



DEPARTMENT OF THE NAVY
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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
(b) SECNAVINST 5430.57G

1. The office of the Naval Inspector General (NAVINSGEN) conducts Command Inspections of Echelon II commands to provide the Secretary of the Navy and the Chief of Naval Operations with a firsthand assessment of Departmental risks and major issues relevant to policy, management, and direction as directed by reference (a). Reference (b) tasks NAVINSGEN with conducting inspections and surveys, making appropriate evaluations and recommendations concerning operating forces afloat and ashore, Department of the Navy components and functions, and Navy programs which impact readiness or quality of life for military and civilian naval personnel.
2. NAVINSGEN conducted a Command Inspection of the Bureau of Medicine and Surgery (BUMED) from 20 to 30 July 2015. This report documents our findings.
3. This report contains an Executive Summary, our observations and findings, and documented deficiencies noted during the inspection. A summary of survey and focus group data, as well as a complete listing of survey frequency data, is included.
4. During our visit we assessed overall mission readiness in execution of its Echelon II responsibilities per OPNAVINST 5440.215D, Mission and Functions of the Bureau of Medicine and Surgery (14 May 2012) and other laws, policy, and regulations. We assessed compliance with Navy administrative programs; facilities, safety and environmental compliance; security programs, Inspector General functions, and Sailor programs under the purview of senior enlisted leadership. Additionally, we conducted surveys and focus group discussions to assess the quality of work life (QOWL) and home life (QOHL) for Navy military and civilian personnel.
5. Our overall assessment is that BUMED is effectively executing its complex mission in promoting a medically ready force and a medically ready force. BUMED demonstrates a good understanding and balance in their dual mission of operational health service support and health care benefit delivery. We found a dedicated and professional staff committed to mission accomplishment under challenging fiscal realities and in the setting of significant change in Military Health System (MHS) governance.

Subj: COMMAND INSPECTION OF THE BUREAU OF MEDICINE AND SURGERY

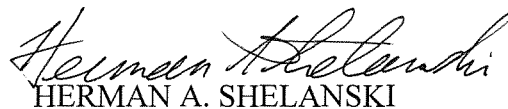
6. In the course of our inspection, we identified deficiencies in military and civilian training, environmental planning staffing, Continuity of Operations, Information Security, Personnel Security, Industrial Security, Physical Security, Operations Security, Counterintelligence/Insider Threat, Personally Identifiable Information (PII), Sexual Assault Prevention and Response (SAPR), Suicide Prevention, Voting Assistance, and Legal/Ethics functions.

7. Corrective actions

a. We identified 68 deficiencies during our inspection that require BUMED's corrective action. Additionally, NAVINSGEN provided BUMED with 48 separate recommendations for consideration, relating to, headquarters organization, mission and functions, manning/manpower, equal employment opportunity (EEO), training, hearing protection, industrial hygiene, overseas drinking water, command security program, information security, personnel security, PII, cybersecurity, insider threat, and SAPR.

b. Correction of each deficiency or adoption of recommendations, and a description of action(s) taken or rationale of why recommendations were not adopted, shall be reported via Implementation Status Report (ISR), OPNAV 5040/2 no later than 1 February 2016. Deficiencies not corrected or recommendations not adopted by this date or requiring longer-term solutions should be updated quarterly until completed.

8. My point of contact is (b) (7)(C)



HERMAN A. SHELANSKI

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**NAVAL INSPECTOR GENERAL COMMAND INSPECTION OF
BUREAU OF MEDICINE AND SURGERY
20 – 30 JULY 2015**

~~**THIS REPORT IS NOT RELEASABLE** without the specific approval of the Secretary of the Navy. The information contained herein relates to the internal practices of the Department of the Navy (DON) and is an internal communication within the Navy Department. The contents may not be disclosed outside original distribution, nor may it be reproduced in whole or in part. All requests for this report, extracts therefrom, or correspondence related thereto shall be referred to the Naval Inspector General.~~

Executive Summary

The Naval Inspector General (NAVINSGEN) conducted a command inspection of the Bureau of Medicine and Surgery from 20-30 July 2015. Our last inspection of BUMED was in 2010. The team was augmented with subject matter experts, including personnel from the Deputy Under Secretary of the Navy for Policy (DUSN(P)); Headquarters, Marine Corps, Health Services; the Office of Naval Research (ONR); Naval Facilities Engineering Command (NAVFAC); Naval Safety Center (NAVSAFECEN); Space and Naval Warfare Systems Command (SPAWAR); Naval Warfare Development Command (NWDC); Military Sealift Command (MSC); Naval Criminal Investigative Service (NCIS); Navy Medicine Information Systems Support Activity (NAVMISSA); Defense Health Agency (DHA); the Uniformed Services University of the Health Sciences (USUHS); and the Office of Civilian Human Resources (OCHR).

During our visit we assessed overall mission readiness in execution of its echelon 2 responsibilities; functions and tasks as assigned in or defined by OPNAVINST 5440.215D, Mission and Functions of the Bureau of Medicine and Surgery, May 14, 2012; and other laws, policy, and regulations. We assessed administrative programs, facilities, safety and environmental compliance, security programs, and Sailor programs under the purview of senior enlisted leadership. Additionally, we conducted surveys and focus group discussions to assess the quality of work life (QOWL) and home life (QOHL) for Navy military and civilian personnel.

MISSION PERFORMANCE

BUMED's mission is to ensure personnel and material readiness of shore activities as assigned by the Chief of Naval Operations (CNO); develop health care policy for all shore-based treatment facilities and operating forces of the Navy and Marine Corps; provide technical support in the direct health care delivery system of shore-based treatment facilities and operating forces of the Navy and Marine Corps; and manage the use of CHAMPUS (TRICARE), and other indirect health care delivery systems.

Our overall assessment is that BUMED is effectively executing its complex mission in promoting a medically ready force and a ready medical force. BUMED demonstrates a good understanding and balance in their dual mission of operational health service support and health care benefit delivery. We found a dedicated and professional staff committed to mission accomplishment under challenging fiscal realities and in the setting of significant change in Military Health System (MHS) governance.

Missions, Functions, & Tasks (MFT)

Echelon 2 shore activity commanders are required to submit an updated MFT statement, as needed and at least every 3 years in accordance with OPNAVINST 5400.44A, Navy Organization Change Manual. BUMED's MFT is not only due for review, but requires revision in light of realignment resulting from BUMED's "reinvention" of Summer 2015 and the establishment of the Defense Health Agency (DHA) with its shared services function.

Integration within the MHS and with the Defense Health Agency

In a memorandum of March 2, 2012, Subj: Planning for Reform of the Governance of the Military Health System, DepSecDef outlined reform of MHS governance with the stated intent of ensuring the MHS “is organized in an effective and cost-efficient manner.” A follow-on DepSecDef memorandum of March 11, 2013, Subj: Implementation of Military Health System Governance Reform, established DHA as a Combat Support Agency (CSA) of DoD to operate under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs (ASD(HA)). In addition to assuming responsibility for most functions previously undertaken by the TRICARE Management Activity, DHA was assigned responsibility for nine (ultimately ten) shared services, functions, and activities (e.g., pharmacy programs, health information technology, medical education and training, facility planning, public health, medical logistics, budget and resource management), as well as “common business and clinical processes,” all in support of the Services. Further, authority, direction, and control functions of the National Capital Region (NCR) health system were assigned to the NCR Medical Directorate, one of six subordinate directorates within DHA.

Navy Medicine leadership and staff recognize and support the potential benefits of the “shared services” function of DHA. However, DHA encroachment on Service authorities has resulted in lingering tension among both medical and line community leadership and Service non-concurrence with the MHS Strategic Plan, among other products.

Headquarters Reinvention

In Fall 2013, the Surgeon General (SG) initiated a “reinvention” effort to evaluate and realign BUMED’s organizational structure to respond to the establishment of DHA and shared services, align to new MHS Governance structure, and prepare for fiscal and personnel constraints. Realignment of certain subordinate echelon commands that reported directly to BUMED was also under consideration. The first phase of reinvention was kicking off coincident with our inspection in Summer 2015, so it is difficult to assess its effectiveness for headquarters functioning or its impact on subordinate commands that are facing altered reporting relationships. However, we found that department-level execution staff groupings were still being realigned, leaving many headquarters staff uncertain on workflow management and decision-making. We recommend that BUMED accelerate subsequent phases of the reinvention.

Command and Control of Assigned Shore Facilities

Chief, BUMED exercises command and control of a global enterprise of shore facilities that includes two Medical Centers, 16 Naval Hospitals, 83 Naval Health Clinics and Branch Health Clinics, three Naval Dental Centers/Dental Battalions, five mission-specific commands, and four Expeditionary Medical Facilities (a Navy Reserve mission). While the mission-specific commands and their subordinates (executing research, public health, medical logistics, education and training, and information system support missions) have been echelon 3 direct reports to BUMED, the 2015 reinvention is realigning most, if not all, of those commands as echelon 4s under either Navy Medicine East (NAVMEDEAST) or Navy Medicine West (NAVMEDEWEST). These Flag Officer Commanders are charged with governance within their

defined geographic areas of responsibility and delegated day-to-day operational control and resource execution authority, including over echelon 4 Navy Military Treatment Facilities (MTF).

Organize, Train, and Equip the Medical Force for Force Health Protection (FHP)

BUMED must balance Navy Medicine’s dual mission of supporting total-spectrum beneficiary care for active duty, dependents, and retirees and maintaining a ready force, trained for operational deployment in support of major combat operations, humanitarian assistance, disaster relief, DSCA, global health engagement missions, and other focused operations. The organization is continually challenged in supporting these roles, maintaining an inventory of qualified healthcare professionals, tracking readiness through various reporting mechanisms, and projecting myriad personnel demands necessary to meet future predictive requirements and mitigate associated risks.

Like other military organizations, BUMED struggles with readiness risks, concerns, and issues that center around recruiting, training, and retaining an adequate mix of personnel to serve Navy Medicine’s dual mission and maintain a ready force trained to operational platforms. The time it takes to attract, “grow” and retain highly specialized personnel, particularly clinicians, is a longstanding challenge, made more difficult by fluctuating shortages and competing salaries in the civilian sector.

Medical Readiness of Navy and Marine Corps Personnel

The physical and mental readiness of Navy and Marine Corps active duty members to deploy is a critical responsibility and one of the most important functions BUMED executes. Readiness is the first priority in Navy Medicine’s strategic plan. BUMED effectively oversees extensive activity across the enterprise and the fleet in execution of the requirements of OPNAVINST 6100.3A, Deployment Health Assessment Process, SECNAVINST 6120.3 CH-1, Periodic Health Assessment for Individual Medical Readiness, and BUMEDINST 6110.04 CH-1, Documenting and Reporting Individual Medical Readiness (IMR) Data.

The readiness function also entails BUMED’s responsibility to ensure Navy medical personnel and material readiness. Importantly, essential medical capabilities for the MHS cannot be defined by trauma care alone; they must be inclusive of the breadth and depth of expertise needed to manage and treat Disease and Non-Battle Injury (DNBI), as well as the broad range of health requirements associated with Humanitarian Assistance/Disaster Response and Global Health Engagement missions. As defined in strategic objectives supporting the Readiness goal, Navy Medicine is effective in the ongoing work of defining clinical currency, determining the operational requirements to maintain currency, and identifying approved pathways to achieve currency across the medical force.

Medical Capabilities and Technologies

OPNAVINST 5450.215D instructs BUMED to direct “organizational strategy to prevent, protect, respond, and recover from threats or attacks involving Navy medicine [and to develop and maintain] ‘defensive weapon’ medical capabilities and technologies enhancing medical

surveillance, detection and protection including biomedical research programs.” This function as articulated primarily addresses biowarfare threats (e.g., Weapon of Mass Destruction (WMD); Chemical, Biological, Radiological, Nuclear (CBRN) threats) that are administered through Joint programs, and BUMED is effectively engaged in these areas.

Navy Medicine oversees 12 Navy medical research entities (eight commands; four field units), not including the MTF-based Clinical Investigations Program (CIP). These research entities span a broad range of Navy medical research interests and are positioned across the globe with over 1500 employees. Navy medical research and development (R&D) entities have been effective in receiving and executing funding (approximately \$320M in FY14, which represents approximately 97 percent of their operating costs).

BUMED does not have significant Force Health Protection research program authority such as that maintained primarily at the Office of Naval Research (ONR), which has Navy Basic (6.1), Applied (6.2), and Advanced Applications (6.3) Research program authority. The Navy medical research enterprise is essentially funded through other organizations, with the exception of a modest (\$10M) Medical Advanced Development Program (MADP) (6.5) resourced through OPNAV N413 (Logistics Operations Programs & Policy) and administered by NMRC without significant BUMED oversight (funds simply pass through BUMED to NMRC).

Medical Assets Ashore and Afloat

BUMED effectively executes its responsibility to provide professional and technical guidance for design, construction, manning, and equipping medical assets—ashore and afloat—through formal command relationships and informal consultative partnerships. Naval Facilities Engineering Command (NAVFAC) Medical Facility Design Office (MFDO) works with BUMED clinical, engineering, facility, and logistics personnel in the design of fixed treatment facilities.

With regard to new ship construction, an Environmental Health Officer is billeted as a Technical Warrant Holder at Naval Sea Systems Command (NAVSEA), providing information and approval on standards of medical care for program managers. While this NAVSEA billet has no direct linkage to BUMED, consultation with subject matter experts at BUMED and within fleet medicine is free-flowing.

Navy Medicine Logistics Command (NMLC), an echelon 3 subordinate of BUMED whose chain-of-command disposition in the reinvention was pending decision at the time of our inspection, is BUMED’s primary execution means for logistics support to MTFs and the fleet. NMLC provides logistics support to MTFs by managing centrally funded and procured medical and imaging equipment, vaccinations/immunizations, healthcare personal services contracts, and others, executing \$1.99B in FY14. Despite being funded solely with Defense Health Program (DHP) (vice Navy) dollars, NMLC is effective in fleet operational support in providing: Integrated Logistics/Product Support (ILS) equipment and product services, ship construction space design interface analysis and technical documentation, active ship configuration change request administration through the SHIPMAIN process, Class VIII assemblage and commodity management, and centralized procurement planning and execution.

Inspection of Military Treatment Facilities (MTF)

BUMED is executing its responsibility to conduct MTF inspections and provide inspection assistance to commanders within the Navy and Marine Corps. The BUMED/Medical Inspector General (MEDIG) inspection program implements an effective approach that assesses clinical, research, and support commands' efficiency and effectiveness and improves the organization's readiness and performance based on program specific policies and direction. The periodic MEDIG inspection of MTFs and The Joint Commission (TJC) accreditation survey take place as a concurrent assessment.

Oversight of Navy Medicine Regions

Per BUMEDINST 5450.165B CH-2, Offices of the Surgeon General and Chief, Bureau of Medicine and Surgery Organization, Deputy Chief, BUMED has been delegated oversight responsibility for the Navy Medicine Regions. The principle means by which this oversight is accomplished is through quarterly reviews with both Regional Commanders and their staffs.

The foundation of the Regional Reviews is a "Performance Snapshot" which presents regional performance against the Navy Medicine Strategic Plan ("Readiness-Value-Jointness") using a series of measures and metrics for strategic objectives and goals. Deep dive discussions pursue challenges or opportunities identified in the snapshot. Cascading metrics to the MTF level are available to further inform discussions where appropriate. Measures and metrics are visible across the enterprise to increase transparency. Inclusion of both regions during these reviews prompts shared learning, best practice dissemination, and alternative course of action development.

Deployable Medical Systems (DEPMEDS)

BUMED maintains programmatic, manning, and training oversight for MTFs on board two hospital ships (T-AH), eight fleet hospitals (FH)/expeditionary medical facilities (EMF), four forward deployable preventive medicine units (FDPMU), and 84-person augmentation teams aligned to eight Casualty Receiving and Treatment Ships (CRTS) under the Health Services Augmentation Program (HSAP). DEPMEDS support operational requirements specified in CCDR theater operations plans (OPLAN). Each DEPMEDS is a program of record defined by required operational capability/projected operational environment (ROC/POE) policy instructions promulgated by OPNAV resource sponsors. BUMED is effective in coordination of DEPMEDS assets.

Defense Support to Civil Authorities (DSCA)

BUMED is tasked to coordinate with civilian authorities in matters pertaining to public health, disasters, and other emergencies per OPNAVINST 5450.215D. With the creation of DHA, BUMED headquarters serves in a supporting role to DHA and other agencies with respect to DSCA functions. However, BUMED does provide oversight of the DSCA mission at lower echelon MTFs. We recommend this function be reworded in the next BUMED MFT update to clarify these roles.

Ethical Standards and Conduct in Healthcare and Research

BUMED is compliant with applicable law and regulations, but we have identified several recommendations.

Healthcare Ethics

With respect to medical ethics, BUMEDINST 6010.25A, Healthcare Ethics Committees, is outdated and needs to be revised. With the elimination of the BUMED-M00E position, the responsibilities have been dispersed over time without a single identified office with oversight responsibility or formalized structure to address medical ethics issues. We recommend re-establishment of a BUMED responsible party to serve as the central point of contact and a BUMED-level ethics committee with regularly established meetings.

Research Ethics

BUMEDINST 6500.3, Research Integrity, Responsible Conduct of Research Education, and Research Misconduct, establishes Navy Medicine’s strategic policy, responsibilities, general principles of research integrity and ethics, and various requirements. This instruction is being revised to reflect the new organizational structure within BUMED. The revision will also eliminate the position of Special Assistant for Ethics and Professional Integrity (M00E) and instead indicate appointment of a BUMED Research Integrity Leader to serve as the Navy Medicine subject matter expert on the ethical conduct of research.

Strategic Planning

Strategic planning functions are performed well by the BUMED Office of Strategy Management (OSM). The Surgeon General (SG) has crafted a simple, yet comprehensive Navy Medicine Strategy—Readiness, Value, Jointness—and championed OSM efforts to establish a robust, repeatable strategic planning process.

Continuity of Operations (COOP) Program

BUMED Headquarters COOP is outlined in BUMEDINST 3030.3A, Bureau of Medicine and Surgery Headquarters Emergency Management and Continuity of Operations Plan, and is compliant with SECNAVINST 3030.4C, Department of the Navy Continuity of Operations Program, and OPNAVINST 3030.5B, Navy Continuity of Operations Program and Policy.

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Manning/Manpower

Overall manning for BUMED’s headquarters UIC is adequate at 87 percent (443 of 510 billets authorized (BA) filled) with officers at 88 percent (176 of 199 BA filled), enlisted at 90 percent

(46 of 51 BA filled), and civilians at 85 percent (221 of 260 BA filled). There are 295 contractors in direct support of the BUMED headquarters UIC.

BUMED's last Shore Manpower Requirements Document (SMRD) was performed in 2000. An updated SMRD is required per OPNAVINST 1000.16K CH-1, Navy Total Force Manpower Policies and Procedures, not only because more than three years have elapsed but also because significant organizational changes occurred related to DHA establishment and shifted subordinate organizational relationships altered by BUMED reinvention.

Civilian Human Resources (CHR)

BUMED continues to mature their enterprise civilian personnel programs following significant change in 2013 as a result of the Department of the Navy (DON) Civilian Personnel Service Delivery efforts. Specifically, BUMED created and staffed four new Human Resources Offices (HRO) located in CONUS.

The DHP funds the overwhelming majority of BUMED's headquarters civilian Full-Time Equivalents (FTE). This protected funding source supports a total requirement for BUMED headquarters and detachments of 496 civilian staff. On board manning is at 87 percent (431 of 496 BA filled).

Military/Civilian Training

Personnel Mandatory Training/Qualifications

The status of personnel training completion across headquarters and the enterprise is not readily available in a single source. For both civilian and military training, BUMED's approach to tracking is diffuse, overly decentralized, and not well-integrated, leaving room for improvement.

General Military Training (GMT)

GMT is not completed by all military personnel as directed by OPNAVINST 1500.22G, General Military Training and NAVADMIN 386/11 and 264/13, FY13 and FY14 General Military Training Schedule, respectively. BUMED did not have FY13 data available. FY14 GMT completion rate was 78 percent (Category One topics) and 26 percent (Category Two topics) vice the required 100 percent. BUMED FY15 GMT is on track and stood at 70 percent complete for Category One topics and 51 percent complete for Category Two topics at the time of our inspection.

Civilian Training

Civilian training requirements are not completed as directed by SECNAVINST 12410.25, Civilian Employee Training and Career Development, and the DON Office of Civilian Human Resources. BUMED's overall FY14 civilian training completion rate was 69 percent. Supervisors of Civilian Employees training completion rate in FY14 was 89 percent. BUMED headquarters FY15 overall civilian training completion rate was 71 percent at the time of our inspection, on track to meeting FY15 training requirements.

COMPLIANCE PROGRAMS

BUMED's Compliance Programs are effective and executed in accordance with governing instructions, with the exception of four programs assessed as not fully compliant.

Sexual Assault Prevention and Response (SAPR)

BUMED's SAPR program is not fully compliant with governing directives. Commanders or Commanding Officers (CO) have certain personal responsibilities in sexual assault victim response and care, such as attendance at Sexual Assault Case Management Group (SACMG) meetings. If authority to act as Chief, BUMED in certain cases is going to be delegated, this should be established in writing and communicated to personnel throughout the command. Chief, BUMED has not been briefed by the Sexual Assault Response Coordinator (SARC) as required by DoDI 6495.02 CH-2, Sexual Assault Prevention and Response (SAPR) Program Procedures, and SECNAVINST 1752.4B, Sexual Assault Prevention and Response. Only 33 percent of BUMED watchstanders have received training to ensure proper response to reports of sexual assault.

