systems, and legislative issues.

b. *Command Equal Opportunity (EO)/Command Managed Equal Opportunity (CMEO) Programs.* The CMEO Manager, assisted by the Command Assessment Team, has an outstanding program. They performed one of the best Command Climate Assessments we have seen and the EO Advisor is providing excellent oversight to BUMED's echelon three and four commands.
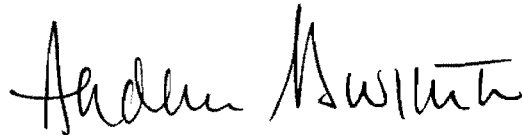
c. *Sexual Assault Prevention and Response (Sexual Assault Victim Intervention).* The BUMED program is well run and the BUMED Office of Women's Health has taken on many initiatives to address the medical response to sexual assault. Navy Medicine is ahead of the other Military Services in this effort. However, to continue to move forward with some of their initiatives, further coordination with the Department of Defense Sexual Assault Prevention and Response Office will be required.

4. The BUMED Command Inspection Report has two parts. Part 1 forwards our overall observations and findings. Part 2 contains one issue paper presenting specific findings and recommendations for senior Navy leadership. Part 2 also contains a corrective action summary matrix and guidance for submission of corrective action via an Implementation Status Report (ISR) by command action officers. Action officers are required to submit initial ISRs to NAVINSGEN not later than 31 August 2011. The summary of command survey data analysis for active duty military and DON civilian personnel is included at Appendix A. The summary of

command focus group data analysis for active duty military and DON civilian personnel is included at Appendix B.

5. If you require any additional information or assistance regarding this report, please contact either myself or my Inspections Director, [b7c]. [b7c] may be reached at commercial ([b7c]) [b7c], DSN [b7c], or e-mail at [b7c].

A. E. BROTHERTON

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BUREAU OF MEDICINE AND SURGERY

COMMAND INSPECTION REPORT

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PART 1

OBSERVATIONS AND FINDINGS

OBSERVATIONS AND FINDINGS

1. The Naval Inspector General (NAVINSGEN) conducted a Command Inspection of the Bureau of Medicine and Surgery (BUMED) from 25 October to 5 November 2010. To prepare for this inspection, we requested BUMED forward several key documents in advance of our on-site visit. These included the BUMED command brief, significant issues of concern, recent BUMED command climate assessments, and a summary of top issues, areas of greatest risk, and most significant accomplishments from the commander's perspective. These were provided and served to focus our understanding of the BUMED mission, challenges, and risks.

2. As the maritime medical force deployed with the Navy and Marine Corps, the mission of BUMED is to support the full range of operations from combat to humanitarian assistance and to provide superior state-of-the-art in-garrison health and preventive care for Active Duty and Reserve Component personnel, their families, and retirees.

I. MISSION PERFORMANCE

1. <u>Introduction</u>. The Mission Performance Team assessed a sampling of 22 departments within BUMED to include the M, M3, M5 and M09 branches. Our focus areas included mission definition, strategic planning, internal and external communication, total force management to include training, Continuity of Operations (COOP) and command security programs.

2. <u>Mission, Function and Tasks Statement</u>. BUMED has a Mission, Function and Tasks (MFT) statement dated January 2006. However, the MFT statement is signed by the Surgeon General and as such, is not in accordance with section 151, Table 1 of the Navy Organization Change Manual, OPNAVINST 5400.44, which requires approval of the Secretary of the Navy (SECNAV), Chief of Naval Operations (CNO), or the Director, Navy Staff, depending on the nature and scope of the change. In addition, the BUMED Manpower Policy Office is currently reviewing the 44 MFT statements associated with the Medical Treatment Facilities and 11 non-Medical Treatment Facility (MTF) commands to ensure alignment throughout Navy Medicine and support for on-going Activity Manning Document (AMD) validation.

3. <u>Strategic Planning</u>. The current BUMED Strategic Plan is a large, metric-based tracking document primarily focused on action items pertaining to short-range goals. In a recent Flag and Senior Executive Service meeting convened by the Surgeon General, five strategic imperatives were defined and a strategic refresh was implemented to formulate the "big picture" long-range battle rhythm. In addition, the re-organization of BUMED in July 2010, resulting in the establishment of the Strategic Planning Office, will aid in the development of an effective strategic plan.

4. <u>Communications</u>

   a. *Internal*. BUMED use the Board of Directors meetings, Command Executive Board, Plan of the Week (POW), Spotlight Metrics Reporting Schedule, Monthly Training Plan and timely town hall meetings to pass information within the command. These meetings appear to be effective to senior leadership, however, according to surveys, focus groups and personal interviews, junior members within BUMED, to include both military and civilian, often feel un-informed of their respective department's direction and BUMED's way ahead.

b. *External.* With high Operational Tempo (OPTEMPO), current operations and future changes within Navy Medicine, BUMED does an effective job communicating with other Budget Submitting Offices, sister services, and government agencies. The use of the Command Executive Board for Strategic Review enables BUMED to realize trends and potential risks through their respective lower echelons. Additionally, the Public Affairs Office produces three publications tailored to communicate Navy Medicines' mission to the Fleet. BUMED billets at Military Sealift Command, Naval Sea Systems Command, and Office of Legislative Affairs successfully advocate for logistical, systems, and legislative issues. Of note, U.S. Fleet Forces Command (USFFC) continues to challenge BUMED by not clearly articulating manpower requirements for both Individual Augmentation (IA) requirements and Urgent Need requests. It was observed USFFC calls for a specific specialty and in some instances a particular individual, instead of conveying a requirement and allowing BUMED to determine the best specialist to fill the requirement. The challenge for BUMED is to understand the underlying need for the specific request and if that request is a reflection of the requirement.

5. Total Force Management. We noted the on-going business planning approach to ensure not only BUMEDs, but Navy Medicine's manpower requirements are met long-term as an effective way ahead. A comprehensive review of BSO-18 MFT statements, along with the implementation of monthly Compendium Reports which track MTF workload, staffing, and cost metrics allows for timely performance assessments. The Demand Based Staffing Model, a spreadsheet modeling toll which uses historical workload, staffing, purchased care and population data to ensure there is enough workload for providers to maintain proficiency, is used as an additional tool for establishing requirements baseline for the on-going AMD validation process.

   a. *Civilian Personnel Policy*

   (1) The Human Resource Officer (HRO) does an excellent job supporting the BUMED staff. Working closely with the Civilian Personnel Office, which supports Field Operations and Policy, HRO Washington, services hiring, vacancy announcements, and recruiting, the BUMED HRO is able to effectively care for its civilian staff and fill open billets in less than 40 days. We also noted good support from the Human Resource Support Center located in Silverdale, Washington, specifically with aid in converting Position Description from the National Security Personnel System to the General Schedule system. The BUMED Intern program is successful with 21 of 22 full-time hires over the last two years. This is attributed to the 2-year program which allows interns to move to different M-codes as well as National Naval Medical Center (NNMC) Bethesda to train in their respective areas of learning.

   (2) The Defense Civilian Personnel Data System (DCPDS) operated by the Civilian Personnel Management System out of San Antonio, Texas, houses all civilian employee records for BUMED. Occasionally, when security updates are completed, the HRO staff is unable to access employee accounts due to lock-out caused by the lack of simultaneous updating and collaboration of DCPDS and data systems at BUMED.

   b. *Military Manpower.* Military staffing at BUMED is adequate. Occasionally, military members are shifted within BUMED to fill critical staff billets due to gaps created by unforecasted IA requirements or an early Permanent Change of Station transfer due to emergent

need for critical skills. Manning shortfalls in directorates are adjudicated with the Assistant Deputy Chiefs of individual directorates and the Chief of Staff.

    c. *Workforce Development and Training.*

      (1) The BUMED Training Office effectively tracks all required training for military, civilian and contract staff and individual training requirements are posted on BUMED POW. However, attendance at the required Supervisor Training for both military and civilian personnel is lacking. Over the last year, 34 percent of the military and 4 percent of the civilian supervisors did not attend the 2 to 4-day classes facilitated at both the BUMED Headquarters and NNMC Bethesda. It is imperative senior leadership get involved to ensure their senior staff is a proper steward of their civilian employees, especially with the shift from the NSPS to GS system.

      (2) With input from OPNAV and USFF, the Medical Education and Training Policy Office have recently developed a comprehensive command training plan for lower echelons. This training plan along with the recent implementation of the BUMED "Sharepoint" portal will aid in better communication, feedback, and readiness throughout Navy Medicine. We did note no replacement has been identified for the BUMED Education and Training Director, which requires a 3150 sub-specialty code.

6. <u>Continuity of Operations Planning (COOP)</u>. We noted the COOP to be a comprehensive plan which incorporated both a local plan of action as well as multiple distant command posts if evacuation of their area is necessary. Even though this plan has been effectively tested and trained for the last several years, it is in draft form and non-authoritative. We recommend BUMED complete its review of the draft COOP for the Surgeon General's signature and implement the plan. We did note both the Emergency Management and Contingency Support offices have outstanding and mature plans and processes.

7. <u>Command Security</u>. The BUMED Security Management Program is in compliance with all SECNAV instructions. All required annual refresher training and foreign travel briefs are being completed as required. Counter-intelligence training has not been completed but a schedule has been established by the Security Manager to accomplish this requirement. The security instruction is current and the Command Security Manager and Command Security Assistants are designated in writing and have completed required training. We did note the command Security document is titled as a Standard Operating Procedure vice a Navy directive with the 5510 Standard Subject Identification Code. We recommend the document title be changed, as well as posted, on the BUMED website along with other governing instructions.

