



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY

2300 E STREET NW

WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 5450.165A

BUMED-M09

26 Jul 2007

BUMED INSTRUCTION 5450.165A

From: Chief, Bureau of Medicine and Surgery
To: All BUMED Codes and Regional Commanders

Subj: OFFICES OF THE SURGEON GENERAL AND CHIEF, BUREAU OF MEDICINE AND SURGERY ORGANIZATION

Ref: (a) OPNAVINST 5430.48D
(b) OPNAVINST 5450.215C
(c) OPNAVNOTE 5430 of 2 Jan 2002
(d) SECNAV WASHINGTON DC 131451Z Jul 2005 (ALNAV 055/05)
(e) OPNAVNOTE 5450 of 10 Aug 2005
(f) OPNAVNOTE 5450 of 29 Sep 2005
(g) OPNAVNOTE 5450 of 1 Nov 2005

Encl: (1) Organizational Functions and Charts
(2) Governance Boards and Meetings

1. Purpose. To describe Chief, Bureau of Medicine and Surgery (BUMED) and subordinate command relationships as outlined in enclosures (1) and (2).

2. Scope. This instruction applies to all Navy Medicine personnel and medical commands.

3. Cancellation. BUMEDINST 5450.165.

4. Policy

a. The Navy Surgeon General (N093) is an OPNAV Principal Official and serves additional duty as Chief, Bureau of Medicine and Surgery per references (a) through (c).

b. The Secretary of the Navy aligned all Navy Medical and Dental Commands under the military command of the Chief, Bureau of Medicine and Surgery per reference (d). To increase efficiencies and standardize processes, the Chief of Naval Operations (CNO) established the Navy Medicine Regional Commands under the authority and military command of the Chief, BUMED per references (e) through (g).

c. Chief, BUMED will continue to provide guiding principles and overarching policies for Navy Medicine, as well as exercise command and control authority. Regional Commanders are charged with governance within their defined geographic or functional areas of responsibility and delegated day-to-day operational control and resource execution authority.

d. Organizational structure changes are only authorized through change transmittals signed by Chief or Vice Chief, BUMED.

5. Responsibilities

a. BUMED Deputy Chiefs of Staff and Regional Commands have responsibility for reviewing their organizational structure and functions; initiating necessary changes to achieve maximum efficiency; avoiding fragmentation and layering; consolidating functions; and assuring program priorities following current needs and availability of resources.

b. Vice Chief, BUMED (M09) must approve all BUMED and Regional organizational changes.

c. Chief of Staff (M09B) is the point of contact and coordinating authority for all change requests.

d. BUMED Secretariat (M09B3) is responsible for maintaining this BUMED instruction, providing administrative assistance to codes as necessary, and reviewing proposed changes for format and content.

6. Action. BUMED Deputy Chiefs of Staff and Regional Commands ensure familiarization and organizational alignment with this instruction.



D. C. ARTHUR

Distribution is electronic only via the Navy Medicine Web site at:
<http://navymedicine.med.navy.mil>

**MISSION AND FUNCTIONS OF
THE SURGEON GENERAL OF THE NAVY AND
CHIEF, BUREAU OF MEDICINE AND SURGERY**

N093/M00, Surgeon General/Chief, Bureau of Medicine and Surgery

1. Mission. Principal advisor to the CNO on the provision of centralized, coordinated policy development, guidance, and professional advice on health service programs for Department of the Navy (DON). Provides oversight on direct and indirect systems for providing health services to all beneficiaries in wartime and peacetime as authorized by law. Acquires sufficient resources to provide health services. Serves additional duty as the Chief, Bureau of Medicine and Surgery.

2. Authority and Responsibilities of the Surgeon General. The authority and responsibilities of the Surgeon General (SG), as an OPNAV Principal Official, are derived from the statutory authority and responsibilities of CNO and Vice Chief of Naval Operations (VCNO) and such other authority and responsibilities as assigned by the Secretary of the Navy (SECNAV). The SG is responsible directly to CNO and VCNO for executing assigned functions and for his or her respective organizational components. Orders issued by the SG in performing their assigned duties have the force and effect of orders issued personally by CNO.

3. OPNAV Coordination Responsibility. In the performance of assigned duties and responsibilities, all officials of OPNAV are authorized and directed, except when otherwise prescribed, to communicate directly with each other and with external organizational authorities whenever cooperative action is appropriate. The objective of coordination is to preclude actions from overlapping, duplicating, or contradicting others or from countering CNO policy. The official assigned primary responsibility for a function is charged with effecting the necessary coordination and liaison required to execute that function.

4. Functions

a. Maintains cognizance of and provides capabilities supporting Force Health Protection requirements to operating Navy and Marine Corps forces in coordination with the Medical Officer of the Marine Corps.

b. Advises CNO on health care issues and medical training programs.

c. Advises the Assistant Secretary of Defense for Health Affairs (ASD(HA)) on Tri-service medical issues.

d. Commands BUMED and shore facilities assigned by CNO in adherence with policies and direction from the Offices of SECNAV, Joint Staff, and Secretary of Defense (SECDEF).

- e. Maintains the health of Navy and Marine Corps active duty members ensuring they are physically and mentally ready to carry out worldwide missions. Ensures Navy Medical personnel and material readiness.
- f. Provides health care delivery to all beneficiaries. Ensures acquisition and execution of health care resources budgeted for health services.
- g. Provides graduate medical and dental education consistent with current professional standards of practice.
- h. Develops and issues health care policies, directives, and publications.
- i. Directs organizational strategy to prevent, protect from, respond to, and recover from threats or attacks involving Navy Medicine. Develops and maintains “defensive weapon” medical capabilities and technologies enhancing medical surveillance, detection, and protection including biomedical research programs.
- j. Implements guidelines and monitors application of entrance, retention, and specialized physical standards examinations for Navy service.
- k. Provides professional and technical guidance for design, construction, manning, and equipping medical assets ashore and afloat.
- l. Conducts inspections of medical treatment facilities (MTFs) and provides investigation assistance on medical matters to Commanders within the Navy and Marine Corps.
- m. Monitors Regional Commanders’ effectiveness and mission performance.
- n. Sponsors and coordinates the Navy’s deployable medical systems (DEPMEDS), to include Expeditionary Medical Facilities (EMF) and hospital ships (T-AH).
- o. Accomplishes other functions as assigned by higher authority.

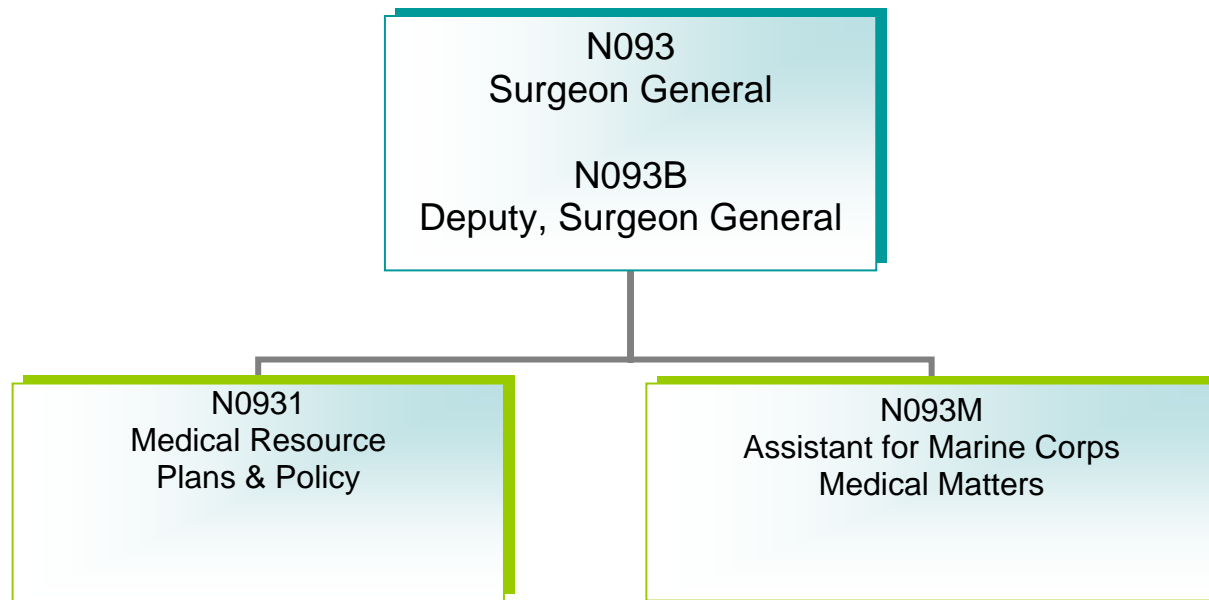
N093B/M09, Deputy Surgeon General/Vice Chief, Bureau of Medicine and Surgery

1. Mission. Principal staff advisor to the SG on all Navy Medicine matters. BUMED Chief Operating Officer. Acts as SG and Chief, BUMED in absence of incumbent for all matters not restricted by law.