Suicide Prevention

BUMED's Suicide Prevention program is not fully compliant with OPNAVINST 1720.4A, Suicide Prevention Program. Prior to FY15, BUMED did not provide suicide prevention training for civilians or full-time contractors as required by OPNAVINST 1720.4A. FY14 suicide prevention training completion rates were 71 percent for military and 0 percent for civilian and full-time contractor staff. Watchstander and Duty Officer training has not been conducted to ensure proper crisis response protocols are in place to respond to suicide-related behavior calls and reports as required by OPNAVINST 1720.4A.

Voting Assistance

BUMED's Voting Assistance Program is partially compliant with DoDI 1000.04, Federal Voting Assistance Program (FVAP). The following items require attention: insufficient number of Unit Voting Assistance Officers (UVAO) assigned for size of command, lack of retention of records of annual training in voting matters, lack of established standard email address of required format to contact all UVAOs, and UVAO did not attend FVAP voting assistance workshop in person.

Legal and Ethics

BUMED's legal processes are not fully compliant with governing instructions. Specifically, BUMED's command coin log contained entries that were inconsistent with governing policy regarding the distribution and logging of command coins.

The current BUMED Instruction governing adverse privileging of clinical providers (BUMEDINST 6320.67A CH-1, Adverse Privileging Actions, Peer Review Panel Procedures, and Health Care Provider Reporting) is out of date and does not reflect the expanded scope of procedural rights and requirements in the governing DoD guidance on adverse privileging actions, DoDM 6025.13, Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS).

Specific BUMED responsibilities

BUMED is assigned specific responsibilities within the following seven Navy programs:

- Command Individual Augmentee (IA) Coordinator
- Deployment Health Assessment
- Individual Medical Readiness
- Sexual Assault Prevention and Response
- Suicide Prevention
- Navy Alcohol and Drug Abuse Prevention
- Physical Readiness Program

BUMED is meeting their responsibilities in all of these programs with the exception of the isolated administrative shortcomings in the Suicide Prevention and Physical Readiness Programs.

FACILITIES, ENVIRONMENTAL, ENERGY CONSERVATION, AND SAFETY AND OCCUPATIONAL HEALTH (SOH)

BUMED is effectively executing shore related mission requirements with respect to facilities, environmental, and energy conservation, as well as specific responsibilities regarding the Navy's Overseas Drinking Water program. BUMED Safety and Occupational Health (SOH) programs meet all required elements in accordance with applicable laws, regulations, and policies. Additionally, BUMED SOH oversight of subordinate commands is considered effective.

Facilities

BUMED recently consolidated with other Service and Department of Defense medical activities in a modern, leased facility referred to as DHHQ. BUMED contributes to the lease and operating support contract, which is managed by Washington Headquarters Services (WHS). BUMED M41 (Facilities and Environmental Division) focuses on oversight and direction of lower echelon BUMED infrastructure, environmental, and energy programs.

Unlike most echelon 2 commands in the Navy, BUMED has retained maintenance responsibility and the corresponding expertise and budgeting required to operate and maintain direct patient care facilities (i.e., hospitals, laboratories, outpatient clinics, dental clinics) in good working order.

Safety and Occupational Health (SOH)

BUMED SOH programs are compliant with 29 U.S.C. 651-678, Occupational Safety and Health Act of 1970, SOH-related regulations promulgated by the Occupational Safety and Health Administration (OSHA), policies outlined in OPNAVINST 5100.23G CH-1, Navy Safety and Occupational Health Program Manual, and SOH requirements included in The Joint Commission 2015 Hospital Accreditation Standards.

We noted significant improvements in medical surveillance since our last inspection in 2010. BUMED has made positive progress with respect to Defense Occupational and Environmental Health Readiness System (DOEHRS) implementation and BUMED Enterprise Safety Application Management System (ESAMS) use is effective and mandated by leadership. Furthermore, BUMED has made significant improvements to the Hearing Conservation Program.

Noise Control and Hearing Conservation Programs are receiving significant attention due to the prevalence of noise-related hearing loss, persistent noise levels of varied military systems and equipment, and the recent CNO/Assistant Secretary of the Navy, Research, Development and Acquisition (ASN(RDA)) special interest in these areas. We encourage BUMED to engage the systems commands (SYSCOM) in order to influence noise hazard reductions during the acquisition phase to mitigate the operational tendency to rely on hearing protection as the primary exposure control method.

Environmental Readiness

BUMED is compliant with Federal statutes and regulations, DON governing instructions and policies, OPNAVINST 5090.1D, Environmental Readiness Program Manual, and BUMED's own instructions and policies. BUMED executes a strong and well-organized environmental program, providing effective oversight of its subordinate activities' environmental compliance programs.

Overseas Drinking Water Program

BUMED has specific responsibilities outlined in the Navy's Overseas Drinking Water program, governed by CNICINST 5090.1, U.S. Drinking Water Quality Standards for U.S. Navy Installations Overseas; CNICINST 5090.2, Navy Overseas Drinking Water Program Ashore; CNICINST 5090.3, Overseas Drinking Water Operation and Operator Requirements; and BUMEDINST 6240.10B, Water Quality Standards. BUMED is providing oversight and direction of their newly promulgated instruction via site assist visits and inspections and monthly teleconferences with counterparts at BUMED Regions. Strong collaboration and cooperation exists between CNIC, NAVFAC, and BUMED at the headquarters, region, and installation levels. Addition of a public health section to water system sanitary surveys is a significant process improvement as it will document compliance with public health monitoring efforts.

Energy Conservation

BUMED is compliant with SECNAVINST 4101.3, Department of the Navy Energy Program for Security and Independence Roles and Responsibilities, and OPNAVINST 4100.5E, Shore Energy Management. Furthermore, BUMED provides sound oversight and guidance of energy programs to subordinate echelons.

SECURITY PROGRAMS AND CYBERSECURITY/TECHNOLOGY

Command Security Overview

Overall BUMED security responsibilities are split between two key personnel who work in separate directorates within BUMED. We identified several security areas which lack BUMED

headquarters oversight of echelon 3 commands. BUMED security manning may be insufficient to perform both headquarters functions and subordinate command oversight considering the size of the BUMED claimancy.

Information Security

BUMED's Information Security Program is not fully compliant with SECNAV M5510.36, Department of the Navy Information Security Manual. BUMEDINST 5510.7C, Information and Personnel Security Program, is BUMED's primary security directive but does not have all required information security elements of a command security instruction, as required by SECNAV M5510.36 and SECNAV M5510.30, Department of the Navy Personnel Security Manual.

Personnel Security

BUMED's Personnel Security program is not fully compliant with SECNAV M5510.30. BUMEDINST 5510.7C does not contain all the required personnel security elements of a command security instruction, per SECNAV M5510.30.

Industrial Security

BUMED's Industrial Security Program is not compliant with SECNAV M5510.36. BUMED is required to have an industrial security policy in place, as stipulated in SECNAV M5510.36. Additionally, BUMED does not provide industrial security oversight to lower echelon commands.

Physical Security

BUMED's Antiterrorism/Force Protection (ATFP) Program is compliant with OPNAVINST F3300.53C, Navy Antiterrorism Program. BUMED provides ATFP oversight of its lower echelon commands through the execution of AT Program Assessments.

However, BUMED's Physical Security Program is not fully compliant with OPNAVINST 5530.14E CH-2, Navy Physical Security and Law Enforcement Program. BUMED is physically located in the Defense Health Headquarters (DHHQ), a Joint, DoD-leased facility that is not located on a DoD installation. Physical Security and ATFP responsibilities fall under the Pentagon Force Protection Agency (PFPA), with Commander, U.S. Northern Command (USNORTHCOM) exercising antiterrorism (AT) tactical control (TACON). BUMED is an active participant in the DHHQ AT and AT training programs. Our inspection of Physical Security was limited in scope to areas of the DHHQ under BUMED cognizance, where Navy Physical Security regulations are germane.

The DHHQ has Security-In-Depth consisting of layered and complementary security controls sufficient to deter, detect and document unauthorized entry and movement within DHHQ, as required by DoD 5200.08-R, Physical Security Program. As a DoD-leased facility residing outside a DoD installation, the AT facility design standards required by Unified Facilities Criteria (UFC) 4-10-01, DoD Minimum Antiterrorism Standards for Buildings, do not apply. Instead, the DHHQ is required to comply with the Department of Homeland Security (DHS) Interagency Security

Committee (ISC) in the Risk Management Process for Federal Facilities for the determination of appropriate countermeasures to assure security-in-depth.

(b) (7)(e)



Operations Security (OPSEC)

BUMED does not have an OPSEC program in place, as required by OPNAVINST 3432.1A, Operations Security. BUMED does not have a commander-approved Critical Information List (CIL), as required by DoDM 5205.02-M, to provide the BUMED workforce, contractors and subordinate commands unclassified, but sensitive, information which, if compromised, would endanger national security or security of DON personnel and families at Navy Installations. BUMED does not review contracts for OPSEC elements, or provide oversight of subordinate command OPSEC programs, as required by OPNAVINST 3432.1A.

Counterintelligence (CI) Training

CI awareness training to BUMED personnel is performed by the Naval Criminal Investigative Service (NCIS) Washington DC Field Office. However, BUMED is not fully compliant with established requirements per DoDD 5240.06, Counterintelligence Awareness and Reporting (CIAR), specifically timing of initial CI training and maintenance of training records.

Personally Identifiable Information (PII)

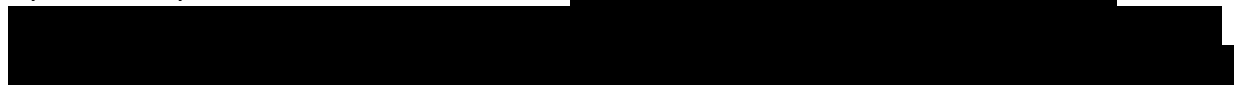
BUMED's PII Program is not fully compliant. BUMEDINST 5263.1A, Bureau of Medicine and Surgery Privacy Act Coordinator, does not contain all required elements for a Privacy Program Instruction per SECNAV Instruction 5211.5E, Department of the Navy (DON) Privacy Program.



Importantly, we found no evidence that Protected Health Information (PHI) or Health Insurance Portability and Accountability Act (HIPPA)-related material is improperly handled at BUMED.

Cybersecurity and BUMED HQ Network Management

BUMED's Cybersecurity program is compliant with established Navy and DoD Cybersecurity and Network Management policies. DHA has responsibility for both IT asset management and Cybersecurity for all tenants inside DHHQ. (b) (7)(e)



(b) (7)(e)

Information Technology Acquisition & Network Management

Information Technology is one of the ten shared services BUMED is transitioning to DHA. The BUMED enterprise is in the process of transitioning their IT management and cybersecurity for all BUMED commands to the DHA Health Information Technology (HIT) team, with a scheduled Full Operating Capability (FOC) of 1 October 2015. During this transition, the Navy and DHA are managing the transition of Authorizing Official (AO) responsibilities to DHA for Navy Medicine sites and programs. Careful coordination and alignment of existing management and certifications from the Navy to DHA is critical to ensure DoD requirements are met throughout the enterprise transition.

SURVEY AND FOCUS GROUP FINDINGS

Our survey and focus groups discussion found that both QOWL and QOHL at BUMED are higher than the historical echelon 2 command averages. Advancement and training opportunity limitations and an unresponsive DON recruitment process for the civilian workforce are perceived to most adversely impact the mission, job performance, and quality of life; a high sense of job importance, teleworking, and facilities (including working at DHHQ in close proximity to the other Service Medical Departments) are perceived as positive impacts. Rated on a 10-point scale, the BUMED QOWL and QOHL are 7.05 and 8.36, respectively; the corresponding echelon 2 command historical averages are 6.63 and 7.92. Specific comments from focus groups and surveys were passed to BUMED leadership and are included in Appendices A and B.

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Areas/Programs Assessed

- **Mission Performance**
 - Mission Readiness
 - Strategic Planning
 - Command Relationships and Communications
 - Intelligence Oversight
 - Total Force Management
 - Civilian Human Resource Services
 - Personnel Training/Qualifications
 - Continuity of Operations
- **Facilities, Environmental, and Safety**
 - Facilities Management
 - Shore Infrastructure Planning and Management
 - Environmental Readiness
 - Energy Conservation
 - Safety and Occupational Health
- **Security Programs and Information Assurance**
 - Command Security
 - Industrial Security
 - Physical Security and Antiterrorism Force Protection
 - Operations Security
 - Personnel Security
 - Insider Threat
 - Counterintelligence Support
 - Information Security
 - Information Assurance and Personally Identifiable Information
- **Resource Management/Compliance Programs**
 - Comptroller Functions
 - Managers' Internal Control
 - Personal Property Management
 - Government Travel Charge Card
 - Government Commercial Purchase Card
 - Command Individual Augmentee Coordinator
 - Post Deployment Health Reassessment
 - Individual Medical Readiness
 - Physical Readiness Program
 - Sexual Assault Prevention and Response
 - Command Managed Equal Opportunity
 - Suicide Prevention
 - Navy Alcohol and Drug Abuse Prevention
 - Hazing Policy Training and Compliance
 - Legal/Ethics
 - Victim and Witness Assistance Program

- Voting Assistance Program
- Inspector General Functions
- **Sailor Programs**
 - Command Sponsorship
 - Command Indoctrination
 - Career Development Program
 - Sailor Recognition Program
 - CPO 365

Observations and Findings

MISSION PERFORMANCE

The Mission Performance Team utilized survey and focus group responses, document review, group discussions, and face-to-face interviews to gather information and assess the mission performance of the Bureau of Medicine and Surgery (BUMED). These findings were applied to the functions and tasks as assigned in or defined by OPNAVINST 5440.215D, Mission and Functions of the Bureau of Medicine and Surgery, May 14, 2012.

BUMED's mission is to ensure personnel and material readiness of shore activities as assigned by the Chief of Naval Operations (CNO); develop health care policy for all shore-based treatment facilities and operating forces of the Navy and Marine Corps; provide technical support in the direct health care delivery system of shore-based treatment facilities and operating forces of the Navy and Marine Corps; and manage the use of CHAMPUS (TRICARE), and other indirect health care delivery systems.

Our overall assessment is that BUMED is effectively executing its complex mission in promoting a medically ready force and a ready medical force. BUMED demonstrates a good understanding and balance in their dual mission of operational health service support and health care benefit delivery. We found a dedicated and professional staff committed to mission accomplishment under challenging fiscal realities and in the setting of significant change in Military Health System (MHS) governance. We reviewed the following areas:

- Integration within the MHS and with the Defense Health Agency (DHA)
- Command and Control of Assigned Shore Facilities
- Force Health Protection (FHP)
- Medical Force Organization, Train, and Equip Functions
- Defense Health Program (DHP) Advisor Role
- Medical Readiness of Navy and Marine Corps Personnel
- Beneficiary Health Care Delivery Resourcing
- Graduate Medical and Dental Education
- Health Care Policy
- Medical Capabilities and Technologies
- Physical Standards Guidelines and Monitoring
- Medical Assets Ashore and Afloat
- Inspection of Military Treatment Facilities (MTF)
- Oversight of Navy Medicine Regions
- Deployable Medical Systems (DEPMEDS)
- Defense Support to Civil Authorities (DSCA)
- Ethical Standards and Conduct in Healthcare and Research
- Strategic Planning
- Continuity of Operations (COOP) Program
- Command Communications

- Manning/Manpower
- Office of Civilian Human Resources (OCHR)
- Equal Employment Opportunity (EEO)
- Military/Civilian Training

Missions, Functions, & Tasks (MFT)

The BUMED mission and functions are delineated in OPNAVINST 5440.215D, approved in May 2012. Echelon 2 shore activity commanders are required to submit an updated MFT statement, as needed and at least every 3 years in accordance with OPNAVINST 5400.44A, Navy Organization Change Manual. BUMED's MFT is not only due for review, but requires revision in light of realignment resulting from BUMED's "reinvention" of Summer 2015 and the establishment of the DHA with its shared services function.

Deficiency 1. OPNAVINST 5450.215D, Mission and Functions of the Bureau of Medicine and Surgery, dated 14 May 2012, is out of date. Reference: OPNAVINST 5400.44A, Navy Organization Change Manual, paragraph 131c(2).

Integration within the MHS and with the Defense Health Agency

In a memorandum of March 2, 2012, Subj: Planning for Reform of the Governance of the Military Health System, DepSecDef outlined reform of MHS governance with the stated intent of ensuring the MHS "is organized in an effective and cost-efficient manner." This memorandum summarized DoD's position on reforms with respect to the MHS as a whole, multi-Service medical markets, and the National Capital Region (NCR) health system. A follow-on DepSecDef memorandum of March 11, 2013, Subj: Implementation of Military Health System Governance Reform, established DHA as a Combat Support Agency (CSA) of DoD to operate under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs (ASD(HA)). In addition to assuming responsibility for most functions previously undertaken by the TRICARE Management Activity, DHA was assigned responsibility for nine (ultimately ten) shared services, functions, and activities (e.g., pharmacy programs, health information technology, medical education and training, facility planning, public health, medical logistics, budget and resource management), as well as "common business and clinical processes," all in support of the Services. Further, authority, direction, and control functions of the NCR health system were assigned to the NCR Medical Directorate, one of six subordinate directorates within DHA.

Navy Medicine leadership and staff recognize and support the potential benefits of the "shared services" function of DHA. To date, nearly 300 Navy Medicine personnel assets have transferred to DHA in support of shared services. However, DHA encroachment on Service authorities has resulted in lingering tension among both medical and line community leadership and Service non-concurrence with the MHS Strategic Plan, among other products. This "authority creep" has manifested primarily in oversight of readiness, execution, and man-train-equip functions.

In keeping with a supporting (vice supported) role, it is appropriate for DHA to monitor MHS performance (including Service medical departments), as well as assist in codifying and disseminating common approaches upon which the Services agree. However, ASD(HA)/DHA have shown a tendency to be directive, often with insufficient or nonexistent coordination with the Services and inadequate adherence to agreed-upon MHS governance processes. This erosion of Service authorities may impose risk (financial, execution) upon the Services.

As a CSA, DHA's mission focus should concentrate on providing effective and efficient support to Combatant Commanders (CCDR) to enable joint operating forces. It isn't clear that the CSA role requires, or is improved by, DHA command-and-control of a select group of MTFs in the NCR. As an agency, DHA does not appear to have the Title 10 authorities nor organizational infrastructure resident in the Service medical departments to practically and tactically oversee such direct care facilities or to manage a multi-Service market. As a result, the Services (primarily Army and Navy) have had to construct convoluted command and control workarounds to execute statutory responsibilities for their respective service members assigned to WRNMMC and FBCH (over 1800 in the case of Navy). Additionally, this organizational construct generates a potential inherent conflict of interest in that DHP funding for all MTFs, including NCR MTFs under direct DHA authority, is controlled and distributed to the Services by ASD(HA) and DHA. Consequently, DHA controls resources in an environment where NCR MTFs under their charge also "compete" with Service-run MTFs for the same constrained resources.

The establishment of the DHA, coupled with other modifications to the MHS governance structure (Figure 1), has also challenged BUMED executive bandwidth by spawning additional leadership engagement requirements. Multiple tiers of BUMED management are involved in new MHS working groups, operations groups, advisory groups, management boards, and other entities. BUMED rightfully and willingly participates in these governance bodies to facilitate collaboration and coordination with the other Services. However, BUMED and the Services also feel compelled to ensure high level leadership participation to ensure lines of authority and accountability are preserved to counter perceived DHA attempts to expand control over the infrastructure that enables the Services' delivery of health care and operational health services. Although the colocation and collaboration of the Services, DHA, and ASD(HA) at the Defense Health Headquarters (DHHQ) has produced several positive outcomes to date, conflicts over authorities and process boundaries remained unresolved as DHA approached the targeted full operating capability (FOC) date [FOC was attained 1 October 2015, after the date of our inspection]. Moreover, some prior decisions, namely MTF chain of command organizational structure within the NCR, may warrant reconsideration.