II. FACILITIES, PHYSICAL SECURITY, AND SAFETY

1. <u>Introduction</u>. The Facilities, Physical Security and Safety Team reviewed facility-related functions including Facility Support Services, Energy, Environmental, Physical Security (Anti-Terrorism/Force Protection (AT/FP)), Safety and Occupational Health (SOH) programs and Emergency Management.

2. <u>Facilities</u>. The BUMED Headquarters is scheduled to move to a leased facility in Falls Church, Virginia, in September 2011, as part of the consolidated Joint Medical Command

Headquarters. The TRICARE Management Agency (TMA) is the DoD lead for this consolidation, and the Navy is meeting all scheduled requirements associated with the move. Investment in facilities and maintenance has been reduced to minimal requirements at the current BUMED Headquarters, which are scheduled for turn-over to the State Department following the BUMED move. The challenge of maintaining old historical facilities at the BUMED Headquarters in the interim affects the quality of life of the workforce (e.g., rodent control, access for handicapped personnel, old heating, ventilation and air conditioning systems, aging electrical transformers and switchgear, and issues with site drainage). BUMED obtains General Service Administration (GSA) contract support to manage many of these issues. BUMED strategy to minimize investment in facilities at the headquarters compound, coupled with problems with GSA contractor performance, were the subject of many unfavorable comments in focus groups about facility conditions.

a. The 12 Base Realignment and Closure (BRAC) actions involving Navy Medicine are either completed or proceeding on schedule. Three non-Navy BRAC actions, where Navy is a tenant, are in danger of slipping beyond BRAC deadlines and require continued coordination. One of these issues, a protest over the contract awarded for leased space in Falls Church for the consolidated Joint Medical Command Headquarters was dismissed by the U. S. Court of Claims in favor of the U. S. Government on 28 October 2010.

b. BUMED receives sustainment, restoration and modernization funding for facilities and maintenance from Defense Health Programs which closely reflect the Department of Defense Facility Sustainment Model. Sustainment funding steadily increased from 80 percent in FY08 to 95 percent in FY10 and is projected at 111 percent in FY11. BUMED recapitalization funding at 3 percent of plant replacement value is higher than the Naval Facilities Engineering Command recommended 1.5 percent. BUMED executed facilities special projects averaging $100M annually over the last several years. In FY09, BUMED awarded a unique contract to assess facility conditions worldwide and develop a ranked inventory necessary for programming and prioritizing facility maintenance, repair and military construction requirements. Although this is a best practice, it is unlikely to continue as BUMED facilities are transferring to Commander, Navy Installations Command (CNIC).

c. In March 2008, the Deputy Under Secretary of Defense for Installations and Environment directed BUMED to transfer Base Operating Support (BOS) and installation management responsibilities for all stand-alone medical facilities located near major CNIC installations. Full transfer of BOS functions to CNIC is required by the end of FY11. A Memorandum of Agreement (MOA) for the realignment of Class 1 and 2 properties with defined BOS requirements for installation management functions was signed by BUMED and CNIC on 27 September 2010. The agreement specifies:

(1) No detrimental impact to Navy Medical Mission or Joint Commission accreditation;

(2) Performance must meet Joint Commission standards; and

(3) BUMED retains maintenance funding responsibility for category 300 laboratory and category 500 medical facilities.

d.   BUMED will retain full facilities management responsibilities for clinics and MTFs at Marine Corps bases and remote sites not associated with major Navy concentration areas.

3. Energy. Lack of documentation indicates little or no progress in energy conservation programs from 2003 through 2007 as required by DON energy reduction goals. Oak Ridge National Laboratory (ORNL) began providing contract support to BUMED for the energy program in 2007. BUMED, through ORNL, prepared an energy and water strategic management plan in 2008. Energy audits conducted at three major medical treatment facilities in 2009 indentified 47 potential energy conservation projects; to date, only two of these projects have been approved for funding.

    a.   In 2009, BUMED conducted energy audits at three major MTFs and identified 47 energy and water improvements and operational alternatives totaling $5.4M in savings. The identified energy conservation projects were prioritized based on payback (70 percent), political policy (20 percent) and media merit (10 percent). A substantial number of these projects are not executed. Additional audits of stand-alone facilities are scheduled. The two Energy Conservation Improvement Projects eligible for centralized funding through TMA were submitted and approved in the 2009 program.

    b.   BUMED successfully obtained American Recovery and Reinvestment Act funds to procure 127 upgraded electrical meters. BUMED will separately fund an additional 23 meters to complete advanced metering across the enterprise. Reporting and tracking of energy usage will transfer to CNIC as part of the MOA.

4. Environmental.

    a.   BUMED has a highly effective environmental program. The environmental staff consists of experienced and motivated professionals. BUMED conducts robust environmental oversight and program reviews covering Environmental Management System (EMS) status, self assessments, environmental compliance and sustainability, and regulatory history. The environmental program will be turned-over to CNIC under the same MOA as previously discussed. BUMED fully funds environmental compliance and expects the transfer of environmental funds and personnel will be sufficient to maintain environmental compliance. BUMED will retain an oversight role for environmental compliance.

    b.   Interviews with BUMED personnel indicated concerns with EMS implementation, chain of command support and the cultural change necessary to make the program fully successful. Securing a firm commitment for EMS throughout BUMED from both environmental and non-environmental personnel remains a challenge. CNIC will assume responsibility for the BUMED EMS in the future.

5. Physical Security and AT/FP. Though BUMED had a functioning AT/FP program, at the time of our visit there was no formally approved AT/FP instruction for the headquarters area. The Anti-Terrorism Officer designation letter for the BUMED Headquarters compound was signed on 15 October 2010.   A draft AT/FP instruction for the headquarters compound was submitted for signature to the BUMED Chief of Staff prior to our departure. Substantial

modification to the plan will be required when BUMED moves to its new location in Falls Church, Virginia.

a. The BUMED Headquarters AT/FP oversight of subordinate commands is compliant. BUMED conducts periodic assessments and coordinates follow up action plans and requirements to address deficiencies. Additionally, the BUMED headquarters developed an Active Shooter Training Program. Exercised at hospitals and clinics to evaluate the performance of the Security Department, it is a positive and proactive element of their AT/FP program.

b. Security functions will transfer from BUMED to CNIC as part of the MOA. Navy policy requires all armed security personnel on a compound to be under the operational control of a single entity. As a consequence, armed personnel within the hospital will fall under the control of CNIC. While the security function will be transferred to CNIC, many of the Master-at-Arms billets assigned to BUMED operational platforms, e.g., USNS MERCY, will remain BUMED billets and through a MOA, will become "loaned labor" to CNIC. Should BUMED mobilize these platforms, BUMED will be responsible for resourcing the backfill requirement.

6. Safety and Occupational Health. The BUMED Headquarters Safety staff and BUMEDINST 5100.13D provide SOH policy direction and oversight to the four Echelon III Navy Medicine commands responsible for executing SOH programs within their mission specific areas. Each of Navy Medicine's regional commands is staffed with safety, industrial hygiene, and occupational medicine personnel to support their SOH program responsibilities. Safety managers at BUMED subordinate commands report directly to, and are accountable to, their respective activities' commanders and commanding officers. The BUMED Headquarters internal SOH policy, BUMEDINST 5100.14, is out of date and requires revision. BOS safety services for the BUMED Headquarters compound are provided by the Navy District Washington (NDW) Safety Office. BUMED reimburses NDW for this service.

a. *SOH Management Evaluations.* Navy Medicine regional commands conduct on-site SOH Management Evaluations to assess SOH program effectiveness at all subordinate commands and field activities every three years as required. SOH Management Evaluations are compliance-based and include evaluations of SOH programs, industrial hygiene, and occupational medicine support. Navy Medicine regional commands use standardized formats for conducting SOH Management Evaluations and findings are reviewed for completeness by the BUMED Headquarters Safety staff and the BUMED Inspector General (IG).

b. *DoD 75 percent Mishap Reduction.* DoD and SECNAVestablished a mishap reduction goal of 75 percent by 2012 based upon FY02 mishap rates. Although BUMED has not met the 75 percent mishap reduction goal, their current rate is 50 percent and all activities within the BUMED claimancy continue to show a downward trend in overall mishap rates. Activities use the Web-Enabled Safety System for reporting mishaps to the Naval Safety Center. BUMED is developing a strategy to further improve their mishap reduction rates by targeting specific areas for improvement, e.g., reducing employee injuries and exposure to blood borne pathogens.

c. *SOH Self-Assessments.* BUMED activities conduct annual self-assessments and improvement plans for their internal SOH programs using guidelines issued annually by the

BUMED Headquarters safety staff. The process for conducing self-assessments is patterned after the Occupational Safety and Health Administration (OSHA) Voluntary Protection Program (VPP) guidelines. OSHA established VPP to recognize and promote effective safety and health programs. VPP status levels are OSHA's official recognition of outstanding safety and health programs. Naval Health Clinic Corpus Christi is the first DoD medical activity to achieve VPP "Star" status.