2. Functions

- a. Provides oversight of Regional Commands and BUMED.
- b. Coordinates with Department of Defense (DOD), DON, and other Federal and non-governmental agencies for personnel and material readiness, health care delivery, research, and public health needs of the operating forces of the Navy and Marine Corps and other beneficiaries.
- c. Exercises authorities and duties delegated or prescribed by the SG/Chief, BUMED.
- d. Provides oversight of health care management, acquisition, and execution of resources as set by legislation and policy.
- e. Serves as primary liaison with civil authorities in matters pertaining to public health, disasters, and other emergencies.
- f. Serves as primary intergovernmental liaison for other Government and civilian agencies, field commands, and BUMED on matters affecting the administration of Navy Medicine headquarters. Advises and assists representatives of these organizations in the interpretation and application of BUMED policy and provides guidance.

OPNAV Echelon I - Office of the Surgeon General



- Chief of Naval Operations (CNO) is Echelon I.
- The Navy Surgeon General (N093) is the CNO's principal official and also serves as the Chief, BUMED Echelon II.
- The Deputy Surgeon General (N093B) also serves as the Vice Chief, BUMED Echelon II.
- Primary duty of N093M is the Medical Officer of the Marine Corps (TMO).
- N093M advises and assists N093 in all USMC medical matters and is liaison between the Commandant of the Marine Corps (CMC) and N093.

Chief, Bureau of Medicine and Surgery Special Assistants

Special Assistants report to Chief, BUMED as subject matter experts and to the Chief of Staff for issues involving staff administration. By-direction authority is issued to Special Assistants on matters pertaining to their expertise and position.

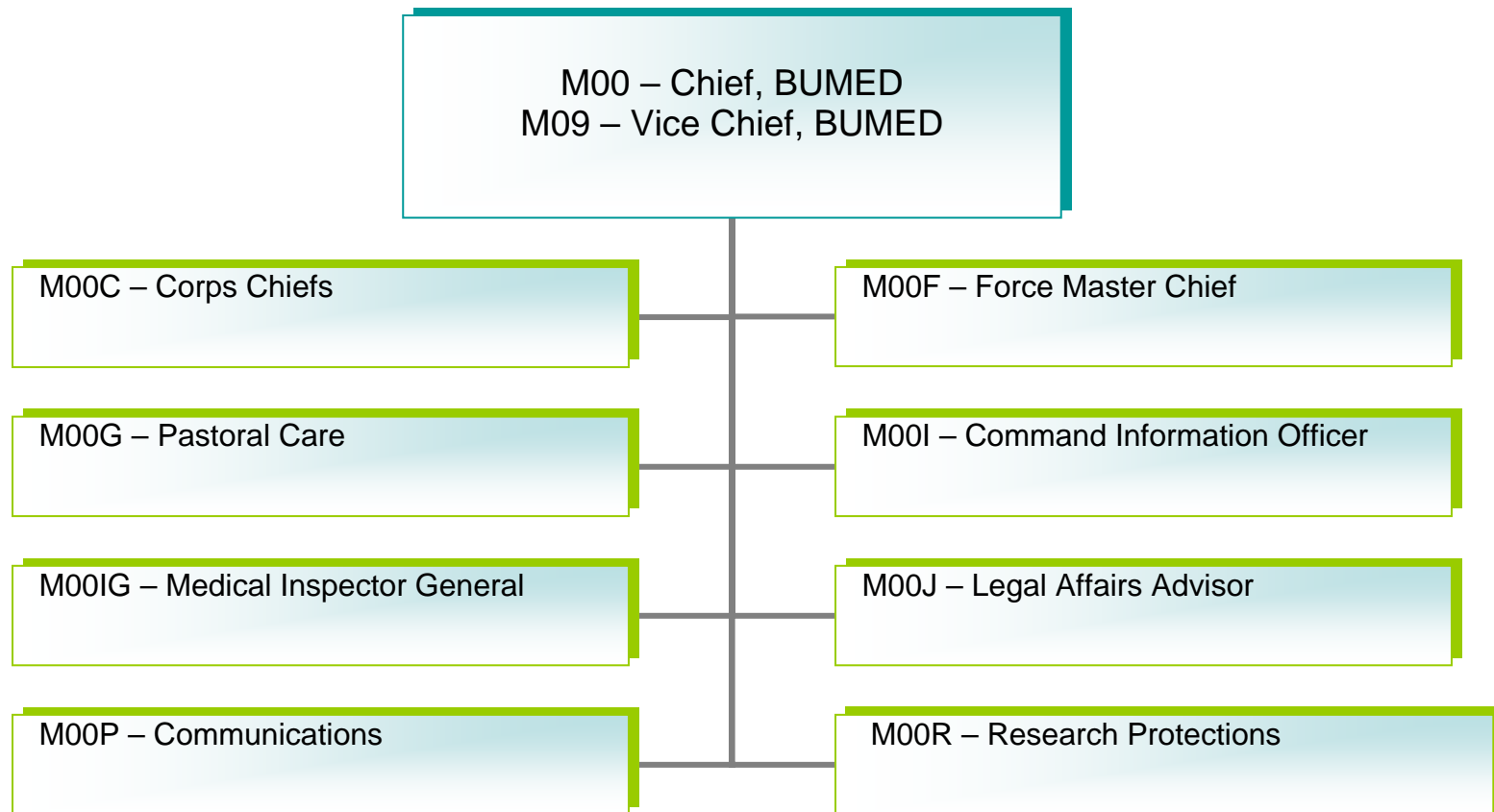
1. M00C, Corps Chiefs. The Corps Chiefs serve as principal advisors to Chief, BUMED for Medical Department Corps matters. Corps Chiefs/Directors manage and direct Corps policy and governance; provide corporate forum addressing community issues; recommend officers for assignment to senior Navy Medicine leadership positions; and develop criteria and processes ensuring the best and most fully qualified personnel are selected for positions of responsibility. The Dental Corps Chief is responsible for performing functions outlined in 10 U.S.C. 513§5138.
2. M00F, Force Master Chief. The Force Master Chief serves as the principal senior enlisted advisor to Chief, BUMED. M00FMC also serves as the Director, Hospital Corps. The Force Master Chief advises Chief, BUMED on matters pertaining to the welfare, health, job satisfaction, retention, morale, utilization, and training of Medical Department enlisted personnel. M00FMC manages and directs Hospital Corps policy and governance; provides corporate forum for addressing enlisted issues; provides corporate representation on the Master Chief Petty Officer of the Navy's (MCPON) senior enlisted advisory panel; develops criteria and processes for the assignment of command senior enlisted leaders ensuring the most fully qualified personnel are selected.
3. M00G, Pastoral Care Director. M00G serves as the principal advisor to the Chief, BUMED on religious matters and issues pertaining to the spiritual health of Navy Medicine personnel. M00G provides coordination, oversight, and guidance to all Navy Medicine pastoral care departments and is the BUMED liaison with Services, DOD, and Federal agency counterparts.
4. M00I, Chief Information Officer (CIO). Advises Navy Surgeon General (N093) and Chief, BUMED (M00) on Information Management/Information Technology (IM/IT) policy affecting Navy Medicine. Chief Information Officer for the Navy Surgeon General (N093) and The Medical Officer of the Marine Corps regarding Military Health System (MHS) IM/IT strategic initiatives. Member of MHS standing boards and IT committees. Navy Medicine's liaison to DON CIO, NMCI, and other IM/IT working groups as assigned. Responsible for Navy Medicine wide IM/IT strategic direction, policy, and standards. Performs additional duties as Director, BUMED office of Information, through BUMED Chief of Staff.
5. M00IG, Medical Inspector General (MEDIG). On behalf of Chief, BUMED, the MEDIG conducts investigations and organizational assessments of and consultation for Navy Medicine. M00IG serves as the BUMED liaison with the Navy Inspector General (IG); the Deputy Navy IG for Marine Corps Matters/Inspector General of the Marine Corps; the Commander, Fleet Forces Command IG; and civilian and government agency inspector offices.