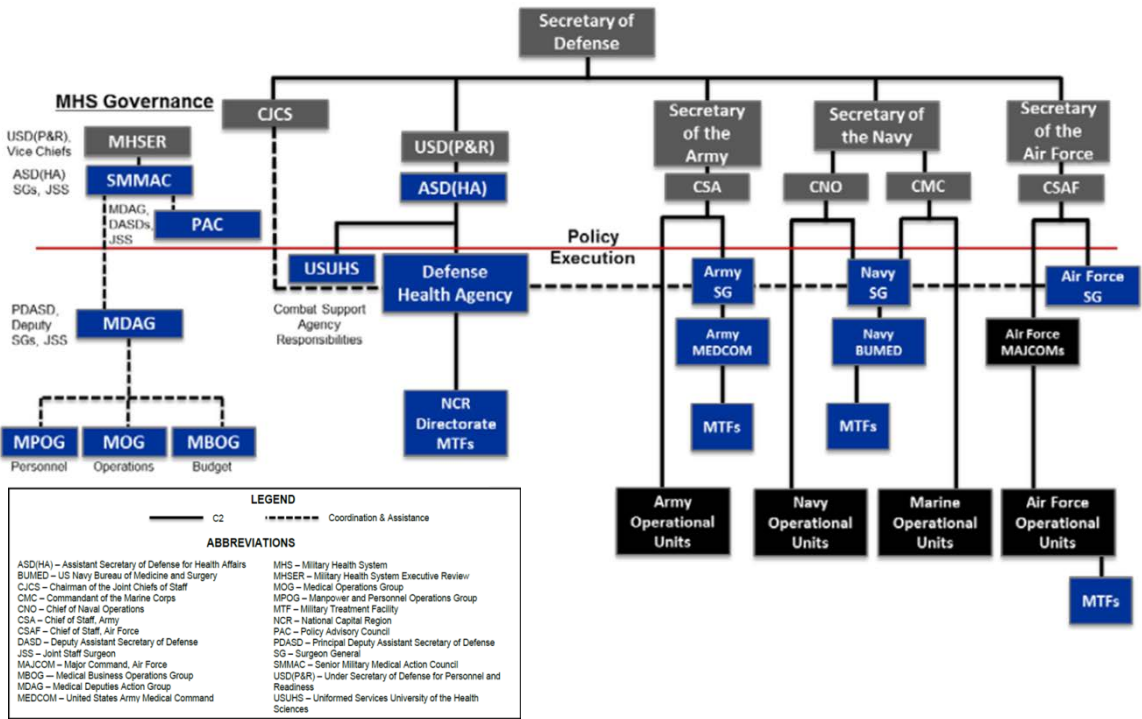


Figure 1. Organizational Structure of the Military Health System (MHS) within DoD.

Headquarters Reinvention

In Fall 2013, the Surgeon General (SG) initiated a “reinvention” effort to evaluate and realign BUMED’s organizational structure to respond to the establishment of DHA and shared services, align to new MHS Governance structure, and prepare for fiscal and personnel constraints. Realignment of certain subordinate echelon commands that reported directly to BUMED was also under consideration. Intended to reach the SG for approval in the Fall 2014, with phased implementation to follow thereafter, the first phase of reinvention was in fact kicking off coincident with our inspection in Summer 2015. It is therefore difficult to assess its effectiveness for headquarters functioning or its impact on subordinate commands that are facing altered reporting relationships.

Effective 1 July 2015, upper levels in the organizational structure had been regrouped into three primary (“Level Two”) directorates that clustered total force, business operations/ comptroller, and healthcare operations, respectively, each consisting of three “Level Three” codes. However, department-level execution staff groupings were still being realigned, without reporting lines fully established or communicated throughout headquarters staff. We found that this left many headquarters staff uncertain on workflow management and decision-making. We recommend that BUMED accelerate subsequent phases of the reinvention by putting forth the organization and placement of all departments, identifying functions and personnel alignments below the Deputy Director level, and widely broadcasting this throughout BUMED and subordinate echelons who consult with BUMED for policy and direction. Finally,

the reinvention affords the opportunity to promote decision-making at the right organizational level and monitor speed to decision-making as indicators of reinvention effectiveness.

Recommendation 1. That BUMED accelerate subsequent phases of the headquarters reinvention (reorganization) effort and ensure widespread communication to staff and subordinate echelons.

Command and Control of Assigned Shore Facilities

As defined in BUMEDINST 5450.165B CH-2 (and CH-3 in draft), Offices of the Surgeon General and Chief, Bureau of Medicine and Surgery Organization, Chief, BUMED exercises command and control of a global enterprise of shore facilities that includes two Medical Centers, 16 Naval Hospitals, 83 Naval Health Clinics and Branch Health Clinics, three Naval Dental Centers/Dental Battalions, five mission-specific commands, and four Expeditionary Medical Facilities (a Navy Reserve mission). While the mission-specific commands and their subordinates (executing research, public health, medical logistics, education and training, and information system support missions) have been echelon 3 direct reports to BUMED, the 2015 reinvention is realigning most, if not all, of those commands as echelon 4s under either Navy Medicine East (NAVMEDEAST) or Navy Medicine West (NAVMEDWEST). These Flag Officer Commanders are charged with governance within their defined geographic areas of responsibility and delegated day-to-day operational control and resource execution authority, including over echelon 4 Navy MTFs.

Enhanced Multi-Service Markets (eMSM) are geographic MHS markets served by more than one military department under the direction of a designated (Flag/General Officer) Market Manager with enhanced authorities to optimize clinical and business processes in a given market. While many Navy MTFs participate in an eMSM, Chief, BUMED and Regional Commanders retain command-and-control authorities over the personnel and missions of those MTFs.

Organize, Train, and Equip the Medical Force for Force Health Protection (FHP)

Under BUMED's new organizational structure, force health protection management and oversight is performed by Healthcare Operations in coordination with Total Force, Business Operations, and various subordinate codes. BUMED must balance Navy Medicine's dual mission of supporting total-spectrum beneficiary care for active duty, dependents, and retirees and maintaining a ready force, trained for operational deployment in support of major combat operations, humanitarian assistance, disaster relief, DSCA, global health engagement missions, and other focused operations. The organization is continually challenged in supporting these roles, maintaining an inventory of qualified healthcare professionals, tracking readiness through various reporting mechanisms, and projecting myriad personnel demands necessary to meet future predictive requirements and mitigate associated risks.

As described in the Navy Surgeon General's Report to the DoD Deputy's Management Action Group (DMAG) of June 2015, there are three major tenets to BUMED's strategy for quantifying manpower requirements:

- Meeting operational medicine requirements, which include non-Budget Submitting Office (BSO) 18 billets such as Fleet and Fleet Marine Force billets, individual augmentation requirements generated by CCDR to support functions and operations beyond the purview of the Department of the Navy (DON), and surge forces deployed in support of DoD's Steady State Security Posture.
- Developing medical capability based on the requirement to recruit and train personnel to support the operational mission. This is driven by pipeline duration, and requirements and guidance provided by medical certification boards, education accreditation committees, and other organizations external to DoD.
- Honing and sustaining skills to ensure the professional qualification and proficiency of medical personnel. Support of day-to-day operational commitments and major contingencies drive the requirement for staffing Navy MTFs and generating the rotation base to support operational requirements.

Like other military organizations, BUMED struggles with readiness risks, concerns, and issues that center around recruiting, training, and retaining an adequate mix of personnel to serve Navy Medicine's dual mission and maintain a ready force trained to operational platforms. Their unique "Medical Manpower All Corps Requirements Estimator" (MedMACRE) is a robust modeling tool that assists in planning decisions, including personnel rotation, dwell factors, training programs, and loss rates. The time it takes to attract, "grow" and retain highly specialized personnel, particularly clinicians, is a longstanding challenge, made more difficult by fluctuating shortages and competing salaries in the civilian sector.

The Surgeon General prioritizes the persistent and ongoing challenges of acquiring and maintaining the right mix of staffing necessary for beneficiary care and the clinical case mix necessary to support—and train to—each operational platform. A Surgeon General's Assessment Cell (SGAC) process has been established to undertake deeper dives into such issues. Initial SGAC products include a review of the overlapping and competing Graduate Medical Education (GME) program requirements and operational medicine training needs. Such efforts are instrumental in strategically defining the problem and offering potential solutions.

BUMED uses the Expeditionary Medicine Platform Augmentation, Readiness and Training System (EMPARTS) to capture readiness status (including individual medical readiness (IMR) and platform-required training). Due to Navy Medicine reporting system incompatibilities, BUMED is not able to input readiness data directly into the Defense Readiness Reporting System-Navy (DRRS-N), a mandatory compliance indicator. The Readiness Cost Reporting Program (RCRP) currently used by Navy Expeditionary Combat Command (NECC) is being validated for use by Navy Medicine. Effective as of an anticipated date in 2017, RCRP will serve as a translational program to bridge Navy Medicine readiness status into DRRS-N. RCRP will

incorporate components of Defense Medical Logistics Standard Support (DMLSS) (supply, materiel) and EMPARTS (personal readiness and platform training) to link capabilities, readiness, and costs.

Readiness feedback from the fleet funnels up, formally and informally, through the various type command (TYCOM) surgeons, and is reported regularly to the U.S. Fleet Forces Command (USFF) and Commander, U.S. Pacific Fleet (CPF) Surgeons. Medical units in the Marine Corps operational forces report readiness directly through their operational chain of command with cognizance of the respective Force Surgeons at the Marine Expeditionary Force and Marine Corps Forces commands. Fleet and Marine Corps Force Surgeons' staff members serve on various committees, expert panels, and working groups with BUMED and OPNAV medical leadership. Observations and lessons learned are also captured during various deployments and post-deployment briefs.

BUMED is meeting operational requirements, which take precedence over MTF billets, and "fit-to-fill" indicators. This compliance requires detailed and ongoing dialogue throughout Navy Medicine (BUMED, NAVMEDEAST, NAVMEDWEST, MTFs, and platforms) to ensure the right clinician is placed with the right platform billet. Additional Qualification Designator (AQD) monitoring allows for some clinical assurance of best capability match.

Defense Health Program Advisor Role

Per OPNAVINST 5450.215D and BUMEDINST 5450.165B, the Surgeon General (N093, as an OPNAV Principal Official) is the principal advisor to the CNO on the provision of centralized, coordinated policy development, guidance, and professional advice on DON health service programs. Enhancing the presence and availability of Navy Medicine in support of CNO and Commandant of the Marine Corps (CMC), the Surgeon General is advised and assisted by Flag Officers in the roles of Director, Medical Resource Plans and Policy (OPNAV N0931) and Assistant for Marine Corps Medical Matters (N093M, with primary duty as The Medical Officer of the Marine Corps (TMO)).

BUMED leadership is actively involved in DHP policy development and oversight through senior elements of MHS governance:

- Military Health System Executive Review (MHSER). The Surgeon General is an ex-officio member of the MHSER, which serves as a senior-level forum for DoD leadership input into strategic and emerging issues relevant to the MHS. The MHSER advises SecDef and DepSecDef and is chaired by the Undersecretary of Defense (Personnel and Readiness) (USD(P&R)), with additional members including the Principal Deputy, ASD(HA), Service vice chiefs, military assistant secretaries for manpower and reserve affairs, Assistant CMC, the Director of Program Analysis and Evaluation, the Principal Deputy Undersecretary of Defense (Comptroller), and the Director of the Joint Staff.
- Senior Military Medical Action Council (SMMAC). The Surgeon General is a member of the SMMAC, the highest governing body within the MHS. The SMMAC is chaired by

ASD(HA) and includes the Principal Deputy ASD(HA), the Service Surgeons General, the DHA Director, and the Joint Staff Surgeon.

- Medical Deputies Action Group (MDAG). Reporting to the SMMAC is the MDAG, which ensures actions are coordinated across the MHS and are in alignment with strategy, policies, directives, and initiatives of the MHS. The MDAG is chaired by the PDASD(HA), and includes the Deputy Surgeons General, the DHA Deputy Director, and a Joint Staff Surgeon representative.

Medical Readiness of Navy and Marine Corps Personnel

The physical and mental readiness of Navy and Marine Corps active duty members to deploy is a critical responsibility and one of the most important functions BUMED executes. Readiness is the first priority in Navy Medicine's strategic plan. BUMED effectively oversees extensive activity across the enterprise and the fleet in execution of the requirements of OPNAVINST 6100.3A, Deployment Health Assessment Process, SECNAVINST 6120.3 CH-1, Periodic Health Assessment for Individual Medical Readiness, and BUMEDINST 6110.04 CH-1, Documenting and Reporting Individual Medical Readiness (IMR) Data.

With BUMED's current reinvention effort, the organizational framework for approaching the medical readiness function is under review. The reinvention provides BUMED an opportunity to thoroughly examine the readiness function in a holistic way across the spectrum of the military member's service:

- Accessions. Are Navy enlisted recruits and future officers currently fit and ready to be brought into the Navy?
- Fitness for duty with respect to physical, mental, and medical preparation for deployment. Are immunizations, dental examinations, preventive medicine and other measures updated, recorded and annotated in appropriate databases? Are reports timely and accessible indicating that personnel are ready to deploy?
- Return to duty with respect to having medical problems adequately addressed and treated. Are illnesses and injuries being rapidly diagnosed and effectively treated to return people to full duty promptly? When a rapid return to duty is not possible, how quickly can we determine who will eventually become fit for duty and place them on limited duty (LIMDU) or begin the medical board process for those who will eventually be separated from duty?

Sorting out individuals who can be made fit from those who are unfit and require a medical board is an ongoing and difficult struggle. BUMED is attempting to tackle a number of challenges in this area, including difficulties in tracking patients through the process, driving the process to be more responsive, ensuring patients are treated in a timely and effective manner, and ensuring proper oversight and supervision of providers.

An initiative is being piloted at Naval Health Clinic Cherry Point, North Carolina to more actively manage LIMDU service members. Oversight of providers is enhanced, cases are reviewed

frequently, active case management occurs, and patient progress through the Integrated Disability Evaluation System (IDES) process is monitored.

The readiness function also entails BUMED's responsibility to ensure Navy medical personnel and material readiness. In 2012, Navy Medicine adopted the Master Privileging List (MPL) for electronic credentialing of medical providers using Service-wide criteria. Medical providers maintain appropriate credentials and privileges to practice in their respective field, within their individually defined scope of care that is consistent with the national standards for their specialty or subspecialty. In order to pair that clinical competency with operational competency, Navy Medicine has established phased individual, platform-based and mission-specific pre-deployment training for all medical personnel. The training utilizes the full range of computer-based and didactic training methods, as well as hands-on, simulation and immersion training venues conducted in diverse environments to replicate expeditionary conditions. Partnership with the Level 1 Trauma Center at Los Angeles County-University of Southern California provides advanced team trauma training and exposure to complex traumatic injuries. Joint Trauma System Clinical Practice Guidelines, Tactical Combat Casualty Care guidelines and Combat Life Saver techniques are the foundation for all Navy pre-deployment medical training.

Importantly, essential medical capabilities for the MHS cannot be defined by trauma care alone; they must be inclusive of the breadth and depth of expertise needed to manage and treat Disease and Non-Battle Injury (DNBI), as well as the broad range of health requirements associated with Humanitarian Assistance / Disaster Response and Global Health Engagement missions. As defined in strategic objectives supporting the Readiness goal, Navy Medicine will continue to define clinical currency, determine the operational requirements to maintain currency, and identify approved pathways to achieve currency across the medical force.

Resourcing of Beneficiary Health Care Delivery

BUMED Director of Business Operations/Comptroller has the responsibility within the domain function of Health Care Delivery (HCD) for acquisition and execution of health care resources budgeted for health services.

Acquisition of Resources

The current operating environment in which health care is delivered in the MHS is at times perceived as bereft of a clear understanding of the requirement(s) and of the relationship of the requirements to the available resources. Despite a perceived lack of clarity of the "requirement," BUMED has requested and defined in the Program Objective Memorandum (POM) process requests for an additional \$1.154B during the last three cycles. These requests represented 17 distinct requirements ranging from additional Restoration and Modernization funds to resources to support Integrated Surgical Care. Competing in a time of scarce resources, BUMED has achieved a notable POM issue success rate of 42 percent—adding \$479M to the Navy Medicine Base, a programmatic increase over the previous base of approximately 14 percent for POMs 14-18, 15-19, and 16-20. The outcomes of Better Care, Better Health, Lower Cost, and Improved Readiness (stated goals of the MHS "Quadruple Aim") are predicated on

improved clinical outcomes and consistent patient experiences, but must be considered in relation to available resources.

In addition to the success BUMED has achieved through the POM process, Navy Medicine has been successful in the past three cycles at mid-year and end-of-year in presenting unfunded requirement (UFR) requests. In FY12 BUMED acquired \$48M for issues that ranged from Combat Eye Protection to additional Title 38 Physician Pay. In FY14 BUMED acquired \$116M for Restoration and Modernization and Sustainment UFRs, further reducing the maintenance and repair backlog. While UFRs tend to arise within the Operations and Maintenance (O&M) Appropriation, BUMED identified and was successful in acquiring additional Procurement funds for emerging medical and dental equipment requirements (\$34M). BUMED has consistently demonstrated that they have the internal processes and discipline to create, sustain, and defend a “1-to-N” list of executable requirements. The ability to execute resources late in the Fiscal Year is evidence of significant planning and coordination up and down the resource execution chain and demonstrates competency for a resource management task in support of mission achievement. BUMED has presented a UFR list to the Defense Health Agency (DHA) for FY15 totaling ~\$100M. The final disposition of this request was not available at the time of the inspection.

Execution of Resources

BUMED meets the function of “execution of health care resources budgeted for health services” as indicated by our review of Navy Medicine execution by Appropriation (O&M; Research, Development, Technology & Equipment (RDT&E); Procurement; Wounded Warrior; Guidance for Development of the Force (GDF); Overseas Contingency Operations (OCO); etc.), O&M detail by Budget Activity Group (BAGs 1-7) and commodity (Travel, Personnel, contracts, etc.), and RDT&E by program element subtype.

We were unable to identify a clear association between the objectives of Navy Medicine, Navy, and MHS strategic plans and the BUMED budgeted resources. As expressed in the MHS Strategy Map, the first requirement for the attainment of the MHS overarching strategic goal—Improved Readiness through “Better Health, Better Care, Lower Cost”—is reliant on the fundamental enabling means: “Align Resources Against Strategic Priorities and Ensure Fiscal Accountability.” No metrics are available to validate the alignment of resources to the strategic priorities.

Recommendation 2. That BUMED leadership endeavor to articulate alignment of resources to the objectives of the Navy Medicine Strategic Plan.

Fiscal accountability

BUMED is making significant progress toward attainment of fiscal accountability. BUMED is committed to achieving full financial statement audit in October FY16 and has created a robust sampling program for determining audit readiness among its subordinate commands as well as a supporting culture of auditability. Audit readiness attainment is highly reliant on compliance with roughly 25 detailed Standard Operating Procedures (SOP) based on best practices and

validated through multiple subject matter expert panels and headquarters Delphic reviews. BUMED expressed that the highest level of compliance with the SOPs is attained by overseas commands. Stability of the foreign national workforce was cited as a major contributing factor for success. The data presented indicates that, in general, smaller commands have less success in SOP spot check compliance than larger ones. The size of the staff and the relative experience levels were opined to be contributing factors for the difficulties experienced by smaller commands.

BUMED believes that their FY16 full financial statement audit will result in a disclaimer as there are significant systemic deficiencies in the accounting systems and interfaces “upstream” from their operational control. It is their expectation that the disclaimer finding will assist them in their acquisition of a compliant accounting system and the resolution of systemic deficiencies in interfacing systems. The decision for the selection of a compliant accounting system to replace the current accounting system (STARS-FL) was pending review by DON leadership at the time of the inspection. BUMED also expressed concern that the layers between the auditable units within DON and the desire of higher echelons to maintain awareness of questions and responses during the audit may impinge on available time for the assessable unit to respond to auditor requests for supporting transactional data. It is appropriate that the result of the audit would be reviewed by higher echelons; however, the questions and responses during the audit period should not be subjected to higher echelon review as this “hand off time” between echelons decreases the available time for the assessable unit to respond.

Graduate Medical and Dental Education

BUMEDINST 1524.1B, Policies for Graduate Medical Education Administration, BUMEDINST 1524.2, Medical Education Policy Council (MEPC), and BUMEDINST 1520.37B, Navy Dental Officer Professional Education, outline responsibilities for oversight of Navy-sponsored medical and dental officer professional education programs. BUMEDINST 1520.37B does not define the dental education policy approval process, whereas BUMEDINST 1524.2 does so for medical education policy. On the other hand, BUMEDINST 1524.2 was published in 2004 and is out-of-date with respect to much of the current medical education organizational structure. While the MEPC is chaired by the Chief of the Medical Corps (00MC), the Dental Officer Professional Education Council (DOPEC) is not chaired by the Chief of the Dental Corps (00DC), being chaired instead by the Dean, Naval Postgraduate Dental School (an O-6).

Although not included in the OPNAVINST 5450.215D function statement, BUMED also oversees Navy-sponsored graduate Nurse Corps and Medical Service Corps education, governed in part by BUMEDINST 1520.27, 1149 Application and Administration of Full-Time Duty Under Instruction for Nurse Corps Officers, OPNAVINST 1420.1B, Enlisted to Officer Commissioning Programs Application Administrative Manual, and OPNAVINST 1520.23C, Graduate Education. The BUMED reinvention, combined with inclusion of medical education and training among the shared services executed by DHA, affords the opportunity for review, revision, and improved alignment of processes governing Navy-sponsored professional education.

While the Flag Officer Corps Chiefs will continue their direct relationship to Chief, BUMED, the BUMED reinvention realigns the Corps Chiefs' Office (consisting of O-6 Deputy Corps Chiefs) under the Senior Executive Service (SES) Director, Total Force. It remains to be seen how effective relationships and communications between stakeholders (Deputy Corps Chiefs, Specialty Leaders in the field, manpower leads within M1 (Manpower and Personnel), and the Navy Medicine Professional Development Center (NMPDC), which administers professional programs) will be with this realignment.

Recommendation 3. That BUMED update BUMEDINST 1524.2.

Recommendation 4. That OPNAVINST 5450.215D be revised to include nursing officer professional program oversight responsibilities among BUMED functions.

Recommendation 5. That BUMED improve alignment of oversight structures and processes for graduate professional education programs for the Medical, Dental, Nurse, and Medical Service Corps.