    d.   *Industrial Hygiene and Occupational Medicine Support.* BUMED provides support to CNO and the Commandant of the Marine Corps in all aspects of occupational health, including occupational medicine, industrial hygiene, environmental health and field support. The BUMED Headquarters Safety staff monitors activity industrial hygiene and occupational medicine support through reported metrics, self-assessments and assist visits. Prospective (Medical) Commanding Officers and Executive Officers are briefed by the BUMED Headquarters Safety staff on their SOH responsibilities.

    e.   *Manning Shortfalls.* BUMED documented a shortfall in POM-12 of 479 industrial hygiene and occupational medicine support full-time equivalents. This manning shortfall limits the ability to conduct workplace exposure monitoring and medical surveillance. Workplace monitoring is required by OPNAVINST 5100.23G to fully characterize potential health risk.

    f.   *Acquisition Safety Support.* BUMED supports the acquisition community through medical representation and interface with the Navy's Systems Safety Advisory Board, Ergonomic Working Group, Navy Protective Clothing Board and the Navy's Joint Strike Fighter Program.

    g.   *Traffic Safety, Recreation and Off-Duty Safety.* Traffic Safety and Recreation and Off-Duty Safety programs are provided to BUMED activities by CNIC regional commands. All BUMED activities have appointed and trained a Motorcycle Safety Representative to comply with motorcycle requirements. Navy Medicine regional commands track motorcycle ridership using the Enterprise Safety Applications Management System and evaluate motorcycle safety programs during SOH Management Evaluations. Motorcycle riders are identified at each activity during check-in and informed of motorcycle training requirements. BUMED has 1,174 documented motorcycle riders of which 93 percent received basic rider training and 72 percent received sport bike training. The limited availability of the sport bike training course is affecting the remaining riders. The BUMED Headquarters staff is coordinating efforts with CNIC to resolve this issue.

7. <u>Emergency Management</u>. The Force Health Protection Emergency Management Program instruction, signed in November 2008, provides policy and detailed guidance to its activities. The BUMED M3/5 Division coordinates with CNO, CNIC, other Navy Echelon II commands, and federal agencies for planning, determining requirements for response capabilities and participating in exercises. Public Health Emergency Officers are assigned to each Medical Treatment Facility to advise installation commanders in the event of a public health emergency.

III. RESOURCE MANAGEMENT/PERSONAL AND FAMILY READINESS

1. Introduction. The Resource Management/Personnel and Family Readiness Team reviewed the following areas: Voting Assistance program, Government Travel Credit Card and Government Commercial Purchase Card programs, Command Evaluation Review program, Managers' Internal Control program, Ethics programs, Command Equal Opportunity and Command Managed Equal Opportunity programs, Sexual Assault Prevention and Response program, Drug and Alcohol Program Advisor/Urinalysis program, Inspector General functions, Hotline program, Information Technology/Information Management/Information Assurance programs, Personally Identifiable Information program, Property Management program, Physical Readiness Testing program, medical readiness and Command Individual Augmentation Coordinator program.

2. Voting Assistance. Although the Voting Assistance Officer is a Navy lieutenant and not a lieutenant commander as required by OPNAVINST 1742.1B, he is providing BUMED with a well run program.

3. Government Travel Credit Card. BUMED is performing their required program management performance metrics monitoring responsibilities. However, Government Travel Credit Card (GTCC) program reviews are not being conducted within 90 days of a new GTCC instruction and every two years as required. Additionally, the BUMED Headquarters GTCC program is not compliant with required records management and maintenance responsibilities.

4. Government Commercial Purchase Card. BUMED is performing their oversight role in accordance with NAVSUPINST 4200.99.

5. Command Evaluation Review. The Command Evaluation Review program is in its infancy within the Navy Medicine claimancy. BUMED reported the Command Evaluation Review program as a "Reportable Condition" in their FY10 State of Assurance to the Director, Navy Staff and is actively working to correct this deficiency.

6. Managers' Internal Control. The Managers' Internal Control program is a good example of an effectively structured administration program which assists in the oversight responsibilities for an Echelon II command. However, no measure of the effectiveness of the actual internal controls are being made due to weak risk measurements underlying the self-assessment methodology.

7. Ethics. The Ethics program is thorough, comprehensive and well run by knowledgeable attorneys and staff. Gifts of travel from non-federal sources are properly reviewed from an ethics perspective and an issue regarding gifts of travel approval authority was corrected prior to our departure. We recommend BUMED implement an audit program to ensure travel is executed in accordance with gift of travel approval guidelines.

8. Equal Opportunity and Command Managed Equal Opportunity. The Command Managed Equal Opportunity Manager, assisted by the Command Assessment Team, has an outstanding program with one of the best command Assessments we have seen in recent command

inspections and area visits. Additionally, the Equal Opportunity Advisor is providing excellent oversight to BUMED Echelon III and IV commands.

9. Sexual Assault Prevention and Response. The Sexual Assault Prevention and Response program is well run with the BUMED Office of Women's Health taking on many initiatives to address the medical response to sexual assault. To continue to move forward with some of their initiatives, further coordination with the Department of Defense SAPR office is required.

10. Drug and Alcohol/Urinalysis. The Drug and Alcohol and Urinalysis programs are weak and in need of improvement. Non compliance issues include:

 a. Indoctrination and Alcohol Drug Abuse Managers/Supervisors training is not be conducted;

 b. BUMED does not have an Alcohol and Drug Control Officer , Part 2, Issue Paper 1 refers, (Page 17);

 c. The Drug and Alcohol Program Advisor is not providing oversight of BUMED's echelon III and IV commands;

 d. Urinalysis testing was not being conducted in accordance with OPNAVINST 5340.4D;

 e. The urinalysis sample storage locker is ineffective and leaves the command susceptible to sample tampering.

11. Inspector General Functions. The BUMED IG runs a well structured echelon II oversight inspection program. Of note, the BUMED Inspector General conducted an internal headquarters inspection to prepare for our visit and developed a plan of action and milestones to correct noted discrepancies. This effort was visible throughout our visit in that many discrepancies noted by our team were already being addressed due to this review. It is recommended BUMED continue to perform headquarter self-inspections on a regular basis. Additionally, a NAVINSGEN Quality Assurance Review was conducted in conjunction with our inspection and will be addressed via separate correspondence.

12. Information Technology/Information Management/Information Assurance. All of the programs reviewed are compliant. The BUMED Chief Information Officer/M6 Division has created strong relationships and solid information technology processes and policies across the claimancy.

13. Personal Property Management. BUMED, as a major claimant, is not adequately performing its responsibility, in accordance with SECNAVINST 7320.10A, to establish a personal property management organization within headquarters which provides effective oversight for the claimancy. While key functional requirements are being adequately performed by the M4 and M8 Divisions and Navy Medical Logistics Command, seams exist which indicate BUMED has no accountable Echelon II designated office or officer who can make responsible assurance the Personal Property program is complaint and effective for safeguarding government assets.

14. Physical Readiness Program. The Physical Readiness Program is superbly managed and is compliant with directives. The program gets excellent support from the Chief of Staff.

15. Individual Medical Readiness. The BUMED full medical readiness is 85.1 percent at headquarters and 88 percent across the claimancy, both above the Navy goal of 75 percent. The Post Deployment Health Re-Assessment completion rate is 100 percent at headquarters and 84 percent across the calimancy.

16. Command Individual Augmentation. The Command Individual Augmentation program is outstanding. There is a high degree of communication, tracking and training from the top down throughout the BUMED claimancy.

17. Suicide Prevention. The Suicide Prevention program is not in compliance with OPNAVINST 1720.4A as there is no appointed Suicide Prevention Coordinator.

18. Personally Identifiable Information. The Personally Identifiable Information program is compliant with directives and provides oversight and guidance to the headquarters and Echelon III commands.

19. Human Research Protection. The Human Research Protection program provides oversight and monitoring of DON-conducted and supported human subject research. The program continues to evolve and is currently at a point where the management plan should be updated. There should be a decision matrix and criteria for timing site visits, which should be timed to coincide with "Assurance Renewals."

20. Good Order and Discipline. Generally, command morale and quality of life for E-7 and senior personnel were exceptional. However, for E-5 and E-6 personnel, morale and quality of life were below average. Spontaneous and scheduled conversations with Sailors, we noted consistency in rendering the proper military courtesies and protocols and that they are respectful, and professional. Additionally, BUMED Sailors in general were regarded as displaying excellent military bearing, but some personnel were observed lacking in professional military appearance.

21. Career Development Boards. All Sailors are receiving Career Development Boards and are genuinely excited about their career opportunities. The Career Counselor is doing a fantastic job and all Career Development Boards are being done in a timely manner and are being tracked in the Career Information Management System.

22. Sponsorship. Survey results and focus group feedback indicate Sailors are being contacted by an assigned sponsor prior to their arrival, indicating the command sponsorship program is effective for the enlisted personnel. Additionally, assigned sponsors are being trained by command personnel. However, feedback reports taken from Sailors as they perform the check in process are not being reviewed by senior leadership to gain insight on potential program improvement.

23. Command Indoctrination. The Command Indoctrination program is not being conducted in accordance with OPNAVINST 1740.3C. However, the NAVINSGEN CMC observed and

provided on-the-spot training in this area. We feel very confident this program will be outstanding in the near future.