6. M00J, Legal Affairs Advisor. Serves as principal, independent advisor to the Chief, BUMED/SG, for legal matters affecting BUMED, including health law and policy, military justice, government ethics, administrative law, civil law, international law, and personnel law. Advises BUMED leadership, Navy Medicine regional commanders, commanding officers, and their staffs worldwide on medical-legal and bioethical issues. Serves as the senior health law attorney in DON. Supervises legal services of health care law affecting Navy and Navy Medicine operations worldwide. Navy Medicine liaison for medical-legal matters with Office of General Council (OGC) attorneys, military services, DOD, Uniformed Services University of the Health Sciences, Department of Justice, civilian attorneys, and senior Federal Government leadership.

7. M00P, Communications Director. M00P is the principal advisor to Chief, BUMED on internal and external communication requirements for Navy Medicine. M00P responds to public and media inquiries to include requests for information from DOD and congressional representatives. M00P provides public and legislative affairs guidance for Navy Medicine and serves as the liaison with DON, DOD, and members of Congress. M00P maintains the Navy Medicine historical information program.

8. M00R, Research Protections Director. M00R is the principal advisor to Chief, BUMED on human and animal research protections. M00R provides subject matter expertise and direction to the DON Human Research Protection Program (HRPP); humane care and use of animals in research, testing, teaching, and training programs conducted or sponsored by DON activities and administrative review of research protocols. M00R reviews and approves DOD and DON assurances for the protection of human research subjects. M00R provides guidance for obtaining and maintaining accreditation for animal care facilities through the Association for the Assessment and Accreditation of Laboratory Animal Care (AAALAC).

Chief, BUMED Special Assistants



Note: Special Assistants (except M00IG) report to Chief, BUMED as subject matter experts. In matters of BUMED staff management, Special Assistants report to the Chief of Staff. M00IG reports directly to Chief, BUMED.

Command and Control Activities

1. Bureau of Medicine and Surgery. Echelon 2 headquarters activity located at 2300 E Street, NW, Washington, DC 20372-5300. Provides policy oversight and command and control over all Navy Medicine.

a. Command Relationships. Command is central to all military actions, and unity of command is central to unity of effort. Inherent in command is the authority that a military commander lawfully exercises over subordinates in assigning missions and expecting accountability for attainment. Although commanders may delegate authority to accomplish missions, they may not absolve themselves of the responsibility for mission attainment. Commanders have staff to assist them in the decision making and execution process. The staff is an extension of the commander: its sole function is command support. "Staff channel" is a term used to describe the channel by which staff officers contact their counterparts at higher, adjacent, and subordinate headquarters. These staff-to-staff contacts are for coordination and cooperation only. Higher headquarters staff officers exercise no independent authority over subordinate staffs.

b. Regional Commands. There are four Echelon 3 Regional Commands: Navy Medicine East, Navy Medicine West, Navy Medicine National Capital Area, and Navy Medicine Support Command. Flag-level officers, as Regional Commanders, serve as single points of reference for all Navy Medicine health care and support services. Regional Commanders exercise fiscal oversight of subordinate commands. Navy Medicine West, East, and National Capital Area provide execution of medical, dental, and other health care services to their regional area of responsibility in an efficient and effective manner. Navy Medicine Support Command ensures effective execution of support services and exercises command and fiscal oversight of subordinate commands. Regional Commanders report directly to the Chief, Bureau of Medicine and Surgery.

Echelon Chain of Command

- 1 Chief of Naval Operations
- 2 Chief, Bureau of Medicine and Surgery
- 3 Commander, Navy Medicine East, Portsmouth, VA
- 4 Commander, Naval Medical Center, Portsmouth, VA
- 4 Commanding Officer, Naval Hospital, Pensacola, FL
- 4 Commanding Officer, Naval Hospital, Jacksonville, FL
- 4 Commanding Officer, Naval Health Clinic, Corpus Christi, TX
- 4 Commanding Officer, Naval Hospital, Beaufort, SC

Echelon Chain of Command

- 4 Commanding Officer, Naval Health Clinic, Charleston, SC
- 4 Commanding Officer, Naval Health Clinic, Cherry Point, NC
- 4 Commanding Officer, Naval Hospital, Camp Lejeune, NC
- 4 Commanding Officer, Naval Health Clinic, Great Lakes, IL
- 4 Commanding Officer, Naval Health Clinic New England, Newport, RI
- 4 Commanding Officer, U.S. Naval Hospital Naples, IT
- 4 Commanding Officer, U.S. Naval Hospital Sigonella, IT
- 4 Commanding Officer, U.S. Naval Hospital Guantanamo Bay, Cuba
- 4 Commanding Officer, U.S. Naval Hospital Rota, SP

- 3 Commander, Navy Medicine West, San Diego, CA
- 4 Commander, Naval Medical Center, San Diego, CA
- 4 Commanding Officer, Naval Hospital, Twentynine Palms, CA
- 4 Commanding Officer, Naval Hospital, Lemoore, CA
- 4 Commanding Officer, Naval Hospital, Oak Harbor, WA
- 4 Commanding Officer, Naval Hospital, Camp Pendleton, CA
- 4 Commanding Officer, Naval Hospital, Bremerton, WA
- 4 Commanding Officer, Naval Health Clinic, Pearl Harbor, HI
- 4 Commanding Officer, U.S. Naval Hospital, Guam
- 4 Commanding Officer, U.S. Naval Hospital, Yokosuka, JP
- 4 Commanding Officer, U.S. Naval Hospital, Okinawa, JP

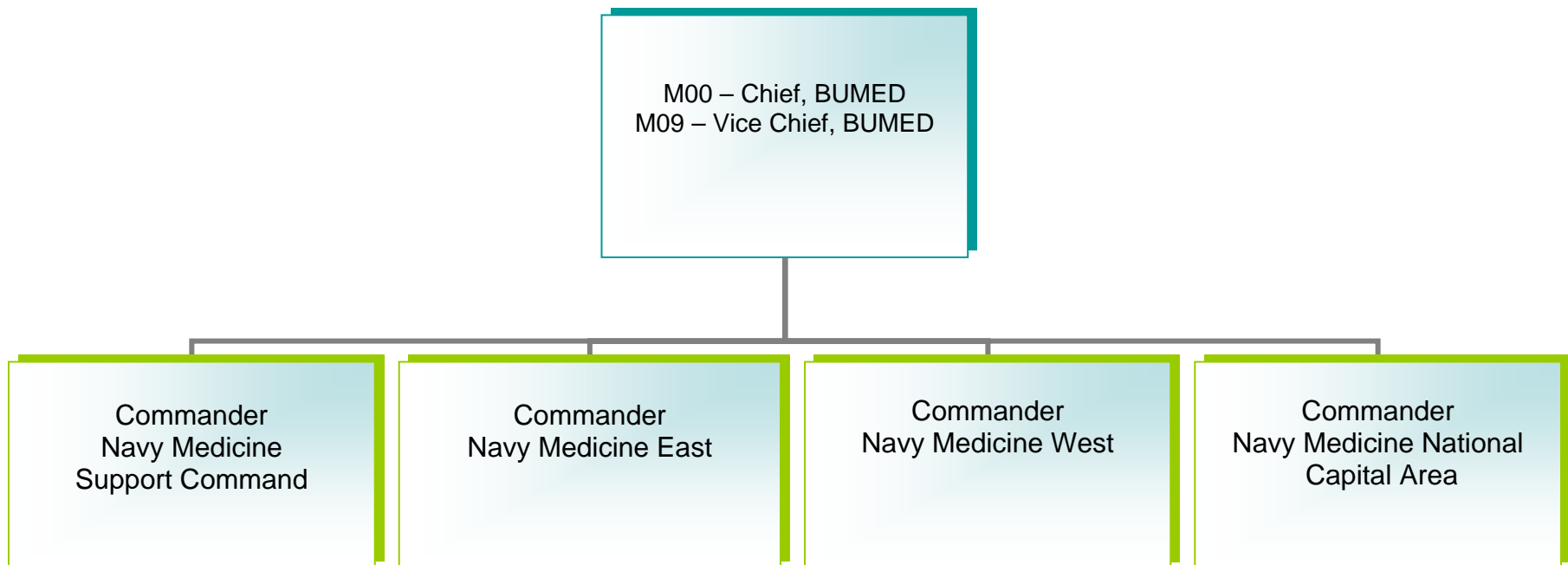
- 3 Commander, Navy Medicine National Capital Area, Bethesda, MD
- 4 Commander, National Naval Medical Center, Bethesda, MD
- 4 Commanding Officer, Naval Health Clinic, Annapolis, MD
- 4 Commanding Officer, Naval Health Clinic, Quantico, VA
- 4 Commanding Officer, Naval Health Clinic, Patuxent River, MD