Health Care Policy

BUMED has an extensive process to ensure that healthcare policies, directives and publications are reviewed by subject matter experts (both internal to BUMED and from other Navy, operational or Joint stakeholders when appropriate), then developed or revised, processed, and published in a timely manner.

The subject matter, as well as both external and internal coordination, involved with health-related policies and directives are notably complex. Recognizing the disadvantage of also having cumbersome work flow processes that further impeded timely publication, BUMED implemented several process reviews, a Lean Six Sigma project and workload shift of internal document processing from the Secretariat to the Director for Administration (resulting in an average 11-day decrease in document processing). BUMED is focused on further reducing processing times for document publication and is making gains toward this goal.

Policies, instructions and other directives are posted on a website and notification of new or revised directives is widely disseminated to subordinate echelons, Fleet and Fleet Marine healthcare personnel.

Medical Capabilities and Technologies

OPNAVINST 5450.215D instructs BUMED to direct “organizational strategy to prevent, protect, respond, and recover from threats or attacks involving Navy medicine [and to develop and maintain] ‘defensive weapon’ medical capabilities and technologies enhancing medical surveillance, detection and protection including biomedical research programs.” This function as articulated primarily addresses biowarfare threats (e.g., Weapon of Mass Destruction (WMD); Chemical, Biological, Radiological, Nuclear (CBRN) threats) that are administered through Joint programs, and BUMED is effectively engaged in these areas. The more vague reference in this functional statement to “biomedical research programs” invites clarification in a recommended update of BUMED’s MFT instruction. Nevertheless, BUMED is meeting its

broader research program function through the establishment and endeavors of Navy medical laboratories.

Navy Medicine oversees 12 Navy medical research entities (eight commands; four field units), not including the MTF-based Clinical Investigations Program (CIP). These research entities span a broad range of Navy medical research interests and are positioned across the globe with over 1500 employees. Navy medical research and development (R&D) entities have been effective in receiving and executing funding (approximately \$320M in FY14, which represents approximately 97 percent of their operating costs). However, such reliance on external funding to support core Navy medical R&D capabilities is an accepted risk for which a breaking point is unknown. Risk mitigation requires steadfast Navy representation on DHP research programs and other Joint research program committees, as well as more frequent engagement with the Office of Naval Research (ONR).

There are opportunities to improve BUMED's engagement with ONR and oversight of their eight medical research commands. For example, there has not been a "Surgeon General's Day" focused on Navy investments in medical research at ONR in the last three years, and there are no formal reporting requirements from Navy Medicine Research Center (NMRC) to BUMED M2 (Research and Development). Other than clinical investigations and the BioDefense Research Program (BDRP), we found no clarifying documentation for other areas of naval biomedical research such as combat casualty care, military operational medicine, rehabilitative medicine, chemical weapon and radiological exposure medical responses, medical training, and medical informatics.

BUMED does not have significant Force Health Protection research program authority such as that maintained primarily at ONR, which has Navy Basic (6.1), Applied (6.2), and Advanced Applications (6.3) Research program authority. The Navy medical research enterprise is essentially funded through other organizations, with the exception of a modest (\$10M) Medical Advanced Development Program (MADP) (6.5) resourced through OPNAV N413 (Logistics Operations Programs & Policy) and administered by NMRC without significant BUMED oversight (funds simply pass through BUMED to NMRC).

However, the Surgeon General is a member of the Technical Oversight Group (TOG) for ONR Future Naval Capabilities Force Health Protection (FNC FHP) 6.2/6.3 investment. Further, the FNC FHP Integrated Product Team (IPT) includes representation from OPNAV N0931; OPNAV N81 (Assessments Division); TMO; ONR Code 34 (Warfighter Performance); USFF Fleet Surgeon (FFC N02H); MADP Program Manager (acquisition member); and MARFORCOM SES/Force Surgeon. While challenging to coordinate engagement of these various stakeholders, the TOG and IPT remain vehicles that could promote greater engagement of Navy Medicine leadership with Navy's FHP R&D strategy.

Recommendation 6. That BUMED partner with OPNAV to revise OPNAVINST 5450.215D to more accurately portray BUMED functions related to research. (For example: "Establish an infrastructure to anticipate and respond to biomedical threats to Navy and Marine Corps

operations. Provide strategic recommendations on research and development (R&D) programs and promote the development of R&D products that preserve, protect, treat, rehabilitate or enhance the health, welfare and performance of Navy and Marine Corps personnel.”)

Recommendation 7. That BUMED and NAVMEDWEST (as oversight of research commands shifts to them under reinvention) senior leadership increase engagement with ONR, and TOG and IPT members, to advocate funding support for medical research priorities and technology gaps.

Recommendation 8. That BUMED actively engage potential funding sponsors to support the transition of FHP products developed through ONR funds to Budget Activity-4 (Advanced Component Development and Prototypes), or higher.

Recommendation 9. That Navy Medicine research command MFTs be reviewed and updated as appropriate during the transition of oversight to NAVMEDWEST.

Physical Standards Guidelines and Monitoring

OPNAVINST 5450.215D identifies BUMED’s responsibility to implement guidelines and monitor application of entrance, retention, and specialized physical standards examinations for Navy service. This function is conducted through staff assigned to M3 (Health Care Delivery), while final approval is the responsibility of Navy Personnel Command (NPC); Navy Service Training Command (NSTC); Superintendent, United States Naval Academy (USNA); NAVSEA 00C (Supervisor of Salvage and Diving); or HQMC POG-40 (Ground Combat Element) Waiver Authorities. BUMED staff process on the order of 17,000 waiver request annually.

Applying principles unique to the maritime environment, the BUMED M3 program managers maintain a “waiver potential” mentality—not necessarily shared by the other Services—provided the candidate is physically capable of performing assigned and prospective duties without unnecessary risk of injury or harm to themselves or other service members; without assignment limitations or modifications to existing equipment and systems; and not likely to incur a physical disability as a result of military service.

Navy does not have a mechanism whereby waiver outcomes (i.e., how waived service members fare with respect to completion of enlistment, health outcomes, career success relative to peers) are tracked. Such tracking and analysis would enable refinement of waiver decision-making and modification of policy where appropriate.

BUMED has established best practices for the submission, review and adjudication of waivers of physical standards as defined in DoDI 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services, and NAVMED P-117, Manual of the Medical Department, Chapter 15, Medical Examinations. They have implemented an information technology solution (WebWave) that has greatly improved administrative processing time, tracking, and monitoring of accession and special duty waiver (SDW) procedures. An integrated system (WebWave2), combining both WebWave and SDW functions, has been successfully beta-tested and at the time of our inspection was scheduled to be rolled out to USNA, Naval Reserve Officers Training

Corps Units (NROTC), and selected operational units. This roll out to USNA occurred 1 September 2015, and sequential expansion to NROTC and Marine Corps recruiting commands will continue into November 2015.

DoDI 6130.03 establishes medical standards, which, if not met, are grounds for rejection for military service. The policy utilizes common physical standards for the appointment, enlistment, or induction of Service personnel and eliminates inconsistencies and inequities based on race, sex, or location of the examination. Further, the instruction directs the Secretaries of the military departments and Commandant of the Coast Guard to apply and uniformly implement the standards within their respective services.

The Executive Agent for the United States Military Entrance Processing Command is the U.S. Army. With the establishment of the DHA, all health-related executive agency functions will ultimately fall under DHA authority, pending review by the Future Shared Services Team and approval by MHS governance processes. Under DHA authority, the Navy-managed physical qualifications and standards functions identified under OPNAVINST 5450.215D are at risk of becoming more restrictive with resultant impact on recruitment and retention of qualified candidates for the Naval services. As these governing processes move forward, DoDI 6130.03, which predates establishment of the DHA, should be revised to clearly delineate the role of the DHA in oversight and execution of the established policy, but must take into consideration Service-specific needs, authorities, and allowances.

Recommendation 10. That BUMED collaborate with NPC to evaluate the feasibility and utility of tracking medical waiver outcomes across a service member's career.

Medical Assets Ashore and Afloat

BUMED effectively executes its responsibility to provide professional and technical guidance for design, construction, manning, and equipping medical assets—ashore and afloat—through formal command relationships and informal consultative partnerships. Naval Facilities Engineering Command (NAVFAC) Medical Facility Design Office (MFDO) works with BUMED clinical, engineering, facility, and logistics personnel in the design of fixed treatment facilities. Navy Medicine has 19 active duty Health Facility Planning Project Officers (HFPPO), most located in the field to provide oversight of medical facility projects and update headquarters on design, construction and outfitting status.

With regard to new ship construction, an Environmental Health Officer is billeted as a Technical Warrant Holder at Naval Sea Systems Command (NAVSEA), providing information and approval on standards of medical care for program managers. While this NAVSEA billet has no direct linkage to BUMED, consultation with subject matter experts at BUMED and within fleet medicine is free-flowing.

Navy Medicine Logistics Command (NMLC), an echelon 3 subordinate of BUMED whose chain-of-command disposition in the reinvention was pending decision at the time of our inspection, is BUMED's primary execution means for logistics support to MTFs and the fleet. CO, NMLC is

dual-hatted as BUMED M46 (Director, Medical Logistics), an arrangement that improves the ability to engage at proper levels with Navy and Joint working groups and decision bodies. NMLC provides logistics support to MTFs by managing centrally funded and procured medical and imaging equipment, vaccinations/immunizations, healthcare personal services contracts, and others, executing \$1.99B in FY14. Despite being funded solely with DHP (vice Navy) dollars, NMLC is effective in fleet operational support in providing: Integrated Logistics/Product Support (ILS) equipment and product services, ship construction space design interface analysis and technical documentation, active ship configuration change request administration through the SHIPMAIN process, Class VIII assemblage and commodity management, and centralized procurement planning and execution.

Inspection of Military Treatment Facilities (MTF)

In accordance with OPNAVINST 5450.215D, BUMED is executing its responsibility to conduct MTF inspections and provide inspection assistance to commanders within the Navy and Marine Corps. The BUMED/Medical Inspector General (MEDIG) inspection program implements an effective approach that assesses clinical, research, and support commands' efficiency and effectiveness and improves the organization's readiness and performance based on program specific policies and direction. The periodic MEDIG inspection of MTFs and The Joint Commission (TJC) accreditation survey take place as a concurrent assessment. The longstanding partnership between the MEDIG and TJC, including the Joint Commission Fellows program, allows MEDIG to capture TJC concerns and observations for dissemination throughout Navy Medicine.

TJC is an independent, not-for-profit organization that accredits and certifies more than 20,500 health care organizations and programs in the United States. TJC accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to providing high quality health care.

The goal of the MEDIG inspection program is to provide BUMED leadership, Navy Medicine Regional Commanders, and MTF COs with mission-relevant evaluations and recommendations that are timely, accurate, and objective. Additionally, the MEDIG works closely with BUMED enterprise Program Managers to establish self-assessment guides as well as to share and disseminate information on program compliance.

Partly in preparation for the BUMED Command Inspection, BUMED headquarters established a "Program Compliance Working Group" in early FY15 to identify programs that were not in compliance with SECNAV, OPNAV, and BUMED regulations and to ensure corrective action plans were executed in a timely manner. As a result of the working group, enterprise program manager responsibilities were clarified, 34 assessment tools were updated, 14 new assessment tools were created, more than 18 instructions were canceled, over 100 corrective actions were closed, and active tracking of 82 enterprise and 63 headquarters programs and program compliance was raised significantly.

Development of the assessment tool included production of program manager and executive visual tools. The assessment tool and associated processes have served to institutionalize program compliance improvement. As this tool matures and gains some run-time, it may be a best practice to share with other commands.

Oversight of Navy Medicine Regions

Per BUMEDINST 5450.165B, Deputy Chief, BUMED has been delegated oversight responsibility for the Navy Medicine Regions. The principle means by which this oversight is accomplished is through quarterly Regional Reviews that were initially performed with each Regional Commander and staff separately. It has proven to be more valuable for the enterprise to conduct these reviews simultaneously.

The foundation of the Regional Reviews is a “Performance Snapshot” which presents regional performance against the Navy Medicine Strategic Plan (“Readiness-Value-Jointness”) using a series of measures and metrics for strategic objectives and goals. Deep dive discussions pursue challenges or opportunities identified in the snapshot. Cascading metrics to the MTF level are available to further inform discussions where appropriate. Measures and metrics are visible across the enterprise to increase transparency. Inclusion of both regions during these reviews prompts shared learning, best practice dissemination, and alternative course of action development.

While many metrics are driven by higher authority (e.g., Assistant Secretary of Defense for Health Affairs (ASD(HA), DHA, TJC), BUMED is undertaking an effort to reduce the number and complexity of metrics, while focusing measures on actions and indicators relevant to BUMED, DON, and DoD strategy.

Programmatic oversight of the Regional Commands is accomplished through direct liaison with corresponding functional area staffs within BUMED as well as through periodic inspections of NAVMEDEAST and NAVMEDWEST (and their subordinate commands) by MEDIG.

Deployable Medical Systems (DEPMEDS)

BUMED maintains programmatic, manning, and training oversight for MTFs on board two hospital ships (T-AH), eight fleet hospitals (FH)/expeditionary medical facilities (EMF), four forward deployable preventive medicine units (FDPMU), and 84-person augmentation teams aligned to eight Casualty Receiving and Treatment Ships (CRTS) under the Health Services Augmentation Program (HSAP). DEPMEDS support operational requirements specified in CCDR theater operations plans (OPLAN). Conversely, the aggregate of OPLAN requirements support/validate the current DEPMEDS inventory of assets and HSAP requirements per Navy Warfare Publication (NWP) 4-02, Navy Expeditionary Health Service Support Afloat and Ashore, and BUMEDINST 6440.5C, Health Services Augmentation Program. Each DEPMEDS is a program of record defined by required operational capability/projected operational environment (ROC/POE) policy instructions promulgated by OPNAV resource sponsors.

BUMED is effective in coordination of DEPMEDS assets. They are working through coordination challenges for T-AH MTFs that include Reduced Operating Status (ROS)-5 activation and manning policy, authority, and process. Scalable EMF configuration management related to evolving requirements, priorities, and resource constraints is in progress. All DEPMEDS platforms present challenges in readiness reporting of augmenting MTF personnel; alignment of sourcing MTF and hospital ship training schedules; and essential medical capabilities identification and training for augmenting clinical personnel (right skill sets/fit-to-fill). FDPUMs have proven to be effective, scalable, rapidly deployable task-organized teams.

Defense Support to Civil Authorities (DSCA)

BUMED is tasked to coordinate with civilian authorities in matters pertaining to public health, disasters, and other emergencies per OPNAVINST 5450.215D. In actuality, BUMED headquarters serves in a supporting role to DHA and other agencies with respect to DSCA functions, but does provide oversight of the DSCA mission at lower echelon MTFs, many of which have signed Memorandums of Understanding/Agreement with local civilian medical facilities. Therefore, we recommend this function be reworded in the next BUMED MFT update.

We assessed BUMED headquarters' response during the recent Ebola outbreak in order to evaluate emergency preparedness and public health emergency functions. During the Ebola response, the Navy Medicine Operations Center (NMOC) and BUMED Crisis Action Team (CAT) were immediately activated and served as a single point of contact for handling, disseminating, tracking, and forwarding responses to all internal and external requests for information. The NMOC was manned around the clock, provided daily update reports to BUMED and Navy leadership, and collaborated regularly with other Naval commands and DHA. After action reports, including inputs from OPNAV N0931, USFF, and Commander, Navy Installations Command (CNIC), expressed positive views of BUMED'S performance during the Ebola outbreak. No critical functions were dropped during the six-month Ebola response.

However, based on the number of assigned functions, we believe the Emergency Preparedness (EP) Office is undermanned. The EP Office is responsible for:

- Enterprise-level Force Health Protection
 - Pandemic/seasonal influenza preparedness and response
 - Public health emergency preparedness and response
- Enterprise-level Emergency Management (EM) and COOP Programs
- CBRN patient decontamination programs
- Mission Assurance (MA) and Defense Critical Infrastructure Protection (DCIP)
- DSCA

The EP Office assesses FHP and EM readiness and policy compliance across the Navy Medicine enterprise, and the staff executes technical assist visit and CBRN patient decontamination training programs to more than 50 of key medical facilities every year. The office also sends their Navy staff as adjunct instructors in support of the DoD Public Health Emergency Management (PHEM) course in San Antonio three weeks per year.

The level of effort required to meet these responsibilities exceeds the capacity of three Navy personnel (O-5, GS-14, O-4) and the small cadre of contractors assigned to the EP Office. While BUMED could consider an internal manning adjustment to add one military or civilian member to the EP staff, the next Shore Manpower Requirements Determination (SMRD) review should provide a comprehensive evaluation of functions and billets. Additionally, we recommend retaining EP functions within BUMED M3 code vice shifting to M4 to ensure functional alignment with other operational BUMED activities.

Recommendation 11. That OPNAVINST 5450.215D be revised to accurately reflect BUMED headquarters functions with respect to DSCA.

Recommendation 12. That BUMED retain Emergency Preparedness functions within BUMED M3 code.

Ethical Standards and Conduct in Healthcare and Research

BUMED is compliant with applicable law and regulations, but we have identified several recommendations.

Healthcare Ethics

With respect to medical ethics, BUMEDINST 6010.25A, Healthcare Ethics Committees, is outdated and needs to be revised. With the elimination of the BUMED-M00E position, the responsibilities have been dispersed over time between Quality/Risk Management (i.e., the BUMED Joint Commission Fellow), M7 (Education and Training), and the Legal Office, among others, without a single identified office with oversight responsibility or formalized structure to address medical ethics issues.

Within BUMED, there is a clear willingness to address medical ethics issues as they arise and a de facto ability to bring together necessary subject matter experts for informal collaboration. Medical ethics issues are often raised through the Navy Medicine legal chain of command, with the BUMED Legal Office playing a central and very active role in convening the necessary subject matter experts within (and outside of) BUMED to address a wide variety of issues ranging from detainee hunger strikes and provider-conscience provisions to health care decision-making and end-of-life care at MTFs.

While there is a demonstrated ability for BUMED staff to come together to address ethics issues on an “as needed” basis, there is a clear opportunity for more structure at the echelon 2 level. This includes re-establishment of a BUMED responsible party to serve as the central point of contact and a BUMED-level ethics committee with regularly established meetings. This establishment will better ensure and more clearly demonstrate that BUMED is successfully executing this function. While no longer formalized under M00E, the ad hoc, decentralized system still promotes and maintains ethical standards.

Our findings are not surprising and are somewhat emblematic of the findings of the recently published Defense Health Board (DHB) Ethical Guidelines and Practices for U.S. Military Medical

Professionals Report, dated March 3, 2015. One specific finding of that report was that DoD has not issued directives or instructions regarding the organization, composition, training or operation of medical ethics committees or medical ethics consultation services within the MHS. The DHB recommended that DoD form a tri-Service working group and develop a DoDI to guide development of the infrastructure needed to support the ethical conduct of healthcare professionals. The DHB also specifically recommended that DoD and the Military Departments publish directives/instructions regarding the organization, composition, training and operation of medical ethics committees and consultation services.

Recommendation 13. That BUMED clearly identify and appoint a responsible party for medical ethics, reestablish a standing BUMED Medical Ethics Committee, and revise and publish BUMEDINST 6010.25 to accurately describe Navy Medicine’s medical ethics organizational construct.

Research Ethics

BUMEDINST 6500.3, Research Integrity, Responsible Conduct of Research Education, and Research Misconduct, establishes Navy Medicine’s strategic policy, responsibilities, general principles of research integrity and ethics, and various requirements. A revision to this instruction is reportedly in the final stages of being updated to reflect the new organizational structure within BUMED. The revision will also eliminate the position of Special Assistant for Ethics and Professional Integrity (M00E) and instead indicate appointment of a BUMED Research Integrity Leader to serve as the Navy Medicine subject matter expert on the ethical conduct of research. In fact, a BUMED Research Integrity Leader was formally appointed in October 2014, following a period of informally serving in that role after the departure of the former Special Assistant (M00E) in late 2013.

There have been no reported cases of research misconduct within Navy Medicine in the last two years; however, there was one informal assist visit to a subordinate command to assist in responding to what was determined to be an unsubstantiated allegation of research misconduct.

SECNAVINST 3900.39D, Human Research Protection Program, delegates the authority and responsibility for the DON Human Research Protection Program (DON-HRPP) to the Navy Surgeon General (OPNAV N093). Currently, DON-HRPP falls under BUMED M2 (Deputy Director for Research and Development) administratively, but reports to the Navy Surgeon General via the Special Assistant for Research Protections. At the time of appointment of the current Director, DON-HRPP in March 2014, the BUMED Organizational Manual referenced an Office of Research Protections within BUMED M09B65. The functions that were listed, however, are reflective of those that have been delegated to the Surgeon General (rather than Chief, BUMED). Efforts are underway to realign the Special Assistant for Research Protections role from BUMED to OPNAV N093 in order to ensure consistency.

The relationship between DON-HRPP and BUMED personnel is a collaborative one, promoting effective oversight of the ethical conduct of medical research within DON, including Navy

Medicine. Nevertheless, clear alignment under the Surgeon General of the parties responsible for oversight, down to the command level, is required. With respect to the ethical conduct of human subjects research, per SECNAVINST 3900.39D, responsibility is primarily vested at the command/institutional level and runs up the DON-HRPP/Navy Surgeon General chain of command. Chief, BUMED is not tasked with oversight over HRPP.