IV. **AREAS/PROGRAMS ASSESSED**

NAVINSGEN teams assessed the following areas and programs:

Mission Performance

    Mission/Planning/Tasking
    Personnel Training/Qualifications
    Command Relationships
    Command Communications
    Total Force Management
    Continuity of Operations Planning
    Command, Personnel and Information Security Programs

Facilities, Safety, and Security

    Utilities
    Facilities Planning and Coordination
    Energy
    Environmental
    Physical Security and Anti-Terrorism/Force Protection
    Safety and Occupational Health

Resource Management/Personal and Family Readiness

    Financial Management
    Government Purchase/Travel Cards
    Manger's Internal Controls
    Information Management/Information Assurance/Information Technology
    Information Assurance Workforce
    Voting Assistance
    Ethics
    Drug and Alcohol Abuse Prevention
    Urinalysis Program
    Property Management
    Physical Readiness Program
    Medical Readiness/Post Deployment Health Reassessment/Suicide Prevention
    Flag Mess
    Command Managed Equal Opportunity
    Fraternization/Sexual Assault/Sexual Harassment Prevention
    Religious Ministries
    Brilliant on the Basics Programs

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PART 2

ISSUE PAPERS

ISSUE PAPER ACTION SUMMARY MATRIX
ACTION COMMAND
INITIAL RESPONSE DUE TO NAVINSGEN 30 SEPTEMBER 2011

ISSUE PAPER	BUMED
1. ALCOHOL AND DRUG CONTROL OFFICER	X

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16

SUMMARY OF ACTIONS

If you are an **Action Officer** for a staff listed below, please submit Implementation Status Reports (ISRs) as specified for each applicable recommendation, along with supporting documentation, such as plans of action and milestones and implementing directives.

    a. **Submit initial ISRs using OPNAV Form 5040/2 no later than <u>30 SEPTEMBER 2011</u>.** Each ISR should include an e-mail address for the action officer, where available. Electronic ISR submission to NAVIGInspections@navy.mil is preferred. An electronic version of OPNAV Form 5040/2 may be downloaded from the NAVINSGEN Web-site at www.ig.navy.mil in the Downloads and Publications Folder, titled Forms Folder, Implementation Status Report.

    b. **Submit quarterly ISRs, including "no change" reports until the recommendation is closed by NAVINSGEN.** When a long-term action is dependent upon prior completion of another action, the status report should indicate the governing action and its estimated completion date. Further status reports may be deferred, with NAVINSGEN concurrence.

    c. When action addressees consider required action accomplished, the status report submitted should contain the statement, "Action is considered complete." However, **NAVINSGEN approval must be obtained before the designated action addressee is released** from further reporting responsibilities on the recommendation.

    d. NAVINSGEN admin point of contact for ISRs is [b7c], telephone ([b7c]) [b7c], DSN [b7c], facsimile ([b7c]) [b7c].

COMMAND	RECOMMENDATION NUMBER(S) XXX-10
BUMED	058, 059

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<u>ISSUE PAPER 1</u>

SUBJECT: ALCOHOL AND DRUG CONTROL OFFICER

<u>REFERENCE</u>:   (a) OPNAVINST 5350.4D

<u>PROBLEM</u>:   The Bureau of Medicine and Surgery (BUMED) has no Alcohol and Drug Control Officer (ADCO).

<u>BACKGROUND</u>: The Naval Inspector General (NAVINSGEN) conducted an assessment of the BUMED Drug and Alcohol program, including a review of oversight to its Echelon III and IV commands. There was no ADCO to provide drug and alcohol support to subordinate organizations.

<u>DISCUSSION</u>: Echelon II and III commands shall provide a unified and consistent coordination of alcohol and drug abuse prevention program policy to subordinate commands and ensure that:

    a.   A senior enlisted person in pay grade E-7 or above, an officer, or a civilian employee (GS-9 or above) shall be assigned primary duties as Alcohol and Drug control Officer. OPNAV (N135) shall be notified once an individual is assigned as ADCO and of all changes in ADCO assignments. ADCOs are responsible for providing guidance to DPAPs assigned to subordinate commands and monitor the following aspects of their substance abuse prevention programs;

    b.   Alcohol and drug abuse prevention education programs are implemented and maintained;

    c.   Subordinate commands conduct urinalysis per reference (a), enclosure (2);

    d.   Program assessment reports are submitted as required;

    e.   Subordinate commands actively support local initiatives, including alcohol deglamorization, and implement Driving under the Influence/Driving While Intoxicated and other alcohol and drug abuse countermeasures consistent with the threat environment; and

    f.   Commanding Officers (COs), Officers-in-Charge (OICs), Executive Officers (XOs) Command Master Chiefs (CMCs) and prospective COs, OICs and XOs complete ADAMS for Leaders training per reference (a), enclosure (3).

<u>RECOMMENDATIONS</u>:

058-10.   That BUMED assign an ADCO per reference (a).

059-10   That the newly assigned BUMED ADCO conduct an assessment of the lower echelon drug and alcohol programs to ensure compliance with reference (a).

<u>NAVINSGEN POINT OF CONTACT</u:

b7c

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APPENDIX A

SUMMARY OF SURVEY DATA ANALYSIS

ACTIVE DUTY MILITARY

AND

DEPARTMENT OF THE NAVY

CIVILIAN PERSONNEL

APPENDIX A

SUMMARY OF SURVEY DATA ANALYSIS
ACTIVE DUTY MILITARY AND DEPARTMENT OF THE NAVY CIVILIAN
PERSONNEL

1. <u>Overall Observations and Methodology</u>. NAVINSGEN conducted an on-line survey of active duty military and Department of the Navy (DON) civilian personnel from 13 to 26 September 2010 in support of the BUMED Command Inspection held from 25 October to 05 November 2010. There were a total of 205 survey respondents, consisting of 118 active duty military (57.6 percent) and 87 DON civilian personnel (42.4 percent), respectively. The survey respondents consisted of 113 (55.1 percent) females and 92 (44.9 percent) males.

2. <u>Quality of Life</u>. The active duty military and DON civilian personnel survey respondents rated their Quality of Work Life (QOWL) at 6.849 on a scale of 1 to 10 ('worst' to 'best') and Quality of Home Life (QOHL) at 7.980. Both of these scores are higher than the NAVINSGEN rolling averages of 6.253 and 6.963, respectively.

3. <u>Survey Topics</u>.

    a. The survey included demographic questions such as gender, age, and whether the respondent is military or civilian.

    b. As indicated above both military and civilians were asked to rate their quality of work life and quality of home life. For example, 61.0 percent of the survey respondents indicated job satisfaction as the main factor having a positive impact on their QOWL; Leadership support was rated the second highest at 48.3 percent. However, 31.7 percent of respondents indicated leadership support as the main factor having a negative impact on their QOWL; the next highest negative impact was quality of workplace facilities indicated by 26.8 percent of the survey respondents. Additionally, the survey respondents indicated that their QOHL was most positively impacted by the quality of their home and most negatively impacted by the cost of living, at 64.9 percent and 70.2 percent respectively.

    c. Military members were asked questions regarding physical readiness, performance counseling, and the voter assistance program.

    d. Civilians were asked questions regarding their position description, performance counseling, human resource service center, and human resource office.

    e. Both military and civilians were asked questions regarding topics such as working hours; resources; facilities; communication; and leadership.

    f. Those survey respondents indicating they are supervisors are asked additional questions regarding their supervisor training.

    g. In addition to multiple choice questions there were a few open ended questions regarding various topics such as: supplies purchased with personal money, facilities in need of repair, and

any additional comments or concerns regarding quality of life. Answers to these questions were used to help guide the inspection team and to guide some of the focus group questions.

BUMED INSPECTION 2010

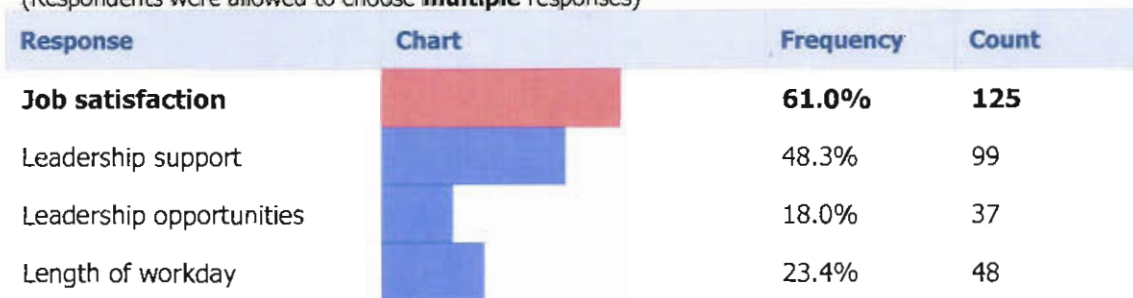## ACTIVE DUTY MILITARY AND DEPARTMENT OF THE NAVY CIVILIAN PERSONNEL

1: On a scale from 1 (worst) to 10 (best), please rate your current Quality of Home Life (QOHL). QOHL is the degree to which you enjoy where you live and the opportunities available for housing, recreation, etc.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
1		0.5%	1
2		0.0%	0
3		2.0%	4
4		2.9%	6
5		4.9%	10
6		3.9%	8
7		20.0%	41
8		**24.4%**	**50**
9		17.6%	36
10		23.9%	49