- 3 Commander, Navy Medicine Support Command, Jacksonville, FL
 (OIC, Navy Medicine Support Command Detachment, Military Medical
 Support Office, Great Lakes, IL)
- 4 Commanding Officer, Naval Medicine Manpower, Personnel, Training and
 Education Command, Bethesda, MD
- 5 Commanding Officer, Naval School of Health Sciences, Portsmouth, VA
- 5 Commanding Officer, Naval School of Health Sciences, San Diego, CA
 (OIC, Naval School of Health Sciences, San Diego Detachment, Academy of
 Health Sciences, Fort Sam Houston, TX)
 (OIC, Naval School of Health Sciences, San Diego Detachment, Sheppard
 AFB, Wichita Falls, TX)
- 5 Commanding Officer, Naval Hospital Corps School, Great Lakes, IL

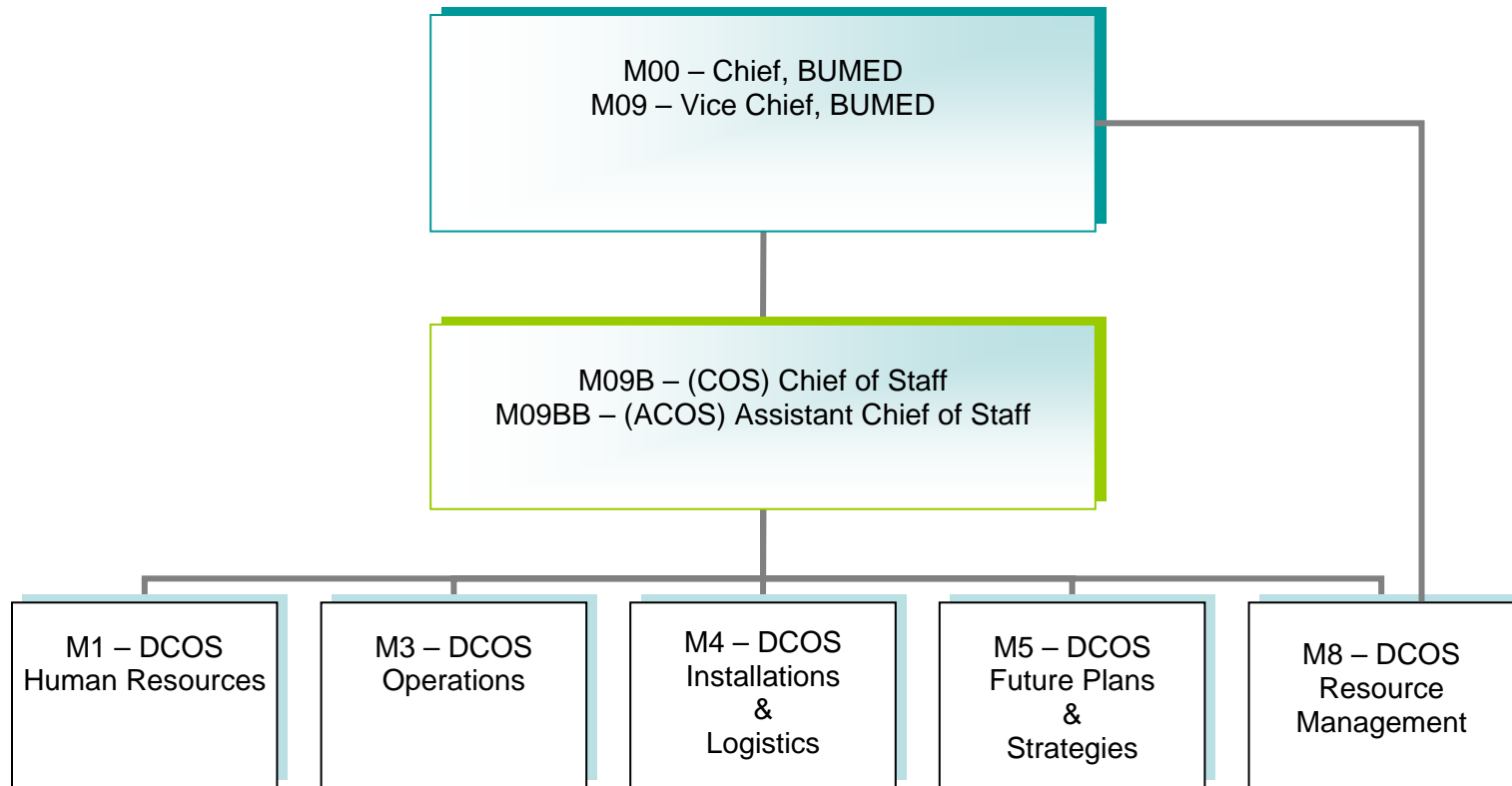
Echelon Chain of Command

- 5 Commanding Officer, Naval Operational Medicine Institute, Pensacola, FL
(OIC, Naval Operational Medicine Institute Detachment, Naval Aerospace
Medicine Institute, Pensacola, FL)
(OIC, Naval Operational Medicine Institute Detachment, Naval Undersea
Medical Institute, Groton, CT)
(OIC, Naval Operational Medicine Institute Detachment, Surface Warfare
Medicine Institute, San Diego, CA)
(OIC, Naval Operational Medicine Institute Detachment, Navy Expeditionary
Medical Training Institute, Camp Pendleton, CA)
- 4 Commanding Officer, Navy Environmental Health Center, Portsmouth, VA
(OIC, Navy Environmental Health Center Detachment, Bethesda, MD)
- 5 Commanding Officer, Navy Drug Screening Lab, Jacksonville, FL
- 5 Commanding Officer, Navy Drug Screening Lab, Great Lakes, IL
- 5 Commanding Officer, Navy Drug Screening Lab, San Diego, CA
- 5 OIC, Navy Environmental & Preventive Medicine Unit No. 2, Norfolk, VA
- 5 OIC, Navy Environmental & Preventive Medicine Unit No. 5, San Diego, CA
- 5 OIC, Navy Environmental & Preventive Medicine Unit No. 6, Pearl Harbor, HI
- 5 OIC, Naval Entomology Center of Excellence, Jacksonville, FL
- 4 Commanding Officer, Naval Medical Logistics Command, Fort Detrick, MD
- 5 Commanding Officer, Naval Ophthalmic Support and Training Activity,
Yorktown, VA
- 5 Commanding Officer, Navy Expeditionary Medical Support Command,
Williamsburg, VA
- 4 Commanding Officer, Naval Medical Research Center, Silver Spring, MD
(OIC, U.S. Naval Medical Research Center Detachment, Lima, Peru)
- 5 Commanding Officer, Naval Institute for Dental and Biomedical Research,
Great Lakes, IL
- 5 Commanding Officer, U.S. Naval Medical Research Unit No. 2, Jakarta,
Indonesia
- 5 Commanding Officer, U.S. Naval Medical Research Unit No. 3, Cairo, Arab
Republic of Egypt
- 5 Commanding Officer, Naval Health Research Center, San Diego, CA
(OIC, Naval Health Research Center Detachment, Environmental Health
Effects Laboratory, Wright-Patterson AFB, OH)
(OIC, Naval Health Research Center Detachment, Directed Energy Bioeffects
Laboratory, Brooks AFB, TX)
- 6 CO, Naval Submarine Medical Research Laboratory, New London, Groton, CT
- 4 Commanding Officer, Naval Medical Information Management Center,
Bethesda, MD

Bureau of Medicine and Surgery Echelon II Command & Control of Regional Commands



Bureau of Medicine and Surgery Echelon II Headquarters for Chief, BUMED



Note: Per SECNAVINST 7000.27A, Comptroller (M8) reports directly to Chief, BUMED for financial matters and reports to Chief of Staff for administrative purposes.

M09B, Chief of Staff

1. Mission. Provides leadership, management, and staff coordination for BUMED Headquarters operations. Point of contact and coordinating authority for Regional Chiefs of Staff. By-direction authority is issued to the Chief of Staff and Assistant Chief of Staff for matters listed below.

2. Functions

a. Provides oversight, coordination, and direction for the BUMED staff and operations. Establishes headquarters priorities, administrative processes, and internal policies.

b. Exercises final approval authority over resource and personnel allocation within the BUMED Headquarters.

c. Serves as primary point of contact for Regional Commands requesting Headquarters administrative action or support services.

d. Directs formation of BUMED Emergency Operations Center Command Cell during crisis response.

e. Coordinates Secretariat to ensure all taskers are accurately assigned, tracked, and completed in a timely manner.

f. Functions as reporting senior for all BUMED enlisted performance evaluation and fitness reports.