Recommendation 14. That BUMED update BUMEDINST 6500.3.

Recommendation 15. That BUMED clarify the role and reporting chain for DON-HRPP to the Navy Surgeon General (vice Chief, BUMED) and ensure the BUMED Organizational Manual is updated to reflect this alignment of mission and function.

Strategic Planning

Strategic planning functions are performed well by the BUMED Office of Strategy Management (OSM). Despite two vacant civilian and one gapped O-4 positions, OSM is well-manned with a GS-15 director, O-5 deputy, GS-14 strategist, GS-13 strategy scheduler, GS-9 administrative analyst, and three full-time equivalent contractors. The SG has crafted a simple, yet comprehensive Navy Medicine Strategy—Readiness, Value, Jointness—and championed OSM efforts to establish a robust, repeatable strategic planning process. The BUMED strategy management battle rhythm consists of an annual strategy refresh in July; bi-monthly Senior Strategy Board (SSB) meetings chaired by the Deputy Surgeon General; a mid-year strategy review; an environmental scan conducted each spring; and an annual contractor-led strategy assessment. This contractor-led strategy assessment involves confidential, executive stakeholder interviews designed to validate Navy Medicine Strategy goals, methodology, and execution efforts. We consider this a best practice. This year's assessment, along with other feedback mechanisms to include medical personnel surveys, prospective executive officer and commanding officer surveys, and regional performance reviews, collectively indicate the current strategy is well-understood and has widespread support throughout the BUMED enterprise. We are concerned, however, that the pending turnover of the SG and retirement of the OSM Director could erode the numerous strategic planning process improvements made over the course of the past three years.

Recommendation 16. That BUMED OSM codify existing processes for strategic planning, strategy management, and strategic communication with subordinate commands into an instruction to ensure their endurance.

Continuity of Operations (COOP) Program

BUMED Headquarters COOP is outlined in BUMEDINST 3030.3A, Bureau of Medicine and Surgery Headquarters Emergency Management and Continuity of Operations Plan, and is compliant with SECNAVINST 3030.4C, Department of the Navy Continuity of Operations Program, and OPNAVINST 3030.5B, Navy Continuity of Operations Program and Policy. BUMED Headquarters formed an Emergency Management (EM) and COOP working group in February 2015 that meets on a monthly basis and includes representatives from all headquarters codes. We believe the ongoing BUMED reinvention will require a concerted effort by the EM and

COOP working group to ensure all BUMED 3030.3A requirements are met. For example, military and civilian position descriptions are required to include emergency essential information where applicable; BUMED codes and detachments need to identify mission essential functions (MEF) and designate primary and alternate mission essential personnel.

(b) (7)(e)



The Navy Medicine enterprise COOP program is fully compliant with SECNAVINST 3030.4C and OPNAVINST 3030.5B. OPNAVINST 3440.17A, Navy Installation Emergency Management Program, also requires BUMED to accomplish six specific EM functions. BUMED has established strong COOP and EM oversight processes for lower echelon commands and developed comprehensive checklists to ensure DoD, SECNAV, and OPNAV instruction compliance. BUMED ensures enterprise EM program managers complete the Defense Medical Readiness Training Institute (DMRTI) Public Health Emergency Manager Course and has worked with DMRTI—with concurrence of the other Services—to create a basic course more applicable to smaller MTFs. BUMED conducts on-site Program Quality Assurance Visit (PQAV) inspections which include in-depth reviews of subordinate echelon EM and COOP processes. PQAV results feed a BUMED emergency preparedness metrics dashboard housed on the Office of Management and Budget managed Federal MAX site (<https://max.gov>) to which all MTFs and non-MTFs are directed to gain access. The portal is a valuable knowledge management tool facilitating collaboration and information sharing across the BUMED claimancy.

Deficiency 2. (b) (7)(e)



Recommendation 17. That BUMED establish a periodic review schedule to ensure all headquarters codes and detachments are in compliance with BUMED 3030.3A.

Recommendation 18. That BUMED establish PQAV periodicity requirements for all MTF and non-MTF Navy Medicine enterprise units and codify these in BUMEDINST 3440.10A, Navy Medicine Force Health Protection Emergency Management Program.

Command Communications

Strategic messaging and communication functions are well-executed at BUMED. The co-location and close collaboration between public affairs and Congressional liaison personnel facilitate coordination of messaging. Combined with Navy Medicine history functions, this arrangement promotes knowledge management and a consistent communications plan.

Oversight of subordinate command Public Affairs Offices further supports an integrated Navy Medicine message. Headquarters Public Affairs personnel attend all BUMED leadership meetings such as the SSB that includes regional leadership, the SG's "Roundup," and the twice-weekly status meetings of the Chief of Staff and Executive Director. In addition, they participate in weekly meetings with the other Service Medical Departments co-located at DHHQ. This level of awareness informs their drafting of communication from headquarters to both internal staff and the enterprise as a whole. Manning appears adequate, although two of four civilian billets have been gapped since early 2015.

Manning/Manpower

As described below, BUMED needs to update manpower requirements in the setting of headquarters reinvention and DHA establishment, so adequacy of current manning is difficult to evaluate. Overall manning for BUMED's headquarters UIC is at 87 percent (443 of 510 billets authorized (BA) filled) with officers at 88 percent (176 of 199 BA filled), enlisted at 90 percent (46 of 51 BA filled), and civilians at 85 percent (221 of 260 BA filled). There are 295 contractors in direct support of the BUMED headquarters UIC.

Shore Manpower Requirements Determination (SMRD)

An SMRD provides a systematic means of determining and documenting manpower requirements based on mission, functions and tasks and projected personnel workloads. BUMED's last SMRD was performed in 2000. In 2011, an interim SMRD study was conducted due to the disestablishment of Navy Medicine Support Command. An SMRD is required per OPNAVINST 1000.16K CH-1, Navy Total Force Manpower Policies and Procedures, following a significant change in scope or purpose of a command's mission, as well as when significant organizational changes occur such as functional shifts related to DHA establishment or subordinate organizational relationships altered by BUMED reinvention. In 2013, BUMED transferred 90 civilian FTE to DHA; in the POM-17 cycle, they will transfer 143 military endstrength to DHA (77 officer, 66 enlisted). BUMED Manpower Analysis Team (MAT) may wish to consult with OPNAV N12 on SMRD modeling processes and formulas.

Recommendation 19. That BUMED MAT conduct an SMRD, after MFT update is completed, in accordance with OPNAVINST 1000.16K, CH-1, Section 400, paragraph 5d and Section 402, paragraph 4b.

Civilian Human Resources (CHR)

BUMED continues to mature their enterprise civilian personnel programs following significant change in 2013 as a result of the Department of the Navy (DON) Civilian Personnel Service Delivery efforts. Specifically, BUMED created and staffed four new Human Resources Offices (HRO) located in CONUS.

Civilian Manpower

The Defense Health Program (DHP) funds the overwhelming majority of BUMED's headquarters civilian Full-Time Equivalents (FTE). This protected funding source supports a total requirement

for BUMED headquarters and detachments of 496 civilian staff. On board manning is at 87 percent (431 of 496 BA filled).

BUMED incorporates a thorough review and approval process for all civilian personnel requests. Changes in civilian FTE requirements are infrequent, but are approved via normal change request processes, including a Position Management Board (PMB) review.

Civilian Personnel Programs

Civilian personnel support, policy and oversight are communicated across the headquarters and enterprise using myriad vehicles including email, flyers, e-bulletins, e-tasking system, Plan of the Week and group distribution lists. BUMED makes effective use of flex-time and telework tools to support employee quality of life. Flex-time is used throughout the organization and over 70 percent of civilian positions are authorized use of telework.

Merit Promotion Plan

BUMED's headquarters Merit Promotion Plan remains in a draft status. This is likely influenced by the DON's HR Service Delivery changes in 2013, recent merging of common elements across the DoD medical community under DHA and BUMED HQ's current reinvention effort. Although not required at the command or enterprise level, a published standard for conducting civilian personnel recruitment and staffing is a meaningful tool for managers and provides the foundation for consistent civilian staffing practices across an enterprise.

Recommendation 20. That BUMED complete the review, approval and dissemination of their Merit Promotion Plan.

Interim Performance Management System (IPMS)

Sample reviews of BUMED HQ's civilian employee performance plans for FY14 indicate timely execution of IPMS requirements within limits established by DON IPMS policy. Management focused on meeting these requirements with a 92 percent completion of mid-cycle Progress Reviews, and a 96 percent completion rate at the conclusion of the FY14 performance cycle. Management focus on IPMS continues in FY15 with additional training of supervisors on the development of quality standards, SMART objectives and the documentation of issues.

Workforce Development

Over 10 percent of the BUMED civilian workforce is dedicated to succession planning through the use of developmental positions. Additional training is identified by the employee and/or supervisor on Individual Development Plans (IDP) and directly supports the employee's primary duties. The Education and Training Department reported that funding resources are available for employee developmental training requirements.

Equal Employment Opportunity (EEO)

Staff knowledge and understanding of EEO is improving through management briefings and employee groups across the enterprise. BUMED's development and posting of an EEO Tool Kit permanently affixed to every employee's desktop is a best practice that should be incorporated at other commands.

Self-reported challenges for BUMED EEO leadership revolve around shared personnel resources in the field. BUMED employees responsible for EEO duties and located in satellite HROs do not report to the BUMED headquarters EEO Manager, but instead report to BUMED Human Resources chain of command. This sharing of personnel resources across HR and EEO functions could be improved with a clear line of authority.

Recommendation 21. That BUMED review the current structure and determine a CHR/EEO organizational construct that meets DON CHR/EEO design, while also supporting direct communication between employees responsible for EEO duties, the EEO Manager and senior command leaders.

Military/Civilian Training

Personnel Mandatory Training/Qualifications

The BUMED Training Office effectively tracks individual training requirements for military, civilian and contract staff, posting them on BUMED's Plan of the Week (POW) and the command's SharePoint site.

However, the status of personnel training completion across headquarters and the enterprise is not readily available in a single source. For both civilian and military training, BUMED's approach to tracking is diffuse, overly decentralized, and not well-integrated, leaving room for improvement.

Recommendation 22. That BUMED Training Officer collaborate with divisions/departments to develop a single headquarters training program and consider establishing a Planning Board for Training (PB4T) approach. Reference: OPNAVINST 3120.32D, Chapter 3, paragraphs 3.2.19 and 3.3.13, Chapter 8, paragraphs 8.6-8.9.

Recommendation 23. That personnel training data be available in a centralized repository capturing training requirement completion for headquarters and enterprise personnel.

General Military Training (GMT)

GMT is not completed by all military personnel as directed by OPNAVINST 1500.22G, General Military Training and NAVADMIN 386/11 and 264/13, FY13 and FY14 General Military Training Schedule, respectively. BUMED did not have FY13 data available. FY14 GMT completion rate was 78 percent (Category One topics) and 26 percent (Category Two topics) vice the required 100 percent. BUMED FY15 GMT is on track and stood at 70 percent complete for Category One topics and 51 percent complete for Category Two topics at the time of our inspection.

Preceding fiscal year completion rates can be misleading if pulled from current Fleet Training Management and Planning System (FLTMPS) reports, which only include members current on board (COB) at the time of report generation, missing those who have since transferred. Because of this inability to produce retroactive reports for multiple previous years, commands

should record a snapshot of FLTMPs at least once per year (such as at the end of the fiscal year) for archival purposes.

Deficiency 3. BUMED headquarters staff GMT Category I and II topics are not completed by all military personnel. References: OPNAVINST 1500.22G, paragraph 4c and 6d(2); NAVADMINs 386/11; NAVADMIN 264/13.

Recommendation 24. That at the end of the fiscal year, BUMED record a snapshot of FLTMPs to capture training of personnel on board for archival purposes.

Civilian Training

Civilian training requirements are not completed as directed by SECNAVINST 12410.25, Civilian Employee Training and Career Development, and the DON Office of Civilian Human Resources. BUMED's overall FY14 civilian training completion rate was 69 percent. Supervisors of Civilian Employees training completion rate in FY14 was 89 percent. BUMED headquarters FY15 overall civilian training completion rate was 71 percent at the time of our inspection, on track to meeting FY15 training requirements. The management of BUMED training is challenged by the use of multiple tools to track training requirements at headquarters and across the enterprise. BUMED recently employed an online Learning Management System that both offers and tracks continuing education for clinical staff.

Deficiency 4. BUMED civilian mandatory training requirements are not completed by all civilian personnel. Reference: SECNAVINST 12410.25, paragraph 5f; DON Office of Civilian Human Resources, <https://www.portal.navy.mil/donhr/TrainingDevelopment/Pages/MandatoryTraining.aspx>.

Recommendation 25. That BUMED incorporate the use of DON Total Workforce Management Services (TWMS), which hosts and records approximately 70 percent of all OCHR required training, into their civilian training tracking process.

Defense Acquisition Workforce Improvement Act (DAWIA) Certification

Designated BUMED headquarters and enterprise DAWIA Program Managers oversee DAWIA command compliance per the DON Defense Acquisition Workforce Improvement Act (DAWIA) Operating Guide of 24 Jun 14, paragraph 3.2.2.

As of 28 July 2015, 100 percent of BUMED headquarters staff DAWIA-coded billets (4 UICs/5 billets: 3 military/2 civilians/5 COB) meet DAWIA certification requirements per DoDI 5000.66, Operation of the Defense Acquisition, Technology and Logistics Workforce Education, Training and Career Development Program.

Ninety-six percent of BUMED enterprise DAWIA-coded billets (45 UICs/275 billets: 49 military/226 civilian/275 COB) meet DAWIA certification requirements per DoDI 5000.66. The ten enterprise personnel that were observed as out of currency (i.e., not certified to billet level requirement or not within a requisite grace period (usually 24 months)) are civilians; they have been contacted and waiver submission submitted, if appropriate.

Enterprise-wide, BUMED met or exceeded all three of the applicable FY14 goals outlined in ASN(RD&A) Memorandum of September 17, 2013, Subj: FY14 DON DAWIA Goals, specifically:

- Goal 1 - Certification Levels: 95 percent of Acquisition Workforce (AWF) members be certified to the level required by their position within allowable timeframes.
BUMED: 96 percent
- Goal 2 - Continuous Learning (CL): 87 percent of AWF members have current CL certificates.
BUMED: 100 percent are compliant with Continuous Learning Points (CLP) within current cycle, with 88 percent holding certificates from previous cycle. (CL cycle "resets" every 2 years)
- Goal 3 - Acquisition Corps Membership for Critical Acquisition Positions (CAP): 95 percent of CAPs be filled by Acquisition Corps Members at the time of assignment to the CAP.
BUMED: 100 percent
- Goal 4 - PMT 401/402 Compliance: 100 percent of Acquisition Category (ACAT) I and II Program Managers (PMs) and Deputy Program Manager (DPMs) complete Defense Acquisition University (DAU) Program Manager's Course PMT 401 and PMT 402 within six months of their PM/DM assignment.
BUMED: Not applicable to BUMED as they have no ACAT I/II programs
- Goal 5 - Key Leadership Positions (KLP): 100 percent of individuals assigned to KLPs be fully qualified.
BUMED: Not applicable to BUMED as they have no DAWIA coded Key Leadership positions

FACILITIES, ENVIRONMENTAL, ENERGY CONSERVATION, AND SAFETY AND OCCUPATIONAL HEALTH (SOH)

The Facilities, Environmental, Energy, and Safety Team assessed management, oversight, compliance, and execution of programs associated with each subject area via document reviews, data analysis, site visits, focus group and survey comments, and interviews with the BUMED facilities, environmental, and safety staff.

Overview

BUMED is effectively executing shore related mission requirements with respect to facilities, environmental, and energy conservation, as well as specific responsibilities regarding the Navy's Overseas Drinking Water program. BUMED Safety and Occupational Health (SOH) programs meet all required elements in accordance with applicable laws, regulations, and policies. Additionally, BUMED SOH oversight of subordinate commands is considered effective.

Facilities

BUMED recently consolidated with other Service and Department of Defense medical activities in a modern, leased facility referred to as DHHQ. BUMED contributes to the lease and operating support contract, which is managed by Washington Headquarters Services (WHS). CNIC provides advisory services upon request, but has no assigned roles for facility management of BUMED's headquarters spaces. The DHHQ is less than five years old, in good working condition, with adequate space that is complemented by high quality furniture purchased by BUMED. The BUMED Support Services Division manages the collection, validation, and prioritization of Navy DHHQ facility concerns, enabling the M41 (Facilities and Environmental Division) to focus on oversight and direction of lower echelon BUMED infrastructure, environmental, and energy programs.

Unlike most echelon 2 commands in the Navy, BUMED has retained maintenance responsibility and the corresponding expertise and budgeting required to operate and maintain direct patient care facilities (i.e., hospitals, laboratories, outpatient clinics, dental clinics) in good working order. Through an established DHP requirements process, BUMED sponsors and funds Military Construction (MILCON) projects to replace or build new patient care facilities, while major facility sustainment and restoration projects are prioritized and funded through a transparent BUMED Special Projects programming process for BUMED-maintained facilities. CNIC has maintenance responsibility, staffing, and budgeting required to operate and maintain common support facilities adjacent to Naval hospitals (e.g., administrative buildings, stand-alone galleys, and Morale, Welfare, and Recreation facilities). This arrangement allows BUMED to focus on direct care facilities, but the M41 staff has received feedback from the BUMED enterprise, which includes nearly 200 facility assets, regarding the decrease in responsiveness for associated facilities now maintained by CNIC. This is not surprising given CNIC's much larger infrastructure portfolio, corresponding volume of problems to resolve, and well-known resource constraints facing shore infrastructure. BUMED M41 asset management is effective with a sound asset evaluation program in the field, and complemented by good oversight and direction from BUMED headquarters.

Safety and Occupational Health

BUMED SOH programs were assessed for compliance with 29 U.S.C. 651-678, Occupational Safety and Health Act of 1970, SOH-related regulations promulgated by the Occupational Safety and Health Administration (OSHA), policies outlined in OPNAVINST 5100.23G CH-1, Navy Safety and Occupational Health Program Manual, and SOH requirements included in The Joint Commission 2015 Hospital Accreditation Standards.

BUMED provides occupational health support to all Navy and Marine Corps line activities in addition to occupational safety and health program responsibilities within their claimancy. Occupational health support is provided by industrial hygienists, occupational health physicians, occupational health nurses and audiologists.

During our inspection, we reviewed the following aspects of SOH programs and found them to be compliant with governing directives:

- Command SOH Policy
- Operational Risk Management
- Safety Councils, Committees, and Working Groups
- SOH Oversight of Subordinate Commands
- Headquarters SOH Program
- Safety Professional Training and Qualifications
- Safety Database Input
- Safety Trend Analysis
- Safety Self-Assessment
- Acquisition Safety
- Traffic Safety (including Motorcycle Safety)
- Recreational/Off-Duty Safety

BUMED maintains an effective SOH Program that meets all required program elements in accordance with applicable laws, regulations, and policies listed above. BUMED provides effective SOH oversight of their subordinate commands and provides sound policy direction.

We noted significant improvements in medical surveillance since our last inspection in 2010. A comprehensive Medical Surveillance Guide has been developed and implemented to correct identified program deficiencies. BUMED's selection process ensures the hiring of qualified, credentialed industrial hygienists and other occupational health professionals. BUMED has made positive progress with respect to Defense Occupational and Environmental Health Readiness System (DOEHRS) implementation and BUMED Enterprise Safety Application Management System (ESAMS) use is effective and mandated by leadership. Furthermore, BUMED has made significant improvements to the Hearing Conservation Program, including the assignment of a military audiologist to BUMED headquarters.

Noise Control and Hearing Conservation Programs are receiving significant attention due to the prevalence of noise-related hearing loss, persistent noise levels of varied military systems and

equipment, and the recent CNO/Assistant Secretary of the Navy, Research, Development and Acquisition (ASN(RDA)) special interest in these areas. BUMED has made several advances in these areas as reflected in the plan of actions and milestones (POAM) directed by the Vice Chief of Naval Operations, including medical support for audiology, medical science development, and improved compliance with training and medical monitoring requirements. However, the POAM does not monitor ASN(RDA) and systems command (SYSCOM) activities in control of noise exposures. As the Navy (OPNAV) assigned lead for both Hearing Conservation and Noise Control, we encourage BUMED to engage the SYSCOMs in order to help influence noise hazard reductions during the acquisition phase to mitigate the operational tendency to rely on hearing protection as the primary exposure control method.

Recommendation 26. That BUMED work with SYSCOMs to reinforce established hearing protection limitations, specifically levels at which double hearing protection are ineffective in preventing hearing loss, and to include noise control considerations during weapons system and support equipment acquisition processes.

BUMED has not established a standardized format for industrial hygiene survey reports and offers minimal guidance in the Industrial Hygiene Field Operations Manual. As a result, the various providers use different survey report formats, leading to confusion when members are assigned to new commands or when ships change homeports.

Current industrial hygiene survey guidance does not specify how to address systemic findings beyond the organization's control (e.g., design or process deficiencies which affect multiple systems or equipment, or technical manual errors). We recommend that BUMED establish a process to facilitate feedback to acquisition program managers, technical authorities, and/or process owners with the responsibility to track and address safety issues for systems and equipment throughout their life-cycles.