Mean	7.980
Standard Deviation	1.767
Valid Responses	**205**
Total Responses	**205**
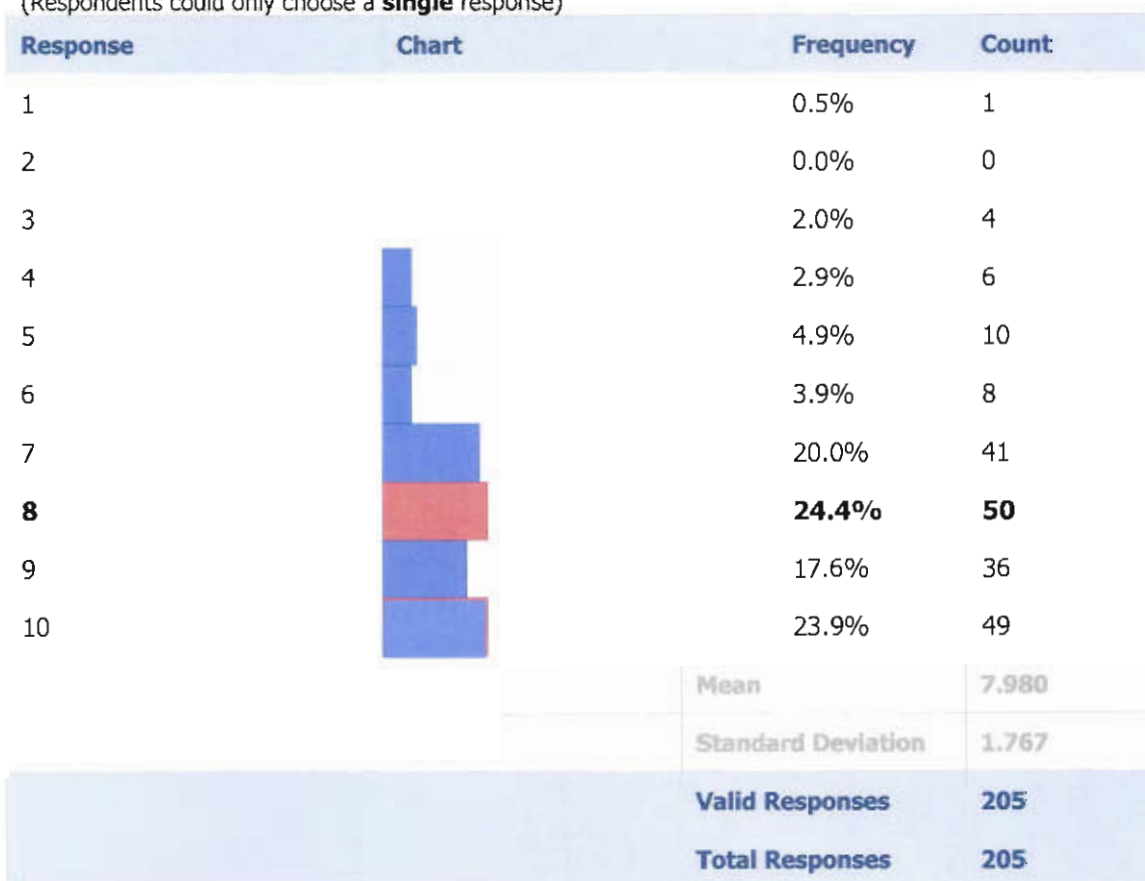
2: Please indicate up to three main factors that have a **positive** impact on your QOHL: (Choose three or less)

(Respondents were allowed to choose **multiple** responses)

Response	Chart	Frequency	Count
Quality of home		**64.9%**	**133**

Response	Chart	Frequency	Count
Quality of the school for dependent children		32.7%	67
Quality of the childcare available		5.4%	11
Shopping & dining opportunities		40.5%	83
Recreational opportunities		49.3%	101
Access to spouse employment		15.6%	32
Access to medical/dental care		39.3%	60
Cost of living		17.6%	36
Other		12.2%	25
	Valid Responses		**205**
	Total Responses		**205**

3: Please indicate up to three main factors that have a **negative** impact on your QOHL: (Choose three or less)

(Respondents were allowed to choose **multiple** responses)

Response	Chart	Frequency	Count
Quality of home		17.1%	35
Quality of the school for dependent children		9.8%	20
Quality of the childcare available		8.8%	18
Shopping & dining opportunities		7.3%	15
Recreational opportunities		8.3%	17
Access to spouse employment		11.2%	23
Access to medical/dental care		17.6%	36
Cost of living		**70.2%**	**144**
Other		35.1%	72
	Valid Responses		**205**
	Total Responses		**205**

4: On a scale from 1 (worst) to 10 (best), please rate your Quality of Work Life (QOWL). QOWL is the degree to which you enjoy where you work and available opportunities for professional growth.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
1		3.9%	8
2		2.4%	5
3		5.9%	12
4		6.8%	14
5		9.3%	19
6		8.8%	18
7		11.2%	23
8		**24.4%**	**50**
9		14.6%	30
10		12.7%	26
	Mean	6.849	
	Standard Deviation	2.444	
	Valid Responses	**205**	
	Total Responses	**205**	

5: Please indicate up to three main factors that have a **positive** impact on your QOWL: (Choose three or less)

(Respondents were allowed to choose **multiple** responses)

Response	Chart	Frequency	Count
Job satisfaction		**61.0%**	**125**
Leadership support		48.3%	99
Leadership opportunities		18.0%	37
Length of workday		23.4%	48

Response	Chart	Frequency	Count
Advancement opportunities		9.8%	20
Training opportunities		17.1%	35
Awards and recognition		6.8%	14
Command climate		20.5%	42
Quality of the workplace facilities		7.3%	15
Parking		24.9%	51
Frequency of deployments/Individual Augmentations (e.g. IAMM or GSA)		2.4%	5
Other		13.7%	28
	Valid Responses	**205**	
	Total Responses	**205**	

6: Please indicate up to three main factors that have a **negative** impact on your QOWL: (Choose three or less)

(Respondents were allowed to choose **multiple** responses)

Response	Chart	Frequency	Count
Job satisfaction		13.7%	28
Leadership support		**31.7%**	**65**
Leadership opportunities		14.1%	29
Length of workday		20.5%	42
Advancement opportunities		21.0%	43
Training opportunities		14.1%	29
Awards and recognition		21.5%	44
Command climate		20.5%	42
Quality of the workplace facilities		26.8%	55
Parking		23.9%	49
Frequency of deployments/Individual		2.9%	6

Augmentations (e.g. IAMM or GSA)
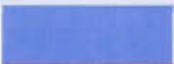
Response	Chart		Frequency	Count
Other			20.0%	41
		Valid Responses		205
		Total Responses		205
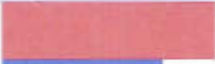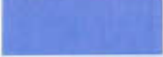
7: Gender:

(Respondents could only choose a **single** response)

Response	Chart		Frequency	Count
Male			44.9%	92
Female			**55.1%**	**113**
		Valid Responses		205
		Total Responses		205

8: I am:

(Respondents could only choose a **single** response)

Response	Chart		Frequency	Count
Military			**54.4%**	**118**
Civilian			40.1%	87
		Valid Responses		205
		Total Responses		205

9: Rank:

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
E1 - E4		0.0%	0
E5 - E6		6.8%	8

	Chart	Frequency	Count
E7 - E9		12.7%	15
W1 - O3		12.7%	15
O4 - O5		**35.6%**	**42**
O6 & Above		32.2%	38
		Valid Responses	**118**
		Total Responses	**118**

10: My command gives me sufficient time during working hours to participate in a physical readiness exercise program.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		**33.1%**	**39**
Agree		29.7%	35
Neither Agree nor Disagree		18.6%	22
Disagree		15.3%	18
Strongly Disagree		3.4%	4
		Mean	2.263
		Standard Deviation	1.173
		Valid Responses	**118**
		Total Responses	**118**

11: My supervisor conducts semiannual performance counseling with me.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		**74.6%**	**88**
No		25.4%	30
		Valid Responses	**118**

	Total Responses	118

12: During my semiannual performance my supervisor provides me with feedback that will enable me to improve my performance prior to my annual performance appraisal (EVAL/FITREP).

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		27.1%	32
Agree		**33.9%**	**40**
Neither Agree nor Disagree		22.9%	27
Disagree		10.2%	12
Strongly Disagree		S.9%	7
		Valid Responses	118
		Total Responses	118

13: I know who my command Voting Assistance Officer is.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		31.4%	37
No		**68.6%**	**81**
		Valid Responses	118
		Total Responses	118

14: I voted in the last election.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		**85.6%**	**101**
No		14.4%	17

	Valid Responses	118
	Total Responses	118

15: If you did not vote in the last election, why?