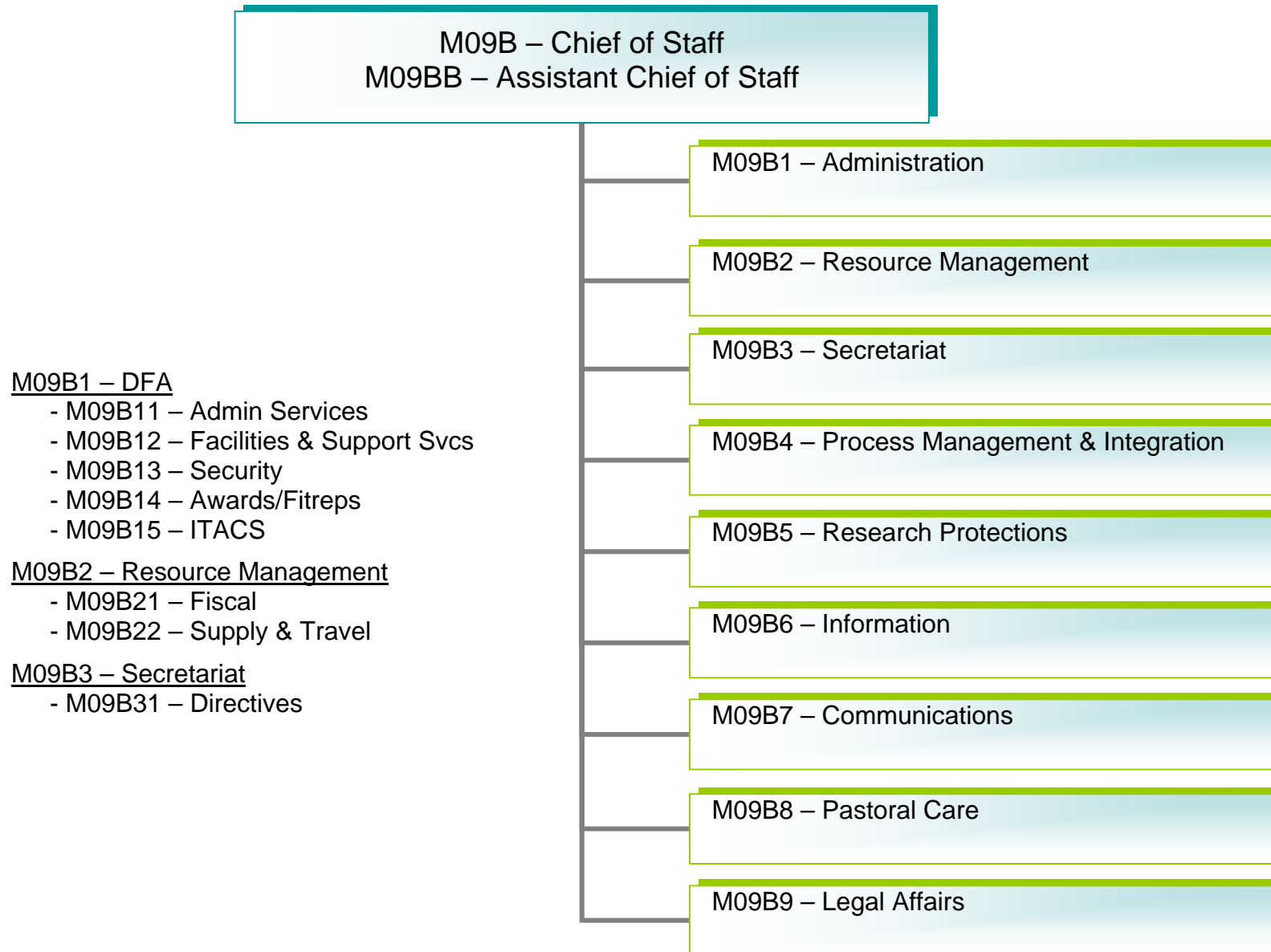
g. Monitors and reports to Chief, BUMED morale and welfare of headquarters personnel.

h. Coordinates with Office of the Attending Physician to Congress.

i. Supervises administrative functions of Special Assistants.

j. Ensures effective coordination and collaboration within BUMED codes and Special Assistants and facilitates communications with BUMED, its field activities, and other entities.

Chief of Staff



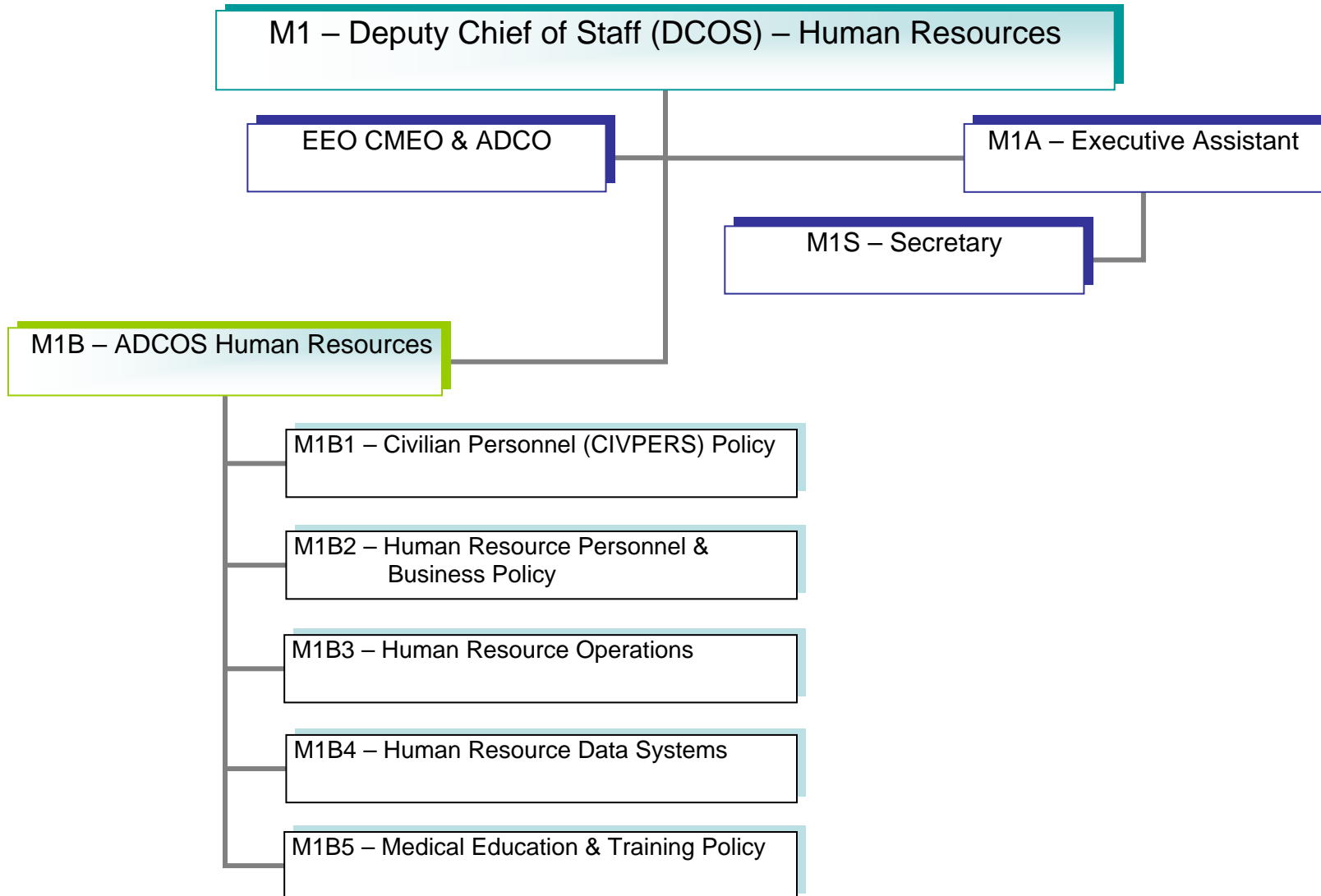
M1, Deputy Chief of Staff for Human Resources

1. Mission. Principal staff advisor for Navy Medicine Total Force (active duty, reserve, civilian, and contractor) manpower, personnel, training and education (MPT&E) policies, programs, and practices. Liaison with Corps Chiefs and Force Master Chief. Budget Submitting Office (BSO) advisor for the Equal Opportunity and Alcohol/Drug Control Programs. By-direction authority is issued to the Deputy Chief and Assistant Deputy Chief of Staff (ADCOS) for Human Resources on matters listed below.