Recommendation 27. That BUMED establish a standard industrial hygiene survey report format to improve consistency and readability.

Recommendation 28. That BUMED expand guidance in the Industrial Hygiene Field Operations Manual to identify system and process deficiencies. These could be included as an appendix to industrial hygiene surveys when applicable to capture hazard reports, update Navy technical manuals, and provide user feedback to systems commands.

Environmental Readiness

Evaluation of environmental compliance and environmental planning included the following areas:

- Environmental Planning, Programming, Budgeting and Execution
- Environmental Management System Auditing and Compliance Assessments
- Drinking Water Quality Standards and Oversight
- Regulated Medical Waste Management
- Hazardous Materials/Hazardous Waste Management

- Hazardous Drugs Safety and Health Plan
- Pharmaceutical Waste Management
- Mercury Control Program for Dental Treatment Spaces
- Bloodborne Pathogens Management

BUMED executes a strong and well-organized environmental program, providing effective oversight of its subordinate activities' environmental compliance programs. BUMED is fully functional and compliant with Federal statutes and regulations, DON governing instructions and policies, OPNAVINST 5090.1D, Environmental Readiness Program Manual, and BUMED's own instructions and policies.

Overseas Drinking Water Program

BUMED has specific responsibilities outlined in the Navy's Overseas Drinking Water program, governed by CNICINST 5090.1, U.S. Drinking Water Quality Standards for U.S. Navy Installations Overseas; CNICINST 5090.2, Navy Overseas Drinking Water Program Ashore; CNICINST 5090.3, Overseas Drinking Water Operation and Operator Requirements; and BUMEDINST 6240.10B, Water Quality Standards. Our team met with the BUMED Environmental Director and the Overseas Drinking Water project officer, who is a certified Environmental Health Officer (EHO). BUMED is providing oversight and direction of their newly promulgated instruction via site assist visits and inspections and monthly teleconferences with counterparts at BUMED Regions. Roles and responsibilities of the Preventive Medicine Authority (PMA) at each Navy installation have been clarified to ensure public health sampling is considered separately from more stringent environmental sampling requirements. Strong collaboration and cooperation exists between CNIC, NAVFAC, and BUMED at the headquarters, region, and installation levels. Addition of a public health section to water system sanitary surveys is a significant process improvement as it will document compliance with public health monitoring efforts. BUMED is also developing a formal curriculum to train PMAs and EHOs on Overseas Drinking Water program objectives, execution, and monitoring. We recommend that BUMED consider allocating additional funding to expedite curriculum development and course launch.

Recommendation 29. That BUMED accelerate Navy Overseas Drinking Water Program curriculum development to equip Preventive Medicine Authorities and Environmental Health Officers to monitor the Navy's Overseas Drinking Water Program.

Energy Conservation

BUMED is compliant with SECNAVINST 4101.3, Department of the Navy Energy Program for Security and Independence Roles and Responsibilities, and OPNAVINST 4100.5E, Shore Energy Management. Furthermore, BUMED provides sound oversight and guidance of energy programs to subordinate echelons.

SECURITY PROGRAMS AND CYBERSECURITY/TECHNOLOGY

The Security Programs and Cybersecurity and Technology Team used survey and focus group responses, document review, and face-to-face interviews to assess the following areas:

- Information Security
- Personnel Security
- Industrial Security
- Physical Security and Antiterrorism/Force Protection (ATFP)
- Operations Security (OPSEC)
- Counterintelligence (CI) Training
- Personally Identifiable Information (PII)
- Cybersecurity and BUMED HQ Network Management
- Information Technology & Acquisition Management
- Insider Threat

Command Security Overview

Overall BUMED security responsibilities are split between two key personnel who work in separate directorates within BUMED. The Command Anti-Terrorism Officer (ATO)/Security Director works in M4 (Fleet Support and Logistics) and the Command Security Manager (CSM), with three subordinate security specialists, works in M09 (Deputy Chief, BUMED). BUMED security personnel are responsible for Information, Personnel, Industrial, and Physical Security matters at BUMED, including subordinate command oversight as delineated in SECNAV M5510.36, Department of the Navy Information Security Manual, and SECNAV M5510.30, Department of the Navy Personnel Security Manual. During the inspection, we identified several security areas which lack BUMED headquarters oversight of echelon 3 commands. BUMED security manning may be insufficient to perform both headquarters functions and subordinate command oversight considering the size of the BUMED claimancy.

BUMED does not have a dedicated Special Security Program. Due to the small number of Sensitive Compartmented Information (SCI)-indoctrinated personnel and lack of an on-site SCI Facility (SCIF), BUMED has a single Special Security Representative (SSR) who handles Special Security administrative matters. This arrangement appears adequate to the current requirement.

Recommendation 30. That BUMED structure the command organization so that the CSM is afforded direct access to the Chief, BUMED per SECNAV M5510.36, Section 2.3, paragraph 2.


Recommendation 31. That BUMED conduct an SMRD to assess manning required to properly execute command security functions and subordinate command oversight duties in accordance with SECNAV M5510.36 and SECNAV M5510.3

Information Security

BUMED's Information Security Program is not fully compliant with SECNAV M5510.36.

BUMEDINST 5510.7C, Information and Personnel Security Program, is BUMED's primary security directive. BUMEDINST 5510.7C does not have all required information security elements of a command security instruction, as required by SECNAV M5510.36, Exhibit 2A and SECNAV M5510.30, Appendix C. Specific deficiencies are discussed below.

Echelon 2 commands routinely have a paper disposition policy as part of their Information and/or Operations Security (OPSEC) programs. BUMEDINST 5510.7C, paragraph 7h (Destruction) states "BUMED employees may destroy all documents by placing in approved burn bags...". (b) (7)(e)



Deficiency 5. BUMEDINST 5510.7C does not contain procedures for visitors who require access to classified information. Reference: SECNAV M5510.36, Section 2-2, paragraph 1j.

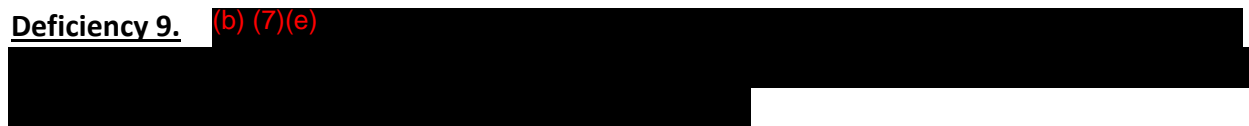
Deficiency 6. BUMED does not provide information security oversight to all subordinate commands. Reference: SECNAV M5510.36, Section 2-11, paragraph 1.

Deficiency 7. (b) (7)(e)

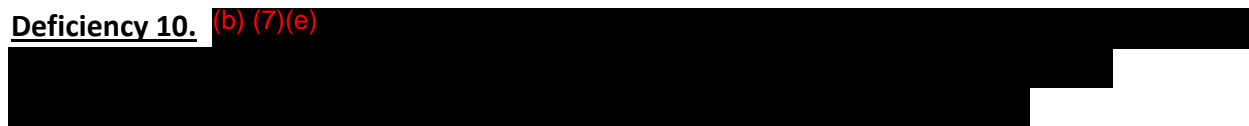


Deficiency 8. BUMED's Security Manager does not maintain liaison with the command's PAO to ensure that proposed press releases and information intended for public release are subjected to a security review. Reference: SECNAV M5510.36, Section 2-2, paragraph 1h.

Deficiency 9. (b) (7)(e)



Deficiency 10. (b) (7)(e)



Deficiency 11. BUMED does not ensure the documentation of duties that significantly involve the handling, creation or management of classified information on civilian personnel performance evaluations. References: DoDM 5200.01, Volume 1, Enclosure 2, paragraph 7h; SECNAV M5510.30, Section 2-2, paragraph 2k; and SECNAV M5510.36, Section 2.1, paragraph 5h.

Deficiency 12. BUMED echelon 3 subordinate commands have not provided annual self-inspection results to BUMED. Reference: SECNAV M5510.36, Section 2-11.

Recommendation 32. That BUMED coordinate with subordinate commands to complete an annual self-assessment and submit within 30 days of notification.

Recommendation 33. That BUMED update current checklists used by subordinate echelons to include security-in-depth determinations. This includes, but is not limited to perimeter fence line if applicable, electronic surveillance around the facility and within, access control within the facility, roving security personnel after hours, access control within the facility after hours, and Intrusion Detection Systems (IDS).

Personnel Security

BUMED's Personnel Security program is not fully compliant with SECNAV M5510.30. BUMEDINST 5510.7C does not contain all the required personnel security elements of a command security instruction, per SECNAV M5510.30, Appendix C. Specific missing items are stated in the deficiencies below.

Deficiency 13. BUMEDINST 5510.7C, paragraph 6f incorrectly states that only U.S. citizens may be employed in competitive service positions in the Federal Civil Service without approval from the Office of Personnel Management (OPM). OPM's employment approval relates only to employability and does not consider national security requirements. Reference: SECNAV M5510.30, Section 5-6, paragraph 1.

Deficiency 14. BUMEDINST 5510.7C does not contain procedures for processing classified visit requests to or from BUMED. Reference: SECNAV M5510.30, Appendix C, paragraph 1b(5).

Deficiency 15. BUMEDINST 5510.7C does not contain a list of command areas authorized for general visiting and does not clearly identify areas which are off-limits to visitors. Reference: SECNAV M5510.30, Appendix C, paragraph 1b(5).

Deficiency 16. BUMEDINST 5510.7C does not provide guidelines for foreign travel briefings nor identify the individual(s) responsible for the briefing/debriefing. Reference: SECNAV M5510.30, Appendix C, paragraph 1b(6).

Deficiency 17. BUMEDINST 5510.7C does not assign responsibilities for final preparation of investigation requests. Reference: SECNAV M5510.30, Appendix C, paragraph 1b(8).

Deficiency 18. BUMEDINST 5510.7C does not establish procedures for documenting clearance and command access in the Joint Personnel Authentication System (JPAS). Reference: SECNAV M5510.30, Appendix C, paragraph 1b(9).

Deficiency 19. There are discrepancies between access determination levels and position sensitivity determinations for several BUMED personnel in the Joint Personnel Authentication System (JPAS). Reference: SECNAV M5510.30, Section 1-5, Paragraph 15e.

Deficiency 20. BUMED is not providing personnel security oversight to subordinate commands. References: SECNAV M5510.30, Section 2-2, Paragraph 2j; SECNAV M5510.30, Section 2-10, Paragraphs 1 and 2.

Deficiency 21. (b) (7)(e) did not have a Single Scope Background Investigation (SSBI), which is required for the position. Reference: SECNAV M-5510.30, Department of the Navy Personnel Security Program, Exhibit 5A.

Deficiency 22. BUMED does not have a Security Servicing Agreement (SSA) or Memorandum of Understanding (MOU) in place with sponsoring commands on at least (b) (7)(e)

References: SECNAV M-5510.36, Section 2-10; SECNAV M-5510.30, Section 2-11.

Deficiency 23. Information Technology (IT) position level designations are not annotated within JPAS. Reference: SECNAV M5510.30, Section 5-2, paragraph 6.

Recommendation 34. That BUMED CSM and M1 (Total Force) review and correct civilian Position Descriptions (PD) for clearance and sensitivity determinations to include sensitivity designation letters.

Recommendation 35. That BUMED update its command security instruction, BUMEDINST 5510.7C, to include procedures for revocation and retrieval of Common Access Cards (CAC) from departing contractors.

Recommendation 36. That BUMED CSM and Information Systems Security Manager (ISSM) coordinate with the Human Resources Office (HRO) to review JPAS records for command personnel and audit civilian PDs for accuracy.

Recommendation 37. That BUMED develop an SSA or MOU with Space and Naval Warfare Systems Command (SPAWAR) to cover Information and Personnel Security support for contractors located on site.

Industrial Security

BUMED's Industrial Security Program is not compliant with SECNAV M5510.36.

BUMED is required to have an industrial security policy in place, as stipulated in SECNAV M5510.36, Section 11-1, which states "Commanding Officers shall establish an industrial security program if their command engages in classified procurement with U.S. industry, educational institutions or other cleared U.S. entities, both at the prime and sub-level, . . . or when cleared DoD contractors operate within areas under their direct control. Command security procedures shall include appropriate guidance . . . to ensure that classified information released to industry is safeguarded." Additionally, BUMED does not provide industrial security oversight to lower echelon commands.

Deficiency 24. BUMED does not have an industrial security program. References: SECNAV M5510.36, Chapter 11; OPNAVINST 3432.1A, Operations Security, Enclosure (1), paragraph 5d.

Deficiency 25. BUMED does not have an industrial security policy in place. References: SECNAV M-5510.36, Section 11-1; SECNAV M5510.36, Exhibit 2A, paragraph 2k.

Deficiency 26. BUMED does not exercise industrial security oversight of subordinate commands. Reference: SECNAV M5510.36, Section 2-11, paragraph 1.

Deficiency 27. (b) (7)(e) have an SSA, Memorandum of Agreement (MOA), or MOU with other commands in support of either a

cleared contractor or a long-term visitor group at BUMED. Reference: SECNAV M5510.36, Section 2-10, paragraph 1f.

Deficiency 28. Multiple DD 254 forms for classified contracts contain errors in blocks 10, 11 and 13. Reference: SECNAV M5510.36, Section 11-5, paragraph C.

Deficiency 29. Not all appointed (b) (7)(e)



Physical Security

BUMED's ATFP Program is compliant with OPNAVINST F3300.53C, Navy Antiterrorism Program. However, BUMED's Physical Security Program is not fully compliant with OPNAVINST 5530.14E CH-2, Navy Physical Security and Law Enforcement Program. BUMED is physically located in the Defense Health Headquarters (DHHQ), a Joint, DoD-leased facility that is not located on a DoD installation. Physical Security and ATFP responsibilities fall under the Pentagon Force Protection Agency (PFPA), with Commander, U.S. Northern Command (USNORTHCOM) exercising AT tactical control (TACON). BUMED is an active participant in the DHHQ AT and AT training programs. Our inspection of Physical Security was limited in scope to areas of the DHHQ under BUMED cognizance, where Navy Physical Security regulations are germane.

BUMED provides ATFP oversight of its lower echelon commands through the execution of AT Program Assessments.

The DHHQ has Security-In-Depth consisting of layered and complementary security controls sufficient to deter, detect and document unauthorized entry and movement within DHHQ, as required by DoD 5200.08-R, Physical Security Program. As a DoD-leased facility residing outside a DoD installation, the AT facility design standards required by Unified Facilities Criteria (UFC) 4-10-01, DoD Minimum Antiterrorism Standards for Buildings, do not apply. Instead, the DHHQ is required to comply with the Department of Homeland Security (DHS) Interagency Security Committee (ISC) in the Risk Management Process for Federal Facilities for the determination of appropriate countermeasures to assure security-in-depth.

(b) (7)(e)



(b) (7)(e)

Deficiency 30. BUMED does not have a designated Key and Lock Control Officer. Reference: OPNAVINST 5530.14E CH-2, Enclosure (1), Article 0209, paragraph a(1).

Deficiency 31. BUMED has not designated its restricted areas in writing. Reference: OPNAVINST 5530.14E CH-2, Enclosure (1), Article 0210, paragraph g(6).

Deficiency 32. BUMED has not appropriately labeled its restricted areas. Reference: OPNAVINST 5530.14E CH-2, Enclosure (1), Article 0210, paragraph g(6).

Deficiency 33. Chief, BUMED has not attended required Antiterrorism (AT) Level IV Training. Reference: OPNAVINST F3300.53C, Enclosure (8), CNO Standard 28 (AT Executive Seminar).

Operations Security (OPSEC)

BUMED does not have an OPSEC program in place, as required by OPNAVINST 3432.1A, Operations Security.

BUMED is an echelon 2 Command with worldwide responsibilities and services, and could meet the requirements of a Level III OPSEC program as defined in DoD 5205.02-M, DoD Operations Security (OPSEC) Program Manual, Enclosure 3, Paragraph 3c. At a minimum, BUMED meets the definition of a Level II OPSEC program. We recommend BUMED consult with the Deputy Undersecretary of the Navy (Policy) (DUSN(P)) office to best determine the appropriate level of OPSEC program.

BUMED does not have a commander-approved Critical Information List (CIL), as required by DoDM 5205.02-M. The CIL provides the BUMED workforce, contractors and subordinate commands unclassified, but sensitive, information which, if compromised, would endanger national security or security of DON personnel and families at Navy Installations.

BUMED does not review contracts for OPSEC elements, or provide oversight of subordinate command OPSEC programs, as required by OPNAVINST 3432.1A. Additionally, BUMEDINST 5510.7C, paragraph 7i states "The BUMED HQ Public Affairs Office must ensure all proposed public releases undergo prepublication security and policy review using guidance provided in Exhibit 8B of reference (d)." However, DoD 5205.02-M, Enclosure 5, paragraph 1a requires public release review responsibilities to be shared between the OPSEC program manager, Public Affairs Officer, Information Security Officer, Web administrators and other officials designated by the commander.

Deficiency 34. BUMED lacks an OPSEC instruction. Reference: OPNAVINST 3432.1A, Enclosure (1), Paragraph 5n.

Deficiency 35. The BUMED OPSEC Program Manager has not attended the OPSEC Fundamentals Course. References: DoDM 5205.02-M, Enclosure 7, paragraphs 2a and 2b; OPNAV 3432.1A, Enclosure (1), paragraph 5n.

Deficiency 36. BUMED does not have a commander-approved and disseminated Critical Information List (CIL). References: DoDM 5205.02-M, Enclosure 3, paragraph 3a(2)(a); OPNAVINST 3432.1A, Enclosure (1), paragraph 5c.

Deficiency 37. BUMED lacks an OPSEC training program to provide initial and refresher training. References: DoDM 5205.02M, Enclosure 7, paragraphs 3a and 3d; OPNAVINST 3432.1A, Enclosure (1), paragraph 5k.

Deficiency 38. BUMED does not conduct required specialized training for OPSEC program managers/coordinators, Public Affairs personnel, contracting specialists and personnel responsible for the review and approval of information intended for public release. References: DoDD 5205.02E, DoD Operations Security (OPSEC) Program, Enclosure 2, paragraph 11(l); CJCSI 3213.01D, Joint Information Operations Security, Enclosure A, paragraph 6i(2).

Deficiency 39. BUMED OPSEC Program Manager does not formally review contracts for OPSEC requirements. References: DoDM 5205.02, Enclosure 6, paragraph 1a; OPNAVINST 3432.1A, Enclosure (1), paragraph 5d.

Deficiency 40. BUMED OPSEC Program Manager does not convene internal OPSEC working group meetings. Reference: OPNAVINST 3432.1A, Enclosure (1), paragraph 5j.

Deficiency 41. BUMED does not ensure classified and unclassified contract requirements reflect Operations Security (OPSEC) responsibilities, where applicable. References: DoD 5205.02-M, Enclosure 6, paragraph 1a; OPNAVINST 3432.1A, Enclosure (1), paragraph 5d.

Deficiency 42. BUMED OPSEC Program Manager and Security Manager are not involved in the review process of information intended for public release. References: DoD 5205.02-M, Enclosure 5, paragraph 1a; OPNAVINST 3432.1A, Enclosure (1), paragraph 5n(3).

Deficiency 43. BUMED is not providing oversight of its echelon 3 OPSEC programs. Reference: OPNAVINST 3432.1A, Enclosure (1), paragraphs 5e, 5h; DoD Manual 5205.02-M, Enclosure 2, paragraph 6a(9).

Deficiency 44. BUMED does not conduct required OPSEC assessments and surveys. Reference: DoDM 5205.02-M, Enclosure 4, paragraph 1a.

Deficiency 45. BUMED does not conduct an annual OPSEC program review. Reference: DoD 5205.02-M, Enclosure 3, paragraph 2a(4).

Deficiency 46. BUMED does not have the required OPSEC education program in place, to include required training required for a Level II OPSEC program. References: DoD 5205.02-M, Enclosure 7, paragraph 1; DoD 5205.02-M, Enclosure 3, paragraph 3b(2).

Counterintelligence (CI) Training

CI awareness training to BUMED personnel is performed by the Naval Criminal Investigative Service (NCIS) Washington DC Field Office. However, BUMED is not fully compliant with established requirements per DoDD 5240.06, Counterintelligence Awareness and Reporting (CIAR).

Deficiency 47. CI awareness training is not provided to personnel within 30 days of initial assignment or employment to BUMED and every 12 months thereafter. Reference: DoDD 5240.06, Counterintelligence Awareness and Reporting (CIAR), Enclosure 3, paragraph 3a.

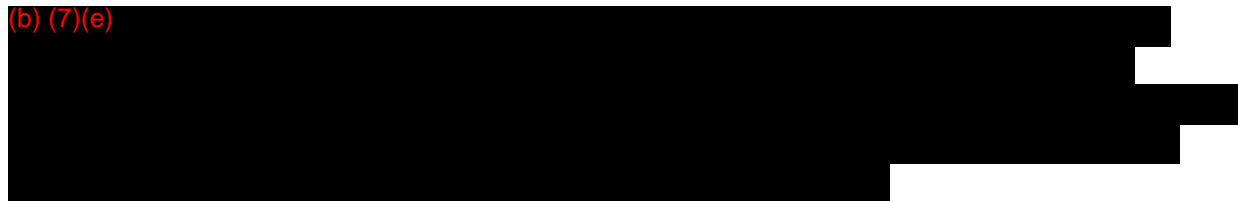
Deficiency 48. Records for the completion of CI awareness training at BUMED do not contain all required elements. Reference: DoDD 5240.06, Enclosure 3, paragraph 3d.