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
I choose not to		**52.9%**	**9**
I didn't know how to		5.9%	1
Other		41.2%	7
		Valid Responses	17
		Total Responses	17

16: Grade:

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
GS 1 - 8 or NSPS equivalent		12.8%	11
GS 9 - 12 or NSPS equivalent		**39.5%**	**34**
GS 13 - 14 or NSPS equivalent		36.0%	31
GS 15 or NSPS equivalent		11.6%	10
WG		0.0%	0
SES		0.0%	0
Other		0.0%	0
		Valid Responses	86
		Total Responses	86

17: My position description is current and accurately describes my functions, tasks, and responsibilities.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		19.8%	· 17
Agree		**36.0%**	**31**
Neither Agree nor Disagree		24.4%	21
Disagree		10.5%	9
Strongly Disagree		7.0%	6
Don't Know		2.3%	2
		Valid Responses	**86**
		Total Responses	**86**
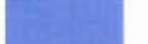
18: My supervisor establishes my critical elements and conducts at least one performance progress review during the annual performance rating cycle.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		37.2%	32
Agree		**40.7%**	**35**
Neither Agree nor Disagree		9.3%	8
Disagree		7.0%	6
Strongly Disagree		5.8%	5
		Mean	2.035
		Standard Deviation	1.132
		Valid Responses	**86**
		Total Responses	**86**

19: The Human Resource Service Center provides timely, accurate responses to my queries.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		8.1%	7
Agree		31.4%	27
Neither Agree nor Disagree		**37.2%**	**32**
Disagree		12.8%	11
Strongly Disagree		10.5%	9
		Mean	2.860
		Standard Deviation	1.086
		Valid Responses	**86**
		Total Responses	**86**

20: My (local) Human Resources Office provides timely, accurate responses to my queries.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		11.6%	10
Agree		**37.2%**	**32**
Neither Agree nor Disagree		25.6%	22
Disagree		14.0%	12
Strongly Disagree		11.6%	10
		Mean	2.767
		Standard Deviation	1.185
		Valid Responses	**86**
		Total Responses	**86**

21: I have the tools and resources needed to do my job properly.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		20.1%	40
Agree		**56.8%**	**113**
Neither Agree nor Disagree		7.0%	14
Disagree		12.6%	25
Strongly Disagree		3.5%	7
		Mean	2.226
		Standard Deviation	1.022
		Valid Responses	199
		Total Responses	199

22: I have adequate leadership guidance to perform my job successfully.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		26.6%	53
Agree		**43.7%**	**87**
Neither Agree nor Disagree		13.1%	26
Disagree		11.6%	23
Strongly Disagree		5.0%	10
		Mean	2.246
		Standard Deviation	1.121
		Valid Responses	199
		Total Responses	199

23: My current workday is __hours. (Actual time spent at work not including commute time.)

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
6-8		16.1%	32
9-10		**66.3%**	**132**
11-12		16.6%	33
13-14		0.5%	1
15+		0.5%	1
		Valid Responses	**199**
		Total Responses	**199**
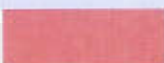
24: My current work week is normally __days.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
4		3.0%	6
5		**93.5%**	**186**
6		3.5%	7
7		0.0%	0
		Valid Responses	**199**
		Total Responses	**199**

25: My job is important and makes a contribution to my command.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		**43.2%**	**86**

	Chart	Frequency	Count
Agree		41.7%	83
Neither Agree nor Disagree		12.1%	24
Disagree		1.5%	3
Strongly Disagree		1.5%	3
	Mean		1.764
	Standard Deviation		0.835
	Valid Responses		**199**
	Total Responses		**199**

26: My command/organization is properly resourced (e.g., people, tools, training, supplies, etc.) to conduct its mission.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		**46.0%**	**91**
No		38.9%	77
Don't Know		15.2%	30
Not Answered			1
	Mean		1.692
	Standard Deviation		0.720
	Valid Responses		**198**
	Total Responses		**199**

27: If you indicated your command was not properly resourced, what resources are lacking? (Choose all that apply)
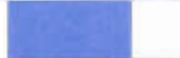
(Respondents were allowed to choose **multiple** responses)

Response	Chart	Frequency	Count
People		**64.6%**	**51**

Response	Chart	Frequency	Count
Tools/Equipment		17.7%	14
Training		36.7%	29
IT Resources		40.5%	32
Spare Parts		5.1%	4
Supplies		12.7%	10
Other		26.6%	21
		Valid Responses	**79**
		Total Responses	**79**

28: Have you ever purchased mission-related work supplies, tools, parts or equipment with your own money?

(Respondents could only choose a **single** response)

Response	Chart		Frequency	Count
Yes			32.8%	65
No			**67.2%**	**133**
		Mean		1.672
		Standard Deviation		0.471
		Valid Responses		**198**
		Total Responses		**198**

29. If you have purchased supplies or tools with your money, please provide a list of items, cost, and why (e.g., printer ink, $20, easier to go buy than going through the supply system).

_____

_____

_____

30: I am satisfied with the overall quality of my workplace facilities.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		9.1%	18
Agree		**49.7%**	**98**
Neither Agree Nor Disagree		20.8%	41
Disagree		17.3%	34
Strongly Disagree		3.0%	6
		Mean	2.553
		Standard Deviation	0.981
		Valid Responses	**197**
		Total Responses	**197**

31. If you know of facilities that are in need of repair please provide information regarding base, building number, floor, room number, and nature of problem. (Example: Washington Navy Yard, building 172, 2nd floor, men's shower (room 201), no hot water.)

_____

_____

_____

32: My organization has an effective safety program.
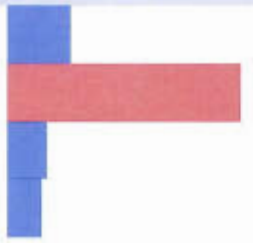
(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		8.7%	17
Agree		**43.4%**	**85**
Neither Agree nor Disagree		**43.4%**	**85**
Disagree		3.6%	7
Strongly Disagree		1.0%	2
Not Answered			1

		Mean	2.449
		Standard Deviation	0.746
		Valid Responses	**196**
		Total Responses	**197**

33: I know how to report an unsafe or unhealthy work condition.
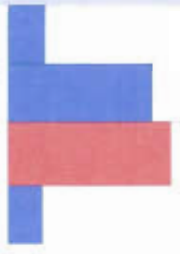
(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		16.3%	32
Agree		**61.7%**	**121**
Neither Agree nor Disagree		10.7%	21
Disagree		9.2%	18
Strongly Disagree		2.0%	4
Not Answered			1

		Mean	2.189
		Standard Deviation	0.889
		Valid Responses	**196**
		Total Responses	**197**

34: Reported unsafe or unhealthy work conditions are corrected promptly.
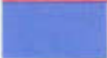
(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		9.7%	19
Agree		38.3%	75
Neither Agree nor Disagree		**42.9%**	**84**
Disagree		9.2%	18
Strongly Disagree		0.0%	0

		Not Answered	1
		Mean	2.515
		Standard Deviation	0.794
		Valid Responses	**196**
		Total Responses	**197**
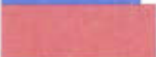
35: I know who to contact at my command regarding safety questions or concerns.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		**71.9%**	**141**
No		28.1%	55
Not Answered			1
		Valid Responses	**196**
		Total Responses	**197**

36: I know what Operational Risk Management (ORM) is?

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		36.7%	72
Agree		**40.8%**	**80**
Neither Agree nor Disagree		9.7%	19
Disagree		10.2%	20
Strongly Disagree		2.6%	5
Not Answered			1
		Mean	2.010
		Standard Deviation	1.052
		Valid Responses	**196**

		Total Responses	197

37: I know when to apply the principles of Operational Risk Management (ORM).

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		34.2%	67
Agree		**42.9%**	**84**
Neither Agree nor Disagree		11.2%	22
Disagree		8.2%	16
Strongly Disagree		3.6%	7
Not Answered			1
		Mean	2.041
		Standard Deviation	1.052
		Valid Responses	**196**
		Total Responses	**197**

38: My job affords me a reasonable amount of quality time with my family.
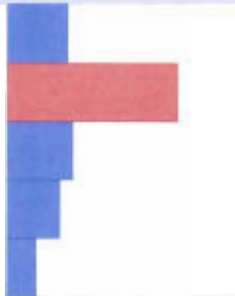
(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		24.5%	47
Agree		**48.4%**	**93**
Neither Agree nor Disagree		17.7%	34
Disagree		8.3%	16
Strongly Disagree		1.0%	2
		Mean	2.130
		Standard Deviation	0.915
		Valid Responses	**192**

		Total Responses	192
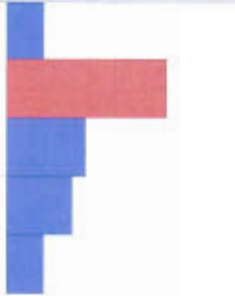
39: Morale at my command has a positive impact on my QOWL.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		16.1%	31
Agree		**45.3%**	**87**
Neither Agree nor Disagree		17.2%	33
Disagree		13.5%	26
Strongly Disagree		7.8%	15
		Mean	2.516
		Standard Deviation	1.149
		Valid Responses	192
		Total Responses	192

40: Communication down the chain of command is effective.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		9.9%	19
Agree		**42.2%**	**81**
Neither Agree nor Disagree		20.8%	40
Disagree		17.7%	34
Strongly Disagree		9.4%	18
		Mean	2.745
		Standard Deviation	1.145
		Valid Responses	192
		Total Responses	192