2. Functions

- a. Coordinates and drafts Navy Medicine policy for Total Force requirements.
- b. Provides guidance and coordination for staffing standards and workload, end-strength allocation, recruitment, accession, classification, training, assignment, promotion, advancement, utilization, special pays, and career development. Reports program impacts on personnel and financial resources.
- c. Provides Navy Medicine program oversight for manpower and personnel related Program Objective Memorandum (POM) and budget submissions to higher authority; justifies and tracks Total Force programmed resources through the budget process; executes outcomes.
- d. Provides program oversight for BUMED military and civilian Equal Opportunity Programs.
- e. Provides policy on implementation and enterprise oversight of Navy programs to deter and detect alcohol and drug abuse.
- f. Ensures MPT&E liaison with DOD, DON (to include Navy Personnel Command (NAVPERSCOM)), and Navy and Fleet Commanders.
- g. Provides oversight of Navy Medicine's Diversity Program.

M1 – Human Resources



M3, Deputy Chief of Staff for Operations

1. Mission. Principal staff advisor for Navy Medicine health services. Develops health services policy guidelines and directs the provision of medical and dental services as authorized by law or regulations, including Tricare Program, for Navy and Marine Corps personnel, other Uniformed Services personnel, their family members, retired members and their family members, eligible survivors of deceased members, Federal civilian employees, and other categories of persons. Coordinates and drafts policies and directives related to clinical practice guidelines, current operations and platform readiness plans; public health and safety programs; undersea, surface, aerospace, occupational and preventive medicine programs; Physical Fitness Assessment Program; and special programs pertaining to qualifications and standards review, blood program, substance abuse treatment, human immunodeficiency virus (HIV), women's health, operational survival training, homeland security; and deployment health and combat casualty care. By-direction authority is issued to the Deputy Chief and Assistant Deputy Chief of Staff for Operations on matters listed below.

2. Functions

a. Develops and promotes medical and dental clinical practice strategies and programs improving quality of care, health care outcomes, patient satisfaction, patient privacy, total force protection, and public health services.

b. Coordinates and drafts Navy Medicine policies for beneficiary and SECNAV Designee eligibility, health benefits, decedent affairs, non-navy medical and dental care, health records, medical evacuation, patient satisfaction, and patient disposition. Provides technical guidance for Navy Medicine's Quality Assurance Program specific to by-laws, credentials, and privileges. Manages medical support for: Exceptional Family Member (EFM); Educational and Developmental Intervention Services (EDIS); Suitability Screening; Incapacitation Determination; and Family Advocacy Programs (FAP).

c. Develops and coordinates Navy public health policy.

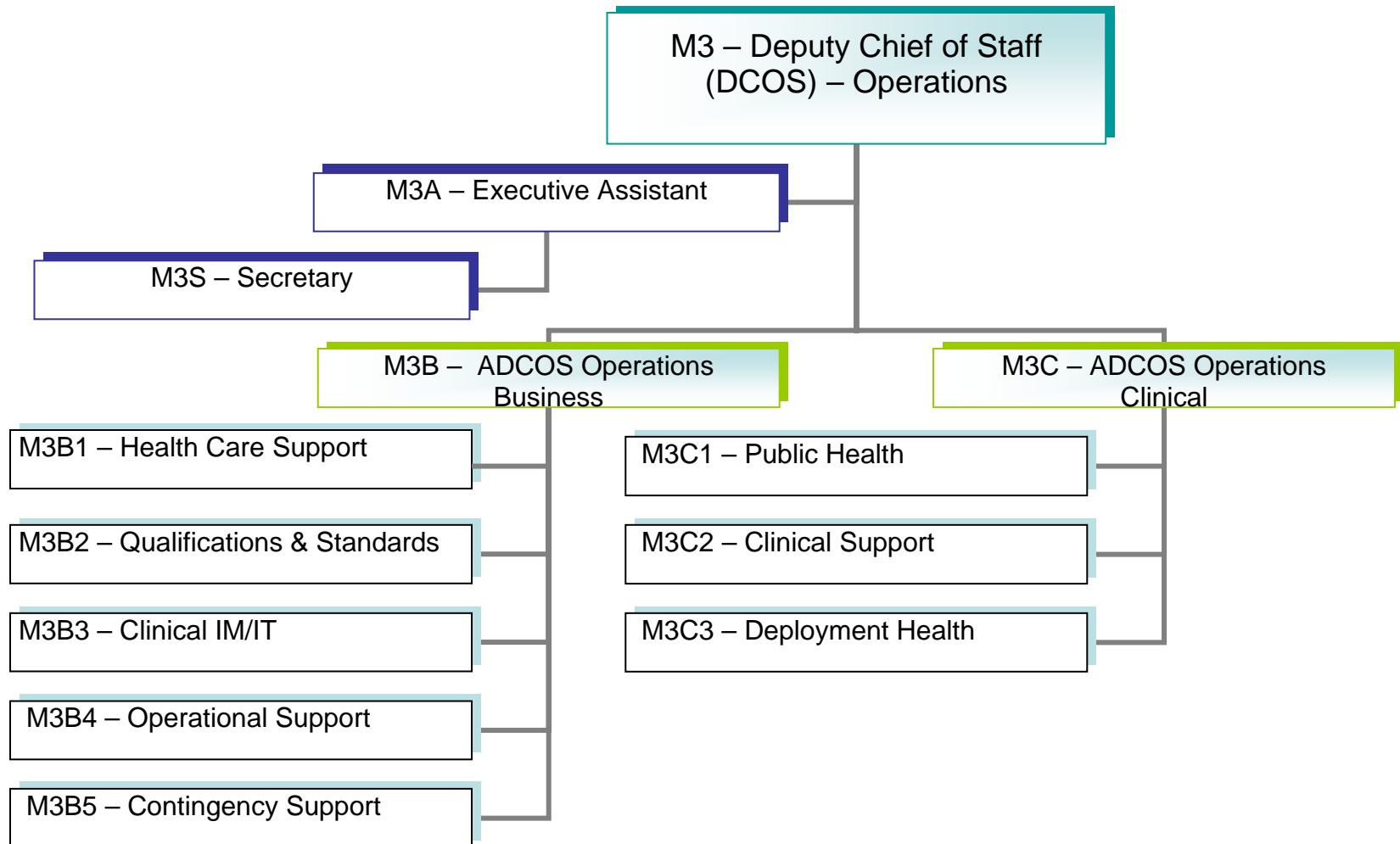
d. Coordinates and drafts Navy Medicine implementation guidance for Organ, Tissue Donation, Transplantation, and Tumor Registry Programs.

e. Develops guidance and tools for MTFs to support development of their annual business plans.

f. Serves as Navy Medicine's primary liaison in providing medical and dental support to the Fleet Surgeons and to the Force Medical Officers of the Navy and Marine Corps.

- g. Provides medical readiness planning to support forces engaged in contingency operations, peacekeeping, and disaster relief missions. Coordinates and drafts Navy Medicine plan supporting civilian-military disaster preparedness partnerships.
- h. Provides oversight of physical standards and qualifications for all accessions, retention, and training programs. Reviews medical waivers and physical qualification standards for specific operational assignments including undersea, aerospace, and special operations.
- i. Directs Navy Blood Program (NBP), ensuring compliance with licensing and regulatory requirements. Provides Navy Medicine guidance for pharmacy, laboratory, and imaging services.
- j. Develops, implements, and monitors substance abuse treatment programs in coordination with line commands, NAVPERSCOM, and Headquarters, U.S. Marine Corps (HQ USMC).

M3 - Operations



M4, Deputy Chief of Staff for Installations and Logistics

1. Mission. Principal Staff Advisor for Installations and Logistics. Assists Chief, BUMED/SG in ensuring that: (1) facilities infrastructure is maintained and developed according to the needs of the Navy; (2) logistical support is provided in an efficient, fiscally responsible manner; (3) compliance with Base Alignment and Closure (BRAC) is guided in a consistent and conscientious way; and (4) installations are as safe, healthy, and supportive as possible.

2. Functions

a. Manages Navy Medicine Life Cycle Facility Management and Military Construction (MILCON) Programs. Provides guidance and consultation for clinical business and facilities management proposals and projects.