Deficiency 49. CI awareness training records at BUMED are not maintained for five years. Reference: DoDD 5240.06, Enclosure 3, paragraph 3e.

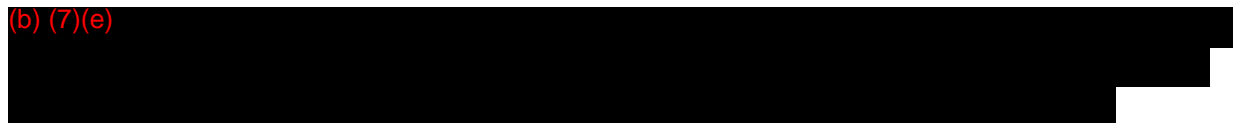
Personally Identifiable Information (PII)

BUMED's PII Program is not fully compliant. BUMEDINST 5263.1A, Bureau of Medicine and Surgery Privacy Act Coordinator, does not contain all required elements for a Privacy Program Instruction per SECNAV Instruction 5211.5E, Department of the Navy (DON) Privacy Program. BUMEDINST 5263.1A requires revision as a result of BUMED's recent reorganization.

(b) (7)(e)




(b) (7)(e)



Importantly, we found no evidence that Protected Health Information (PHI) or Health Insurance Portability and Accountability Act (HIPPA)-related material is improperly handled at BUMED.

Deficiency 50. BUMEDINST 5263.1A does not contain all required PII instruction elements. Reference: SECNAVINST 5211.5E, paragraphs 7h(7) and 30c.

Deficiency 51. BUMED lacks a waiver to operate (b) (7)(e)  that do not utilize Public Key Infrastructure (PKI)/Public Key Enabling (PKE). References: DON CIO WASHINGTON DC Message DTG 032009Z OCT 08, Subj: DON Policy Updates for Personal Electronic Devices (PED) Security and Application of Email Signature and Encryption; DoDI 8520.02, Public Key Infrastructure (PKI) and Public Key Enabling (PKE); DON CIO WASHINGTON DC Message DTG 211312Z APR 11, Subj: DON Public

Key Enablement Waiver Request Process for Unclassified Networks, Private Web Servers, Portals and Web Applications.

Deficiency 52. BUMED does not conduct staff assistance visits or program evaluations of its echelon 3 commands. Reference: SECNAVINST 5211.5E, paragraph 7h(11).

Deficiency 53. BUMED lacks an appointed Privacy Act Team (PAT) to establish best business practices to mitigate the risk of inadvertent PII releases. Reference: SECNAVINST 5211.5E, paragraph 30a(2).

Deficiency 54. (b) (7)(e)

Recommendation 38. (b) (7)(e)

Recommendation 39. That BUMED update BUMEDINST 5263.1A to reflect recent changes within BUMED's organization and include all required elements per SECNAVINST 5211.5E.

Recommendation 40. That BUMED develop a charter and MOU to address how DHA and BUMED stakeholders will coordinate addressing PII policy.

Recommendation 41. That BUMED establish a joint configuration management plan and board for coordinating and controlling policy, procedures, and IT requirements in order to assure compliance with PII policy.

Cybersecurity and BUMED HQ Network Management

BUMED's Cybersecurity program is compliant. BUMED has a dedicated Information Technology staff performing BUMED's Cybersecurity mission.

DHA has responsibility for both IT asset management and Cybersecurity for all tenants inside DHHQ. We noted that (b) (7)(e)

At BUMED HQ, we observed general compliance with established Navy and DoD Cybersecurity and Network Management policies. However, existing written IT policies were broadly written and not able to be consistently executed in practice. (b) (7)(e)

Recommendation 42. That BUMED update BUMEDINST 5239.3, Information Assurance Workforce Improvement Program Training, Certification, and Workforce Management to reflect new DoD and DHA operating guidance and policies.

Recommendation 43. (b) (7)(e) [Redacted]

Recommendation 44. (b) (7)(e) [Redacted]

Recommendation 45. That BUMED develop and enforce a formal process to ensure specific IT and Cybersecurity clauses and compliance language for Cybersecurity, Cybersecurity Workforce Improvement, Software Process Improvement Initiative (SPII), and utilization of Enterprise License Agreements (ELA) are in place for IT contracts, as appropriate.

Information Technology Acquisition & Network Management

Information Technology is one of the ten shared services BUMED is transitioning to DHA. The BUMED enterprise is in the process of transitioning their IT management and cybersecurity for all BUMED commands to the DHA Health Information Technology (HIT) team, with a scheduled Full Operating Capability (FOC) of 1 October 2015. During this transition, the Navy and DHA are managing the transition of Authorizing Official (AO) responsibilities to DHA for Navy Medicine sites and programs. Careful coordination and alignment of existing management and certifications from the Navy to DHA is critical to ensure DoD requirements are met throughout the enterprise transition.

BUMED is exercising appropriate oversight of Navy involvement in the DHA transition. BUMED is actively tracking the various services that are transitioning to HIT. BUMED-level risks, issues, and mitigations are articulated and well understood by leadership.

Insider Threat

We performed a horizontal examination of our findings to identify seams in day-to-day security practices that should be addressed to enhance overall command security program readiness at BUMED.

Personnel at BUMED are generally aware of their surroundings and are knowledgeable of general security requirements, (b) (7)(e) [Redacted]

(b) (7)(e) [Redacted]

(1) (b) (7)(e) [Redacted]

(2) (b) (7)(e) [Redacted]

(3) (b) (7)(e) [Redacted]

(4) (b) (7)(e)

(5) (b) (7)(e)

We observed a positive working relationship between the Physical Security/Antiterrorism Officer and the CSM, despite working in different directorates. We encourage continued command support to foster a solid working relationship to address BUMED security challenges going forward.

Recommendation 46. That BUMED evaluate the effectiveness of placement within the organization of security personnel.

Recommendation 47. That BUMED consider having a dedicated full-time OPSEC Program Manager at BUMED headquarters to build, sustain and provide oversight to the BUMED enterprise OPSEC program.

RESOURCE MANAGEMENT/COMPLIANCE PROGRAMS

The Resource Management/Compliance Programs Team assessed 18 programs and functions. Our findings reflect inputs from survey respondents, onsite focus group participants, document review, direct observation, and face-to-face personnel interviews.

The following programs and functions are well administered and in full compliance with applicable directives:

- Financial Management/Comptroller Functions
- Government Travel Charge Card
- Government Commercial Purchase Card
- Personal Property Management
- Managers' Internal Controls
- Command Individual Augmentee Coordinator Program
- Deployment Health Assessment
- Individual Medical Readiness
- Inspector General Functions
- Navy Alcohol and Drug Abuse Prevention
- Hazing Training and Compliance
- Command Managed Equal Opportunity
- Physical Readiness Program
- Victim and Witness Assistance Program

The following programs are not fully compliant:

Sexual Assault Prevention and Response (SAPR)

BUMED is committed to maintaining an environment free of sexual assault (SA) and a victim would receive excellent care and support services. However, the SAPR Program has room for improvement, and is not fully compliant with governing instructions.

Commanders or Commanding Officers (CO) have certain personal responsibilities in sexual assault victim response and care, such as attendance at Sexual Assault Case Management Group (SACMG) meetings. If authority to act as Chief, BUMED in certain cases is going to be delegated—for instance to the Deputy Chief for officer victims and the Chief of Staff (as CO of Enlisted Troops) for enlisted victims—this should be established in writing and communicated to personnel throughout the command in accordance with SECNAVINST 1752.4B, Sexual Assault Prevention and Response, and DoDI 6495.02 CH-2, Sexual Assault Prevention and Response (SAPR) Program Procedures.

Chief, BUMED has not been briefed by the Sexual Assault Response Coordinator (SARC) as required by DoDI 6495.02 CH-2 and SECNAVINST 1752.4B.

Response protocols and prepared SAPR checklists are in place in the watchstander binder to aid watchstanders in properly handling SA reports. Additionally, BUMED conducts watchstander

and Command Duty Officer (CDO) training semi-annually to ensure proper response to SA. However, only 28 of 86 (33 percent) watchstanders have received training. We recommend personnel complete this training prior to being assigned to the watchbill to ensure watchstander ability to properly respond to reports of sexual assault.

Deficiency 55. Delegation of authority to act as the Commander (i.e., Chief, BUMED) regarding sexual assault victim response and care has not been established in writing and communicated to personnel throughout BUMED. References: SECNAVINST 1752.4B, Enclosure (9); DoDI 6495.02 CH-2, Enclosure (9).

Deficiency 56. Chief, BUMED did not receive the required SARC briefing within 30 days of assuming command. References: DoDI 6495.02 CH-2, Enclosure (5), paragraph 3b; SECNAVINST 1752.4B, Enclosure (5), paragraph 3b.

Recommendation 48. That BUMED ensure personnel receive watchstander and Command Duty Officer (CDO) sexual assault response training prior to being assigned to the watch bill. References: DoDI 6495.01 CH-2, Enclosure (5), paragraph 3a and Enclosure (10), paragraph 2d; SECNAVINST 1752.4B, Enclosure (3), paragraph 2c(1), Enclosure (5), paragraph 3a, and Enclosure (10), paragraph 2d.

Suicide Prevention

BUMED's Suicide Prevention Program is effective in many areas, but not fully compliant with OPNAVINST 1720.4A, Suicide Prevention Program. The program was reinvigorated with the appointment of a new Suicide Prevention Coordinator in August of 2014.

Prior to FY15, BUMED did not provide suicide prevention training for civilians or full-time contractors as required by OPNAVINST 1720.4A. FY14 suicide prevention training completion rates were 71 percent for military and 0 percent for civilian and full-time contractor staff. BUMED now has a training plan in place and is on track to complete all required suicide prevention training for FY15 with completion rates of 75 percent for military, 85 percent for civilians, and 62 percent for full-time contractor staff at the time of our inspection.

Watchstander and Duty Officer training has not been conducted to ensure proper crisis response protocols are in place to respond to suicide-related behavior calls and reports as required by OPNAVINST 1720.4A. BUMED promptly commenced watchstander and Duty Officer training during our visit.

Deficiency 57. BUMED does not have a written Safety Plan for dealing with high-risk service members. Reference: OPNAVINST 1720.4A, Enclosure (3), paragraph 9.

Deficiency 58. BUMED does not have a written Suicide Prevention and Crisis Intervention Plan that includes identification, referral, and access to treatment and follow-up procedures for personnel who indicate a heightened risk of suicide. Reference: OPNAVINST 1720.4A, paragraph 5b(1); Enclosure (3), paragraphs 4, 6, and 11.

Deficiency 59. Watchstander and Duty Officer training has not been conducted to ensure proper crisis response protocols are in place to respond to suicide-related behavior calls and reports. Reference: OPNAVINST 1720.4A, paragraph 5b(1), paragraph 5c; Enclosure (3), paragraphs 4, 5, 6, 10, and 11.

Voting Assistance

BUMED's Voting Assistance Program is partially compliant with DoDI 1000.04, Federal Voting Assistance Program (FVAP). The Voting Assistance Officer is highly motivated and working to improve the BUMED voting program. The following items require attention.

Deficiency 60. One Unit Voting Assistance Officer (UVAO) is insufficient to effectively execute the Voting Assistance Program. Reference: DoDI 1000.04, Enclosure (4), paragraph 2f.

Deficiency 61. BUMED does not retain records of annual training in voting matters, including dates and attendees, for at least one calendar year. DoDI 1000.04, Federal Voting Assistance Program, Enclosure (4), paragraph 2s(3).

Deficiency 62. BUMED has not established and maintained a standard email address of the form <Vote@(unit).(Service).mil> or similar format to contact all Unit Voting Assistance Officers (UVAO). Reference: DoDI 1000.04, Enclosure (4), paragraph 2r.

Deficiency 63. BUMED UVAO did not attend the FVAP voting assistance workshop in person, as required for all UVAOs except those in remote locations. Reference: DoDI 1000.04, Enclosure (4), paragraph 2t.

Legal and Ethics

BUMED's Legal Office is responsible for complex healthcare law concerns (including adverse privileging actions) in addition to all other matters traditionally associated with an echelon 2 command. The diverse and specialized legal issues inherent to BUMED's mission are addressed by a highly competent, collaborative, and professional team. The legal staff is afforded easy access to BUMED leadership and is responsive to employee legal questions and concerns. However, command legal processes are not fully compliant with governing instructions.

Review of the command coin log revealed that 533 coins purchased with appropriated funds were distributed from July 2013 to July 2015. Of the different "types" of coins available for presentation (those purchased with appropriated funds (APF), official representation funds (ORF) or personal funds), only APF coins are listed in BUMED's log. In many instances the articulated reason for distributing the coins are inconsistent with the rules and regulations governing coins purchased with appropriated funds. Additionally, it appears some coins presented to foreign officials should have been funded by ORF. The log does not include an original accounting of coins (number of coins, identification of funding source) or a running total of available coins. Additionally, some of the log entries, such as circumstance of presentation, were vague and/or repetitive.

Deficiency 64. BUMED's command coin log contained entries that were inconsistent with governing policy regarding the distribution and logging of command coins. References:

VCNO Ltr 5370 Ser N09/15U100509 (Annual Standards of Conduct Guidance), Enclosure (5) and its listed authorities; NAVADMIN 184/14, Subj: Judicious Use of Command Coins and Presentation Items, paragraphs 2a-2c, 2e; BUMEDINST 5305.4, Purchase and Distribution of Challenge Coins, paragraph 4.

BUMED provides detailed review of the facts, applicable standards of proof, and independent recommendations on adverse clinical privileging actions undertaken at MTFs. This is reflective of thoughtful and impartial review of cases prior to recommending action. However, timeliness of the review process, both at the MTF level and BUMED, should be improved. Additionally, the current BUMED Instruction governing adverse privileging of clinical providers (BUMEDINST 6320.67A CH-1, Adverse Privileging Actions, Peer Review Panel Procedures, and Health Care Provider Reporting) is out of date and does not reflect the expanded scope of procedural rights and requirements in the governing DoD guidance on adverse privileging actions, DoDM 6025.13, Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS), issued 29 October 2013.

Deficiency 65. BUMEDINST 6320.67A CH-1 is not aligned with updated and expanded DoD policies and procedures pertaining to clinical adverse actions for both privileged and non-privileged providers. Reference: DoDM 6025.13, Enclosure (7).

Specific BUMED responsibilities

BUMED is assigned specific responsibilities within the following seven Navy programs:

- Command Individual Augmentee (IA) Coordinator
- Deployment Health Assessment
- Individual Medical Readiness
- Sexual Assault Prevention and Response
- Suicide Prevention
- Navy Alcohol and Drug Abuse Prevention
- Physical Readiness Program

BUMED is meeting their responsibilities in all of these programs with the exception of the Suicide Prevention and Physical Readiness Programs.

Suicide Prevention

BUMED is meeting four of five responsibilities specifically delineated in OPNAVINST 1720.4A. BUMED does not ensure that all MTFs have written protocols on suicide prevention maintained in acute care areas and emergency rooms. The Medical Inspector General has not been inspecting this specific requirement, but anticipates incorporating it into future MTF inspections.

Deficiency 66. BUMED does not ensure all MTFs have written protocols on suicide prevention maintained in acute care areas and emergency rooms. Reference: OPNAVINST 1720.4A, paragraph 6b(4).

Physical Readiness Program

BUMED is not fully compliant with Navy-wide responsibilities delineated in OPNAVINST 6110.1J, Physical Readiness Program, to:

- Establish guidelines to ensure consistency of the authorized medical department representative (AMDR) BCA [Body Composition Assessment] and PRT [Physical Readiness Test] waiver recommendation process.
- Develop and execute a training program for all physicians, nurse practitioners, physician assistants, and independent duty corpsman (IDCs) on proper procedures for BCA and PRT medical screening and waivers.
- Provide management and oversight of the BUMED approved ShipShape Weight Management Program.

While training modules are available on Navy Knowledge Online (NKO), BUMED is not overseeing compliance with this training.

Deficiency 67. BUMED has not established guidelines to ensure AMDR BCA and PRT waiver recommendation process consistency. Reference: OPNAVINST 6110.1J, Paragraph 6c(1).

Deficiency 68. BUMED is not executing a training program for all physicians, nurse practitioners, physician assistants and IDCs on proper procedures for BCA and PRT medical screening and waivers. Reference: OPNAVINST 6110.1J, Paragraph 6c(2).

SAILOR PROGRAMS

The NAVINSGEN Command Master Chief engaged various leadership groups, both junior and senior. Separate meetings were held with key program managers to get a sense of the career management programs throughout the command. Brilliant on the Basics programs were reviewed and behavior associated with good order and discipline was closely observed. Overall, command morale and perceptions of quality of life (QOL) were noted to be average. Enlisted Sailors displayed proper military bearing and maintained a professional appearance.

Sailor Career Management Programs

Areas reviewed included the Command Sponsorship, Command Indoctrination, Career Development Programs, and Sailor Recognition Program.

Command Sponsorship Program

This program is in compliance with OPNAVINST 1740.3C, Command Sponsor and Indoctrination Programs. The command has a designated coordinator responsible for assigning Sponsors to inbound military members. The Sponsor Coordinator has a system in place to ensure Sailors complete required Fleet and Family Support Center training before they are assigned Sponsorship duties.

Command Indoctrination Program (INDOC)

Command Indoctrination program is in compliance with OPNAVINST 1740.3C.

Career Development Board (CDB)

The BUMED CDB Program is in compliance with OPNAVINST 1040.11D, Navy Enlisted Retention and Career Development Board. A collateral duty Career counselor is assigned and enlisted Sailors are receiving required Career Development Boards and guidance from senior enlisted leaders.

Sailor Recognition Programs

This program is established in accordance with OPNAVINST 1700.10 (series), Sailor of the Year Program, and was assessed to be satisfactory.

CPO 365

CPO 365 appears fully embraced by BUMED First Class and Chief Petty Officers, with a few E5s participating as well according to Muster Sheets. Transparent communications, information sharing, and leadership training are priorities, and the program is in line with the Master Chief Petty Officer of the Navy's vision for leadership training throughout the enlisted ranks.

APPENDIX A: Summary of Key Survey Results

PRE-EVENT SURVEY

In support of the Bureau of Medicine and Surgery (BUMED) Command Inspection held 20-31 July 2015, the Naval Inspector General (NAVINSGEN) conducted an anonymous on-line survey of active duty military and Department of the Navy (DON) civilian personnel from 22 May 2015 to 22 June 2015. The survey produced 364 respondents (166 military, 198 civilian). According to reported demographics, the sample represented the BUMED workforce with a 5% margin of error at the 99% confidence level. Selected topics are summarized in the sections below. A frequency report is provided in Appendix C.

Quality of Life

Quality of life was assessed using a scale from 1 to 10, where 1 is worst and 10 is best. The overall BUMED average quality of work life (QOWL), 7.05, was higher than the historical echelon 2 average, 6.63 (Figure A-1). The overall BUMED average quality of home life (QOHL), 8.36, was higher than historical echelon 2 average, 7.92 (Figure A-2).

The perceived impact of factors on QOWL rating is summarized in Table A-1. Factors of potential concern were identified by distributional analyses, where 20% negative responses served as a baseline. Civilian respondents more often identified Advancement and Training Opportunities as a negative impact on QOWL than military respondents (see highlighted percentages in the Military and Civilian column of Table A-1).

Cost of living was the only topic identified as a negative impact on QOHL rating (41%).

Mission Tools & Resources

Table A-2 lists aggregate strongly disagree and disagree response percentages to survey questions probing the adequacy of tools and resources that support the mission. Items of potential concern were identified by distributional analyses, where 20% negative responses served as a baseline.

Job Importance and Workplace Behaviors

The perceived occurrence of Gender/Sex Discrimination (7%), Fraternization (6%), Sexual Harassment (2%), and Hazing (1%) were significantly lower than historical echelon 2 percentages (Table A-3).

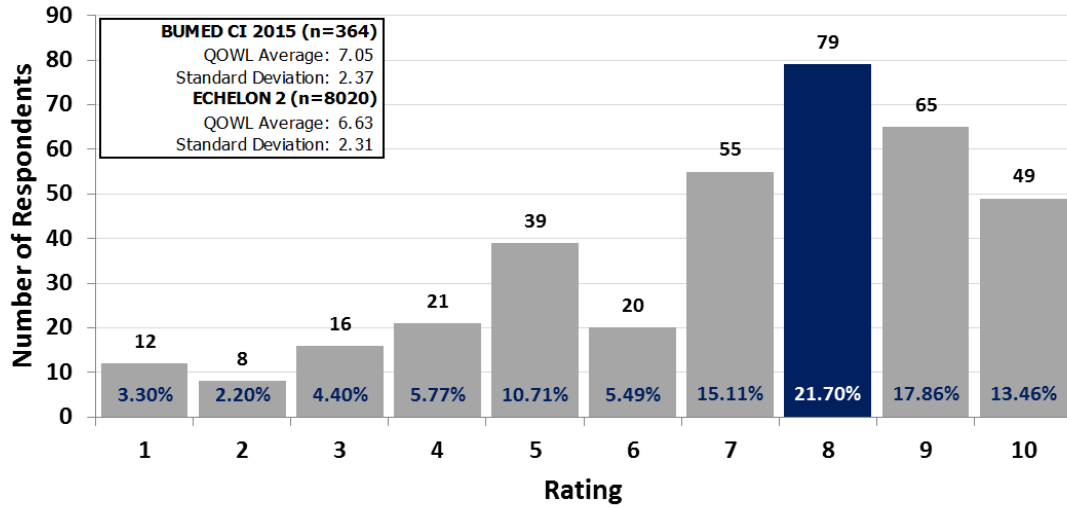


Figure A-1. Top: Distribution of quality of work life ratings from the pre-event survey. The x-axis lists the rating scale and the y-axis represents the number of survey respondents. Response percentages for ratings are shown at the base of each bar. Counts for each rating are shown above each bar. The most frequent rating is shown in blue.