41: Communication up the chain of command is effective.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		10.4%	20
Agree		**44.8%**	**86**
Neither Agree nor Disagree		22.9%	44
Disagree		13.5%	26
Strongly Disagree		8.3%	16
	Mean	2.646	
	Standard Deviation	1.102	
	Valid Responses	**192**	
	Total Responses	**192**	
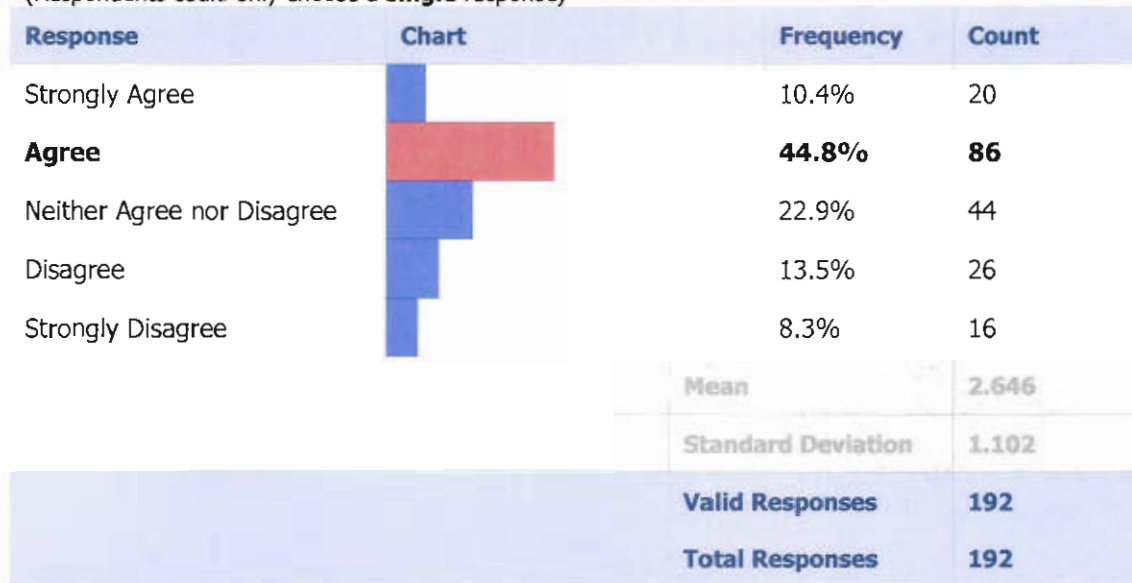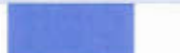
42: My superiors treat me with respect and consideration.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		33.3%	64
Agree		**40.6%**	**78**
Neither Agree nor Disagree		16.7%	32
Disagree		6.8%	13
Strongly Disagree		2.6%	5
	Mean	2.047	
	Standard Deviation	1.004	
	Valid Responses	**192**	
	Total Responses	**192**	
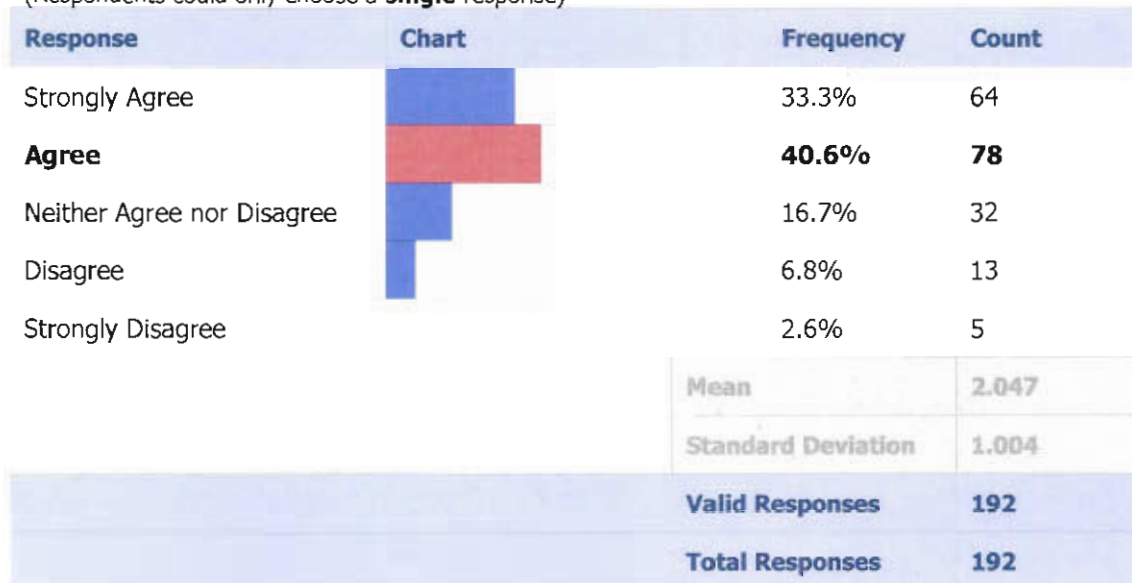
43: My performance evaluations have been fair.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		30.7%	59
Agree		**40.6%**	**78**
Neither Agree nor Disagree		21.4%	41
Disagree		5.2%	10
Strongly Disagree		2.1%	4
		Mean	2.073
		Standard Deviation	0.957
		Valid Responses	**192**
		Total Responses	**192**
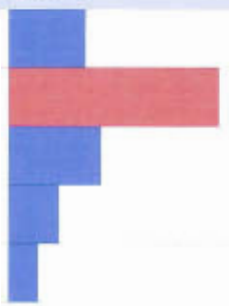
44: The awards and recognition program is fair and equitable.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		12.5%	24
Agree		**35.4%**	**68**
Neither Agree nor Disagree		34.9%	67
Disagree		10.4%	20
Strongly Disagree		6.8%	13
		Mean	2.635
		Standard Deviation	1.050
		Valid Responses	**192**
		Total Responses	**192**
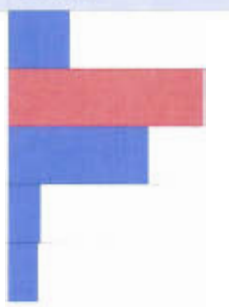
45: Military and civilian personnel work well together at my command.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		16.1%	31
Agree		**51.0%**	**98**
Neither Agree nor Disagree		20.3%	39
Disagree		8.9%	17
Strongly Disagree		3.6%	7
	Mean		2.328
	Standard Deviation		0.972
	Valid Responses		**192**
	Total Responses		**192**
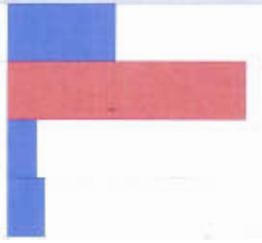
46: My command's Equal Opportunity Program (EO - to include Equal Employment Opportunity & Command Managed Equal Opportunity) is effective.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		12.0%	23
Agree		**47.4%**	**91**
Neither Agree nor Disagree		32.8%	63
Disagree		4.2%	8
Strongly Disagree		3.6%	7
	Mean		2.401
	Standard Deviation		0.887
	Valid Responses		**192**
	Total Responses		**192**
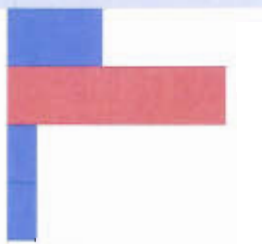
47: I know who to contact with an EEO/EO question or complaint.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		26.0%	50
Agree		**60.4%**	**116**
Neither Agree nor Disagree		5.2%	10
Disagree		7.3%	14
Strongly Disagree		1.0%	2
	Mean		1.969
	Standard Deviation		0.837
	Valid Responses		**192**
	Total Responses		**192**
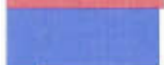
48: I am aware of or know how to find my local IG hotline number.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		25.0%	48
Agree		**57.3%**	**110**
Neither Agree nor Disagree		7.8%	15
Disagree		7.8%	15
Strongly Disagree		2.1%	4
	Mean		2.047
	Standard Deviation		0.911
	Valid Responses		**192**
	Total Responses		**192**

49: A grievance/complaint in my command will be handled in a fair, timely, and just manner.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		16.7%	32
Agree		**38.5%**	**74**
Neither Agree nor Disagree		36.5%	70
Disagree		4.2%	8
Strongly Disagree		4.2%	8
	Mean		2.406
	Standard Deviation		0.955
	Valid Responses		**192**
	Total Responses		**192**

50: My command adequately protects my Personally Identifiable Information (PII).