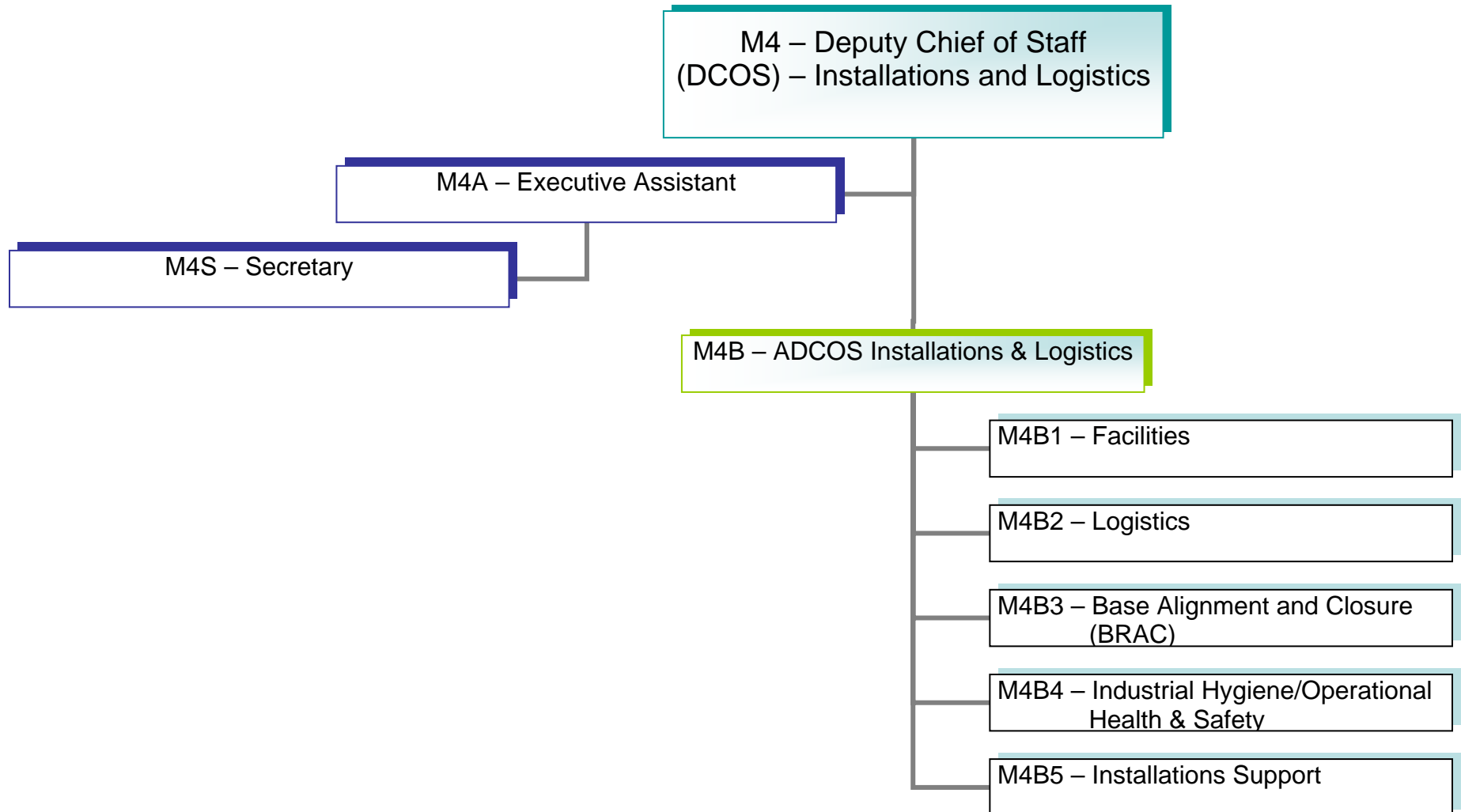
b. Coordinates, drafts policy, and prioritizes medical logistics support systems, contractual agreements, and technologies.

c. Assures compliance with requirements of BRAC while continuing to meet the needs of the Military Healthcare System (MHS).

d. Develops, implements, and monitors Safety and Industrial Hygiene Programs in coordination with line commands, NAVPERSCOM, and HQ USMC.

e. Provides oversight for installations, for a wide range of support services for Sailors and their families, and for compliance with the environmental program.

M4 – Installations and Logistics



M5, Deputy Chief of Staff for Future Plans and Strategies

1. Mission. Principal staff advisor for Navy Medicine future planning. Project and recommend Naval Health Service Support to meet the National Military Strategy. Project and recommend Navy Medicine plans, policy, and requirements supporting joint doctrine. By-direction authority is issued to the Deputy Chief and Assistant Deputy Chief of Staff for Future Plans and Strategies on matters listed below.

2. Functions

a. Integrates future Navy and Marine Corps Health Service Support based on line requirements and projected transformation of Expeditionary, Undersea, Surface, and Aerospace Medicine Programs.

b. Develops, in conjunction with OPNAV, future land and sea based medical delivery capabilities consistent with Fleet and Fleet Marine Force requirements.

c. Monitors global threats and assesses risks against Navy medical resources, manning and training capabilities. Provides gap analysis and recommends solutions.

d. Develops, in conjunction with Navy Medical Support Command, priorities for research and development across the full spectrum of operational requirements in support of Navy and Marine Corps future strategies.

e. Coordinates action with the Navy and Marine Corps in transforming future medical capabilities utilizing the Joint Capabilities Integration and Development System.

f. Maintains liaison with Coalition, Joint, Service, government agencies, and non-government organizations for health services development and standardization.

g. Collaborates with the Office of the Chief of Naval Operations (OPNAV), Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM), and the Marine Corps on Navy Medicine participation in operational exercises. Designs concept plans and evaluates outcomes that impact health service support capabilities.

h. Coordinates with Naval Warfare Development Command on doctrine development, review, and maintenance related to Navy Medicine operational capabilities.

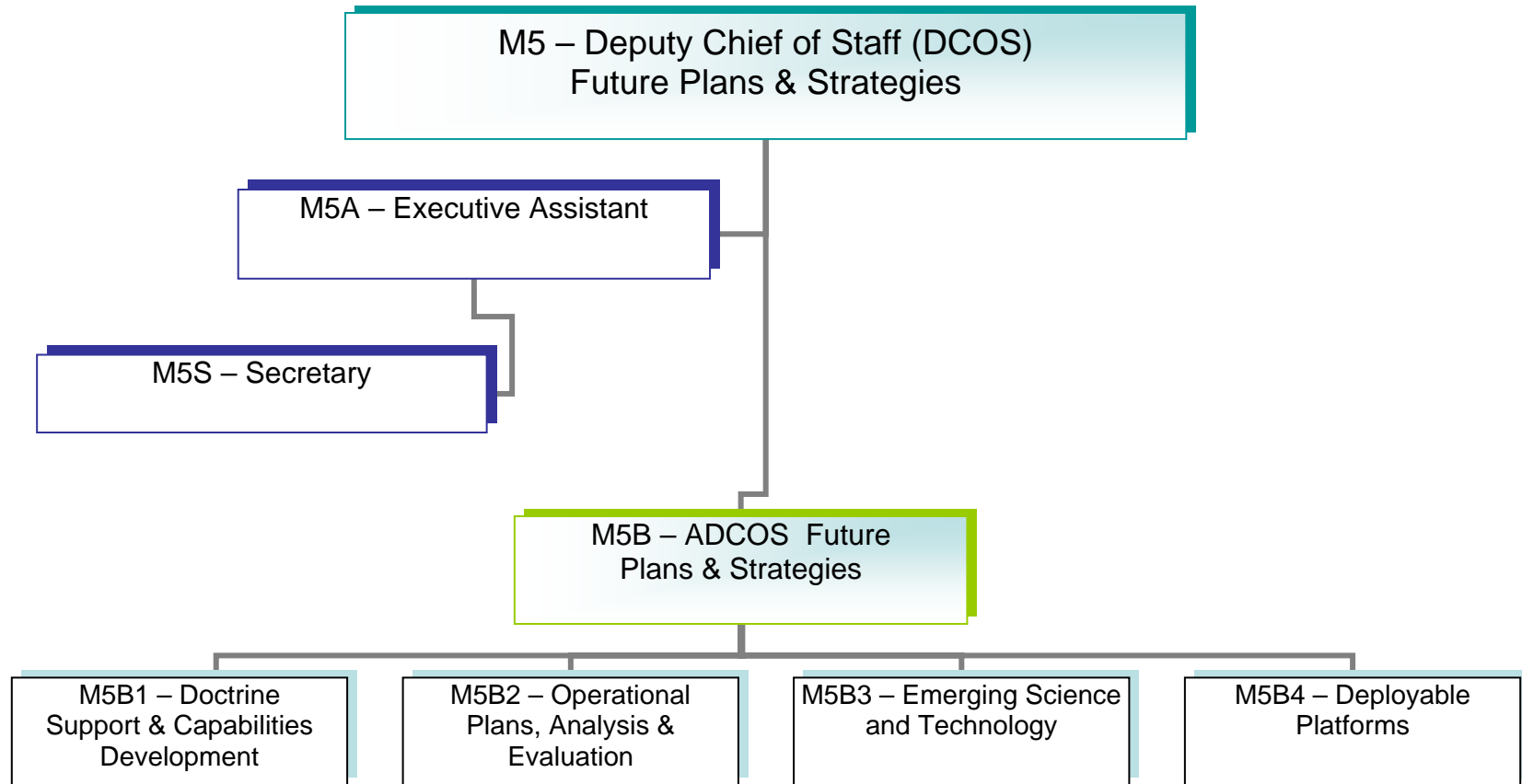
i. Represents Navy Medicine on Joint, Coalition, Service, and other government agencies committees and work groups.

j. Collaborates with OPNAV, COMUSFLTFORCOM, and BUMED on the development of operational platform Future Year Defense Program (FYDP) resource requirements.