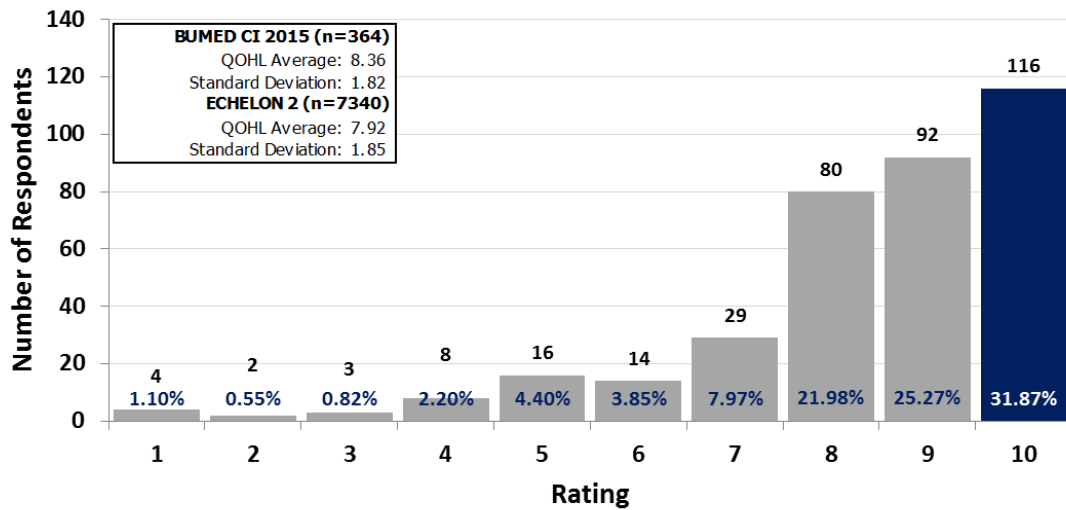


Figure A-2. Distribution of quality of home life ratings from the pre-event survey. The x-axis lists the rating scale and the y-axis represents the number of survey respondents. Response percentages for ratings are shown at the base of each bar. Counts for each rating are shown above each bar. The most frequent rating is shown in blue.

Table A-1. Negative Impacts on Quality of Work Life Rating

Factor	Overall	Military	Civilian	Male	Female
Job satisfaction	10%	8%	11%	7%	12%
Leadership support	14%	11%	16%	10%	17%
Leadership opportunities	16%	8%	23%	16%	15%
Workload	20%	23%	17%	21%	18%
Work Hours/Schedule	9%	15%	4%	7%	11%
Advancement opportunities	21%	8%	32%	20%	21%
Awards and recognition	21%	9%	31%	19%	22%
Training opportunities	19%	9%	27%	17%	21%
Command morale	19%	17%	21%	17%	20%
Command climate	17%	13%	20%	14%	19%
Quality of workplace facilities	12%	8%	15%	8%	16%

Notes. Perceived impact of assessed factors on quality of work life rating based on negative versus aggregate positive and neutral response percentages. Low percentages are "better." Overall values in bold are significantly different than a 20% baseline; paired values in bold indicate significant differences between subgroups (gray background).

Table A-2. Tools and Resources to Accomplish the Mission

Items	Inadequate	Other
People	22%	78%
Training	16%	84%
Workspace	16%	84%
Computer	6%	94%
Software	12%	88%
Internet	12%	88%
Intranet	7%	93%
Equipment	7%	93%
Materials & Supplies	14%	86%

Notes. Aggregate strongly disagree and disagree (Inadequate) response percentages to perceptions on the adequacy of mission tools and resources. Smaller percentages are "better." Inadequate percentages in bold are significantly different than a 20% baseline.

Table A-3. Perceived Job Importance and Occurrence of Workplace Behaviors

Question Topic	BUMED	ECH 2
Job Importance	90%	80%
Fraternization	6%	13%
Favoritism	27%	30%
Gender/Sex Discrimination	7%	13%
Sexual Harassment	2%	8%
Race Discrimination	6%	10%
Hazing	1%	7%

Notes. Aggregate strongly agree and agree (SA+A) response percentages for selected command climate topics. Echelon 2 (ECH 2) percentages from FY10-14. Other than Job Importance, lower percentages are “better.” Bold values indicate a significantly different distribution of SA+A responses than historical ECH 2 values.

APPENDIX B: Summary of Focus Group Perceptions

FOCUS GROUPS

On 20-21 July 2015, NAVINSGEN conducted focus groups and interviews (through 28 July) with various groupings of active duty military ranks (7) and civilian grades (5). There were a total of 74 BUMED focus group participants; 35 military, 39 civilians. Each focus group was scheduled for one hour (interviews: 20 minutes) and included one facilitator and two note takers (interviews: one note taker). The facilitator followed a protocol script: (a) NAVINSGEN personnel introductions, (b) brief introduction to the NAVINSGEN mission, (c) privacy, non-attribution, and basic ground rules statements, (d) participant-derived list of topics having the most impact on the mission, job performance, or quality of life (QOL), and (d) subsequent discussion of participant-derived topics with an emphasis on refinement and understanding of perceived impact. Note takers transcribed focus group proceedings, subsequently coded by two inspection team members (military and civilian) to determine the agreed upon total number of focus groups in which a comparable main topic and its perceived impact(s) were discussed.

Table B-1 lists focus group topics that were expressed as having a major impact on the mission, job performance, or QOL in at least three focus groups. Military and civilian focus groups at BUMED mentioned Leadership most often as having both major positive and major negative impacts on mission execution, job performance, and/or QOL.

Table B-1. Participant-Derived Focus Group Topics Expressed as a Major Impact on the Mission, Job Performance, or Quality of Life.

Topic	Impact		
	Major	Moderate	Minor
Leadership	●●●●●●●	●	●●
Organizational Structure	●●●	●●●●●●	●●●
Telework/Telecommuting	●●●	●	●
Facilities	●●●	●	

Notes. Descending order of the number of focus group/interview topics that were expressed as a major impact on the mission, job performance, and/or quality of life in at least three military or civilian groups; colored circles indicate active duty military (●) or civilian (●).

Leadership

Several participants expressed various levels of negative and positive impacts on mission, job performance, and quality of work life as a function of BUMED or Defense Health Agency (DHA) leadership.

Participants expressed inconsistencies in the communicative effectiveness of leaders within BUMED, especially with respect to articulating requirements and priorities that produce workflow delays and increase workload.

Some participants who do not work on location at Defense Health Headquarters (DHHQ) expressed a major negative impact on QOL when they are treated as a “visitor” (also perceived as producing unnecessary administrative barriers to mission execution).

Echoing some of the verbatim survey responses, a military participant expressed a perception that BUMED leadership is hesitant to discipline employees based on race, purportedly to avoid complaints or avoid the work required to document substandard performance (see also, Military-Civilian Relationship).

Participants expressed perceived shortfalls in DHA “accountability” (when identified as the responsible entity) that produce delays in BUMED mission execution.

On a positive note with respect to BUMED leadership, participants also described a “healthy work environment,” “good command climate,” and/or comments that commended the leadership abilities of their immediate supervisor (face-to-face communications and personnel management skills). Participants expressed that actual time to supervise is challenged by the numerous meetings that their supervisor attends.

Organizational Structure

Participants expressed various levels of positive and negative impacts on mission, job performance, and QOL as a function of the general organizational structure of military medicine. Several participants from different groups expressed a lack of understanding of “who does what” within the BUMED organization and how to identify primary points-of-contact or subject matter experts by functional area.

Although somewhat hesitant to judge the “reinvention” in its early stages, participants offered initial feedback that was skeptical of an intended added benefit (i.e., how it will improve communication and workflow) given its extra layers of bureaucracy: “Honestly, I don’t know what this reinvention is all about. I just think that it adds more layers—more noise.” Participants opining on this topic expressed the desire for a “flatter” organization.

A variety of impacts on Navy personnel assigned to Walter Reed National Military Medical Center were expressed by military participants as challenges to mission execution and QOL.

Telework

Telework was broadly expressed by military participants as a major positive impact on job performance (productivity) and QOL (relief from commute); however, some participants expressed a moderate negative impact on mission execution when teleworking employees are nonresponsive to work-related communications during normal working hours.

Facilities

The DHHQ facility was generally expressed as a major/moderate positive impact on mission execution (working in close proximity with other Service Medical Departments) and QOL (new, relatively clean, good community spaces); however, some participants expressed negative impacts in terms of navigation within the building (see also, Workspace).

Major negative impacts on mission execution (delays), job performance (difficulty focusing on work), and QOL (discomfort) were expressed as a result of longstanding climate control issues for those who work at Naval Support Activity Bethesda (Building 5).

Other Topics with Expressed Major Impact

Mission (2 Major, 3 Moderate). Focus group participants expressed a major negative impact on BUMED mission execution as a function of a perceived lack of emphasis at DHA on operational medicine. DHA was expressed as an entity chiefly concerned with medical treatment facilities (healthcare delivery and its associated costs), with a muted sensitivity to service-specific operational medicine requirements. Focus group participants also expressed that ongoing fluctuations in the military medicine mission are challenging with respect to understanding and/or communicating the actual scope of BUMED's mission.

Food (2 Major, 2, Moderate, 2 Minor). The price of food at DHHQ was expressed by enlisted participants as having various levels of negative impact on quality of life.

Manning/Manpower (2 Major, 2 Moderate, 1 Minor). Focus group participants expressed both major and moderate positive and negative impacts on mission execution and quality of life as a function of the quality of BUMED personnel. Participants commenting on this topic generally expressed that there are "good people" at BUMED; however, several participants expressed various levels of impact on mission execution and job performance as a function of personnel assigned to BUMED with inadequate corporate knowledge, competencies, and/or skills (e.g., knowledge of acronyms; core competencies in work area). Some participants expressed that these manning/manpower shortfalls could be mitigated through training (see also, Professional Knowledge & Development), while other participants opined that the mission could be performed with fewer people if billets were coded properly and with improvements in civilian hiring practices: "This is headquarters. We need high performers..." (see also, Human Resources).

Knowledge/Tasker Management (2 Major, 2 Moderate, 1 Minor). Several focus group participants expressed various levels of negative impact on mission execution and job performance associated with perceived shortfalls in knowledge/tasker management, such as

insufficient visibility or availability of knowledge regarding workflows, products, subject matter experts (points-of-contact for data/project queries), and BUMED taskers to medical treatment facilities.

Human Resources (2 Major, 1 Moderate). Focus group participants expressed major/moderate negative impacts on mission execution related to the absence of a command human capital strategy and delays in the hiring process.

Work Hours/Schedule (2 Major, 1 Moderate, 1 Minor). Work schedule flexibility was expressed as a positive impact on productivity, professional development, and QOL (see also, Telework).

Policies (1 Major, 3 Moderate, 1 Minor). Participants expressed various levels of impact on mission execution related to vaguely described gaps in command guidance on interactions with external entities and internal workflows (see also, Workflow).

Professional Knowledge & Development (1 Major, 2 Moderate, 1 Minor). One military focus group participant expressed a major positive impact on the mission and QOL associated with the ability to maintain clinical knowledge, skills, and abilities while working at BUMED headquarters. Related to comments under Manning/Manpower, some military members expressed a moderate/minor negative impact on mission execution due to the absence of corporate knowledge. Lower graded civilian participants expressed a moderate negative impact on QOL due to the absence of professional development training opportunities comparable to military continuing educational units.

Workflow (1 Major, 2 Moderate). Focus group participants working at DHHQ expressed major/moderate negative impacts on mission execution (product delays/rejections) as a function of inadequately defined and nontransparent workflow processes (see also, Policies). In contrast, participants working at off-site locations expressed positive impacts on mission execution related to well-functioning workflow processes.

Workspace (1 Major, 1 Moderate). Two focus groups expressed major and moderate negative impacts on mission execution or job performance due to insufficient workspace for phone conversations that often involve personal information, or baseline noise levels in the workspace.

Joint Environment (1 Major, 1 Moderate, 1 Minor). Senior level focus groups expressed various levels of impact on mission execution as a function of the joint nature of work performed at BUMED. A major positive impact on mission execution was expressed in terms of working with other Services, especially the ease of doing so when personnel are in the same building (DHHQ); however, participants also expressed a moderate/minor negative impact on mission execution when trying to coordinate work efforts with DHA.

Mandatory Training (1 Major, 1 Moderate). Enlisted focus group participants expressed major/moderate challenges related to execution of mandatory training when the workforce is constantly engaged in meetings.

Internet/Corporate Tools (1 Major, 2 Moderate, 2 Minor). Participants expressed various levels of negative impact on the mission and QOL related to computers, electronic devices, and access to corporate technologies and internet sources. The expressed major impact questioned whether sufficient laptops/cellular technologies have been dispersed to personnel who need them so as to avoid additional commuting to the workplace in excess of normal workday transits. Moderate expressed impacts were described as inconsistent VTC/teleconference services in support of remote BUMED personnel, and the inability to access internet video content called to their attention by the Surgeon General on their government workstation.

Parking (1 Major, 1 Moderate). Parking was expressed as a major negative impact on QOL for members who must pay parking fees at the Skyline site. Parking at DHHQ was expressed as a moderate negative impact on the mission in terms of supporting “jointness,” by having different colored spaces and sections of the parking lot for Services. Focus group participants acknowledged the need for VIP reserved spaces as would normally be seen at any DoD location; however, one participant noted, “If [DHHQ is] joint, then why have Service-specific parking?”

Finding a parking space at the Walter Reed National Military Medical Center was mentioned as a moderate negative impact on QOL.

Physical Readiness (1, Major). One focus group participant expressed a major negative impact (losing personnel who could otherwise pass the physical readiness test) on the Navy’s decision to maintain the current body composition analysis standards. [note: this focus group was conducted before NAVADMIN 178/15 was released, announcing several changes to physical readiness program policy.]

Military-Civilian Relationship (1 Major). One civilian focus group expressed a major impact on QOL related to military-civilian relationships in terms of some members in the former group either disrespecting or not having an understanding that the civilian workforce is guided by different rules than military personnel.

Safety (1 Major). Focus group participants expressed a major impediment to mission execution safety when employees are instructed to avoid or not use exits near the command suite during fire drills.

Travel (1 Major). One focus group discussed challenges associated with DHA travel support and approval, expressed as a major negative impact on the mission, job performance, and QOL.

Security (1 Major). Focus group participants expressed a major concern that there has not been an active shooter drill at DHHQ.

Other Topic to Consider

One final topic was identified as having a moderate/minor negative impact by participants:

Equal Employment Opportunity (EEO). Some focus group participants expressed concern regarding the privacy of EEO complaints.

APPENDIX C: Survey Response Frequency Report

Numerical values in the following tables summarize survey responses to forced-choice questions as counts and/or percentages (%). Response codes are listed below in the order that they appear.

- SD Strongly Disagree
- D Disagree
- N Neither Agree nor Disagree...
- A Agree
- SA Strongly Agree

- Negative
- N Neutral
- + Positive

- N Never
- R Rarely
- S Sometimes
- F Frequently
- A Always

Military		Civilian	
Male	Female	Male	Female
93	73	93	105
26%	20%	26%	29%

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.

	1	2	3	4	5	6	7	8	9	10
Count	12	8	16	21	39	20	55	79	65	49
%	3.30%	2.20%	4.40%	5.77%	10.71%	5.49%	15.11%	21.70%	17.86%	13.46%

For each of the factors below, please indicate whether they have a positive, neutral, or negative impact on your QOWL rating.

	+	N	-
Job satisfaction	253	75	36
Leadership support	231	82	51
Leadership opportunities	182	124	58
Workload	172	120	72
Work Hours/Schedule	267	64	33
Advancement opportunities	144	143	77
Awards and recognition	144	143	77
Training opportunities	180	115	69
Command morale	172	122	70
Command climate	193	110	61
Quality of workplace facilities	218	103	43

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

	1	2	3	4	5	6	7	8	9	10
Count	4	2	3	8	16	14	29	80	92	116
%	1.10%	0.55%	0.82%	2.20%	4.40%	3.85%	7.97%	21.98%	25.27%	31.87%

For each of the factors below, please indicate whether they have a positive, neutral, or negative impact on your QOHL rating.

	+	N	-
Quality of home	295	59	10
Quality of the school for dependent children	181	173	10
Quality of the childcare available	117	227	20
Shopping & dining opportunities	305	50	9
Recreational opportunities	306	49	9
Access to spouse employment	179	164	21
Access to medical/dental care	289	53	22
Cost of living	105	109	150

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

SD	D	N	A	SA
7	15	18	60	65
4%	9%	11%	36%	39%

My current work week affords enough time to complete mission tasks in a timely manner while maintaining an acceptable work-home life balance.

SD	D	N	A	SA
13	25	27	59	41
8%	15%	16%	36%	25%

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

SD	D	N	A	SA
7	21	27	83	59
4%	11%	14%	42%	30%

I work more hours than I report in a pay period because I cannot complete all assigned tasks during scheduled work hours.

N	R	S	F	A
50	40	57	28	22
25%	20%	29%	14%	11%

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

SD	D	N	A	SA
20	23	76	57	20
10%	12%	39%	29%	10%

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

SD	D	N	A	SA
19	16	64	57	40
10%	8%	33%	29%	20%

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

SD	D	N	A	SA
23	52	182	74	20
7%	15%	52%	21%	6%

During the last performance evaluation cycle, my supervisor provided me with feedback that enabled me to improve my performance before my formal performance appraisal/EVAL/FITREP.

SD	D	N	A	SA
16	29	50	118	111
5%	9%	15%	36%	34%

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

SD	D	N	A	SA
9	28	47	171	100
3%	8%	13%	48%	28%

My command is concerned about my safety.

SD	D	N	A	SA
2	10	48	165	130
1%	3%	14%	46%	37%

My command has a program in place to address potential safety issues.

SD	D	N	A	SA
3	12	65	166	109
1%	3%	18%	47%	31%

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

SD	D	N	A	SA
0	6	31	132	187
0%	2%	9%	37%	53%

_____ is occurring at my command.

	SD	D	N	A	SA
Fraternization	19%	28%	47%	4%	2%
Favoritism	11%	25%	38%	19%	8%
Gender/Sex Discrimination	24%	31%	38%	5%	1%
Sexual Harassment	29%	33%	36%	1%	1%
Race Discrimination	28%	29%	36%	5%	1%
Hazing	37%	30%	32%	1%	0%

The following tools and resources are adequate to accomplish the command's mission.

	SD	D	N	A	SA
People	6%	15%	13%	39%	26%
Training	6%	10%	21%	41%	22%
Workspace	6%	10%	11%	45%	28%
Computer	2%	4%	8%	50%	36%
Software	3%	9%	11%	47%	30%
Internet	3%	9%	9%	46%	33%
Intranet	3%	4%	15%	46%	32%
Equipment	2%	5%	13%	49%	30%
Materials & Supplies	4%	10%	13%	47%	27%

I have adequate leadership guidance to perform my job successfully.

SD	D	N	A	SA
8	19	58	142	130
2%	5%	16%	40%	36%

Communication down the chain of command is effective.

SD	D	N	A	SA
18	59	77	144	57
5%	17%	22%	41%	16%

Communication up the chain of command is effective.

SD	D	N	A	SA
14	50	93	138	60
4%	14%	26%	39%	17%

My performance evaluations have been fair.

SD	D	N	A	SA
4	9	61	135	145
1%	3%	17%	38%	41%

The awards and recognition program is fair and equitable.

SD	D	N	A	SA
13	31	117	119	74
4%	9%	33%	34%	21%

Military and civilian personnel work well together at my command.

SD	D	N	A	SA
6	12	56	171	109
2%	3%	16%	48%	31%

My command's Equal Opportunity Program (EO - to include Equal Employment Opportunity & Command Managed Equal Opportunity) is effective.

SD	D	N	A	SA
3	11	114	145	81
1%	3%	32%	41%	23%

My command adequately protects my personal information.

SD	D	N	A	SA
5	7	86	161	94
1%	2%	24%	46%	27%

My superiors treat me with respect and consideration.

SD	D	N	A	SA
9	18	33	134	161
3%	5%	9%	38%	45%

My command attempts to resolve command climate issues.

SD	D	N	A	SA
7	16	102	138	90
2%	5%	29%	39%	25%

I have adequate time at work to complete required training.

SD	D	N	A	SA
21	65	68	153	44
6%	19%	19%	44%	13%

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

Yes	No
83	268
24%	76%

When did you receive civilian supervisory training?

<12mos	1-3 yrs	>3 yrs	Never
56	20	1	7
67%	24%	1%	8%

Note: Five respondents did not answer the question.