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		19.8%	38
Agree		**54.7%**	**105**
Neither Agree nor Disagree / Don't Know		21.9%	42
Disagree		2.6%	5
Strongly Disagree		1.0%	2
	Mean		2.104
	Standard Deviation		0.779
	Valid Responses		**192**
	Total Responses		**192**

51: My command has conducted a command climate assessment within the past 2 years.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		**72.9%**	**140**
No		0.0%	0
Don't Know		27.1%	52
		Valid Responses	**192**
		Total Responses	**192**
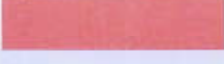
52: My command's leadership provided feedback to command personnel on the results of our command climate assessment.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		**68.2%**	**131**
No		0.5%	1
Don't Know		31.3%	60
		Valid Responses	**192**
		Total Responses	**192**

53: My Command implemented an action plan to resolve command climate issues.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		39.1%	75
No		4.7%	9
Don't Know		**56.3%**	**108**
		Valid Responses	**192**
		Total Responses	**192**

54: Fraternization is occurring in my command/organization.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		7.3%	14
Agree		7.3%	14
Neither Agree nor Disagree / Don't Know		**52.1%**	**100**
Disagree		22.4%	43
Strongly Disagree		10.9%	21
	Mean		3.224
	Standard Deviation		0.990
	Valid Responses		**192**
	Total Responses		**192**

55: Favoritism is occurring at my command/organization.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		12.0%	23
Agree		18.8%	36
Neither Agree nor Disagree / Don't Know		**35.9%**	**69**
Disagree		24.0%	46
Strongly Disagree		9.4%	18
	Mean		3.000
	Standard Deviation		1.135
	Valid Responses		**192**
	Total Responses		**192**

56: Gender/sex discrimination is occurring at my command/organization.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		1.6%	3
Agree		5.7%	11
Neither Agree nor Disagree / Don't Know		**39.6%**	**76**
Disagree		37.0%	71
Strongly Disagree		16.1%	31
		Mean	3.604
		Standard Deviation	0.880
		Valid Responses	**192**
		Total Responses	**192**

57: Sexual harassment is occurring at my command/organization.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		1.0%	2
Agree		2.6%	5
Neither Agree nor Disagree / Don't Know		37.5%	72
Disagree		**38.5%**	**74**
Strongly Disagree		20.3%	39
		Mean	3.745
		Standard Deviation	0.845
		Valid Responses	**192**
		Total Responses	**192**

58: Race discrimination is occurring at my command/organization.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		2.1%	4
Agree		6.3%	12
Neither Agree nor Disagree / Don't Know		**37.5%**	**72**
Disagree		32.3%	62
Strongly Disagree		21.9%	42
		Mean	3.656
		Standard Deviation	0.958
		Valid Responses	**192**
		Total Responses	**192**

59: Hazing is occurring at my command/organization.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		0.0%	0
Agree		0.5%	1
Neither Agree nor Disagree / Don't Know		34.4%	66
Disagree		**39.6%**	**76**
Strongly Disagree		25.5%	49
		Mean	3.901
		Standard Deviation	0.783
		Valid Responses	:192
		Total Responses	:192

60: Do you supervise Department of the Navy (DON) civilians?

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		27.6%	53
No		**72.4%**	**139**
	Valid Responses		192
	Total Responses		192

61: How many DON civilians do you supervise?

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Less than 5		**70.9%**	**39**
5 - 10 civilians		12.7%	7
11 - 20 civilians		9.1%	5
More than 21 civilians		7.3%	4
Not Answered			1
	Valid Responses		55
	Total Responses		56

62: When did you receive civilian supervisory training?

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Never		20.8%	11
Within the last 12 months		26.4%	14
Within the last 2-3 years		**41.5%**	**22**
More than 4 years ago		11.3%	6
Not Answered			3

		Valid Responses	53
		Total Responses	56

63: Have you been a selecting official for a DON civilian vacancy?

(Respondents could only choose a **single** response)

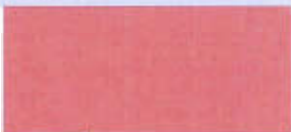| Response	Chart	Frequency	Count
Yes		19.3%	37
No		**80.7%**	**155**
		Valid Responses	192
		Total Responses	192

64: The DON civilian recruitment process is responsive to my command's civilian personnel requirements.

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Strongly Agree		3.1%	6
Agree		23.4%	45
Neither Agree nor Disagree / Don't Know		**57.8%**	**111**
Disagree		9.4%	18
Strongly Disagree		6.3%	12
		Mean	2.922
		Standard Deviation	0.837
		Valid Responses	192
		Total Responses	192

65: How would you rate your access to the Internet from work?

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Unlimited access to all required websites for information/work purposes		**76.4%**	**146**
Limited access to all required websites for information/work purposes (i.e., in port only a few workstations, etc.)		23.0%	44
No access		0.5%	1
Not Answered			1
		Valid Responses	**191**
		Total Responses	**192**

66: Does your command routinely conduct required training (e.g., anti-terrorism, DOD Information Assurance, personal financial management, personal occupational safety & health, etc.)?

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		**100.0%**	**191**
No		0.0%	0
Not Answered			1
		Valid Responses	**191**
		Total Responses	**192**

67: Do you have adequate time at work to complete required General Military Training via Navy Knowledge Online (NKO) training?

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		**72.8%**	**139**
No		27.2%	52
Not Answered			1
		Valid Responses	**191**
		Total Responses	**192**

68: Are you able to access NKO at work?

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Yes		**98.4%**	**188**
No		1.6%	3
Not Answered			1
		Valid Responses	**191**
		Total Responses	**192**

69: How often do you use NKO?

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Daily		4.7%	9
Weekly		23.6%	45
Monthly		**40.3%**	**77**
Only when I can't find information elsewhere or only		28.3%	54

when absolutely necessary			
Never		3.1%	6
Not Answered			1
	Valid Responses		**191**
	Total Responses		**192**

70: How easy is it to find information you are looking for on NKO?

(Respondents could only choose a **single** response)

Response	Chart	Frequency	Count
Very easy		6.3%	12
Easy		26.2%	50
Neither easy or difficult		**36.6%**	**70**
Difficult		25.1%	48
Very Difficult		5.8%	11
Not Answered			1
	Mean		2.979
	Standard Deviation		1.000
	Valid Responses		**191**
	Total Responses		**192**

71. Please provide any comments or concerns impacting your quality of life/quality of work life.

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_____

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APPENDIX B

SUMMARY OF FOCUS GROUP DATA ANALYSIS

ACTIVE DUTY MILITARY

AND

DEPARTMENT OF THE NAVY

CIVILIAN PERSONNEL

SUMMARY OF FOCUS GROUP DATA ANALYSIS
ACTIVE DUTY MILITARY AND DEPARTMENT OF THE NAVY CIVILIAN
PERSONNEL

1. Overall Observations and Methodology. NAVINSGEN conducted 12 active duty military and civilian focus groups, divided into E 5-6 (1); E 7-8 (1); E 9 (1); O 1-3 (1); O4 (1); O5 (1); O6 (2); GS 1-8/NSPS Equivalent (1); GS 9-13/NSPS Equivalent (2); and GS 14-15/NSPS Equivalent (1). A total of 147 personnel, consisting of 76 active duty military (51.7 percent) and 71 civilians (48.3 percent) participated in these focus groups on a variety of quality of home life and quality of work life topics.

2. Quality of Life. The active duty military and Department of the Navy (DON) civilian personnel focus group participants rated their overall Quality of Life at 7.01, with military scoring 6.55 and civilians scoring 7.87, on a scale of 1 to 10 where 1 is 'worst' and 10 is 'best'.

3. Major Concerns. Major concerns for active duty and DON personnel focus groups include: communication; manning; leadership; training and education; and parking. Other topics such as leadership, advancement/recognition, and training/indoctrination were specific to either military or civilian participants.

    a. Communication was discussed in eight of the eight military and three of the four civilian focus groups. Whereas some groups, mostly the senior leadership groups, felt communication down the chain was positive, others indicated it as an issue. Several of the groups indicated communication up the chain is difficult and they often feel as if they are not being heard. In several of the focus groups participants indicated that cross code communication is lacking.

    b. Manning was identified as an issue in six of the eight military and three of the four civilian focus groups. Many of the participants indicated they feel overworked. Many also indicated there are a lot of "taskers" some of which multiple groups within BUMED take responsibility, leading to potential coordination issues.

    c. Leadership/Supervisors was a topic in four of the eight military and four of the four civilian focus groups. One of the main concerns for the civilians was military serving as supervisors of civilian personnel; they do not feel military have the proper training in supervising civilians. In a few of the military focus groups, participants stated they believe people often come to BUMED to further their own careers and are not focused on helping the more junior personnel. Others discussed leadership turnover as an issue, an example given was the change of leadership in one of the codes such that there have been three different Directors within a 2 year time period. Military members indicated there are trust issues in that junior enlisted do not feel like they can trust the Chief or Officer communities.

d. Training and education was discussed as an issue in four out of the eight military and three of the four civilian focus groups. Several of the military groups indicated they felt general military training is a waste of time. Civilians indicated funding for travel is low and often impacts the ability to accomplishing the mission.

e. Parking was indicated as an issue by six of the eight military and two of the four civilian focus groups. Participants indicated parking is an issue for their current location, but that they are also concerned about parking when they relocate due to the BRAC.

f. Another topic discussed in four of the eight military and one of the four civilian focus groups was related to jobs. That is, participants in these groups stated they were not given the job they were promised/hired for once they arrived at BUMED. This was particularly an issue for the military.

g. Two topics, human resources and promotions, were of particular interest to the civilian focus group participants. In each case three of four focus groups discussed the topics. In one of the three groups that discussed human resources, participants stated they felt there was corruption within the system. Participants indicated that they felt promotions often had to do with the good ole boy network. Civilians at the lower pay grades stated it is very difficult to promote. As an example, one participant mentioned they were told in order to get a promotion they would need to apply for another job.

h. Two additional topics were specific to military focus groups. One topic, telecommuting, was discussed in 4 out of the 5 Officer groups. For example, they wanted to see the ability to telecommute to be expanded. Three of the eight military focus groups also indicated mentoring and sponsorship is not happening at BUMED.

i. Team building and office camaraderie were also mentioned in the civilian and military focus groups. Participants indicated they are unaware of the mission/vision of each of the codes, and more importantly would like to know them. Participants did indicate they liked the people they worked with – in their own codes. Additionally, although there is a Petty Officers Association the junior enlisted indicated they are unable to meet and train offsite.