BUMEDINST 5450.165A
26 Jul 2007

k. Performs program management functions for the Deployable Medical Systems (DEPMEDS). Program management includes evaluation of current operations, planning for life-cycle management sustainability and future capacity.

M5 – Future Plans and Strategies



M8, Deputy Chief of Staff for Resource Management/Comptroller

1. Mission. Principal advisor for financial resources and fiduciary processes in response to OPNAV, SECNAV, SECDEF, Office of Management and Budget (OMB), and Congress. Develops principles, policies, and procedures ensuring effective financial resource management. By-direction authority is issued to the Deputy Chief and Assistant Deputy Chief of Staff for Resource Management on matters listed below.

2. Functions

a. Interprets DON and OSD financial guidance; develops BUMED policies for budget process execution. Provides procedures and feedback mechanisms ensuring fiduciary responsibilities are supported with timely appraisal to BUMED, DON, and OSD. Additional duty (ADDU) to Assistant Secretary of the Navy (Financial Management and Comptroller (ASN (FM&C)) per SECNAVINST 7200.27A.

b. Advises Headquarters and Regional Commands on financial effects of higher authority proposed directions and policies. Formulates Navy Medicine position on proposals and counter proposals.

c. Represents Navy Medicine for resource matters to DOD and DON.

d. Advises on resource implications of proposed ASD(HA)/TMA, OMB, congressional policies, and proposed policies of the Army and Air Force with Tri-service implications.

e. Maintains Navy Medicine financial control, jurisdiction, and statutory responsibility subject to 31 U.S.C. §1517 and §1301(a) for all appropriations. Issues resource authorizations to Regional Commands. Monitors and provides guidance on resource execution.

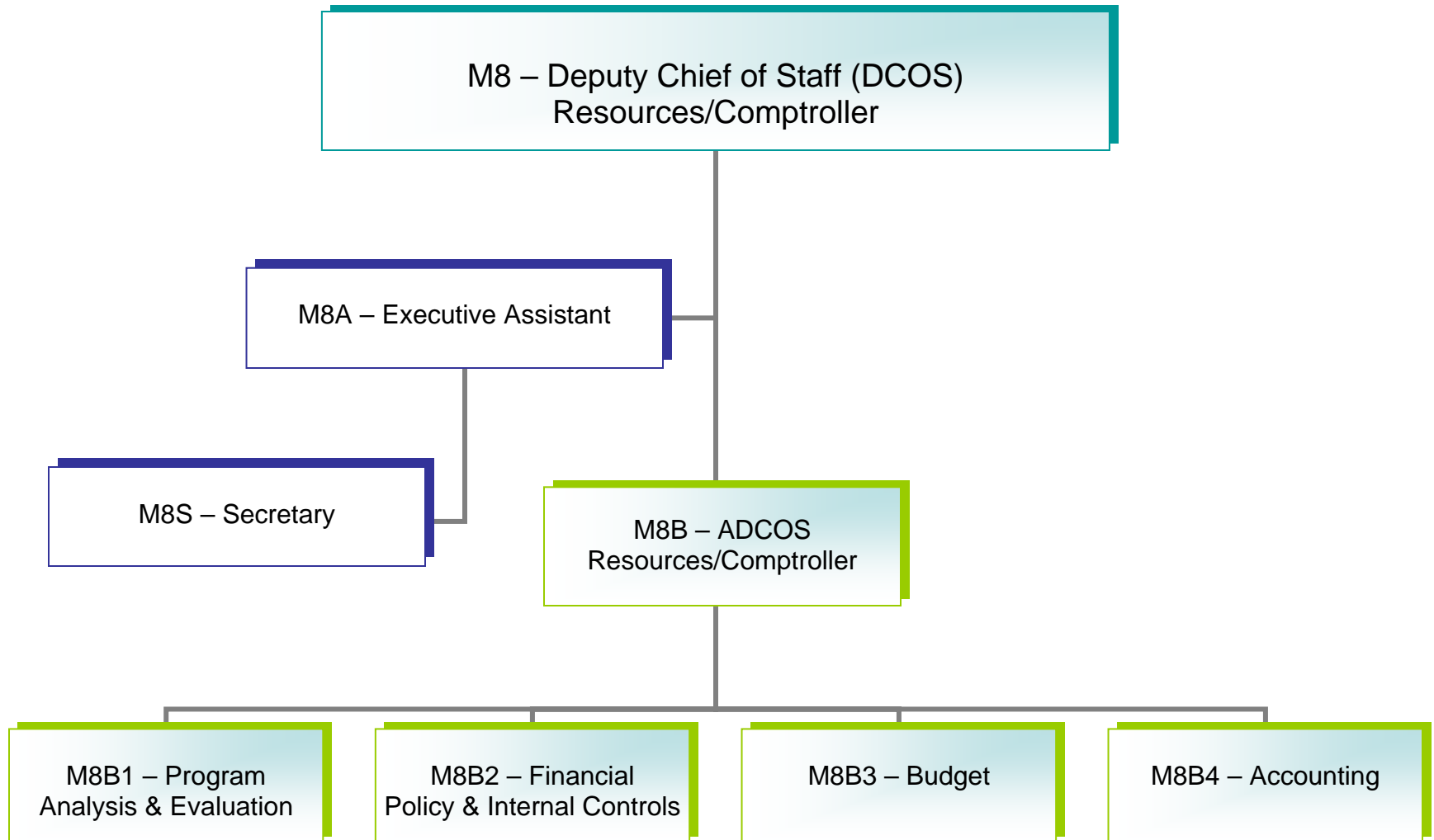
f. Conducts and integrates planning and programming into the budget process by translating manpower, material resources, and facility requirements into phased financial resources. Builds POM submission for future Defense Health Programs (DHP) requirements.

g. Reviews and makes recommendations on approval requests for all comptroller organizations of subordinate activities.

h. Oversees Manager's Internal Control Program for all Navy Medicine commands.

i. Advises Corporate Executive Board (CEB) and Regional Commanders on matters pertaining to planning, programming, budgeting, and execution.

M8 - Resources



Governance Boards and Meetings

Flag Council

Flag-level advisory and information forum. Meets quarterly, chaired by Chief, BUMED.

Corporate Executive Board (CEB)

BUMED, TMO, and OPNAV Flag and senior civilian leadership and Force Master Chief meeting to discuss strategy, policy, resources, performance, and organizational alignment issues. Weekly meetings are chaired by Vice Chief, BUMED. CEB and Regional Commanders comprise the Resource Requirements Review Board per BUMEDINST 5420.14A.

Council of Corps Chiefs

Forum to discuss career development, Senior Executive Management, Senior Operational/Major Staff slates, Total Force Integration strategy, cultural diversity strategy, and Navy Medicine leadership competencies. Monthly meetings chaired by Vice Chief, BUMED.

Regional Commander Business Meeting

BUMED and Regional Command leadership forum to discuss health care and support delivery issues, resources, and business plan performance. Bi-weekly meetings chaired by Vice Chief, BUMED.

Regional Chief of Staff Business Meeting

BUMED and Regional Chiefs of Staff leadership forum to discuss health care and support delivery issues, resources, and business plan performance. Bi-weekly meetings chaired by Chief of Staff, BUMED.

Deputy Chief of Staff Business Meeting

Chartered by BUMED Chief of Staff to conduct BUMED Headquarters specific business functions. Membership includes Assistant Deputies of the CEB members. Routine functions include: Position Management Board; Space Utilization Board; and conducting monthly Informational Forum. Weekly meetings chaired by Deputy Chief of Staff, BUMED.

BUMED Executive Assistant Meeting

Forum to share current information on upcoming BUMED activities/responsibilities and policy changes and facilitate timely communication across Codes. Attendees include Code EAs and Administrative Assistants. Weekly meetings chaired by BUMED Chief of Staff's EA.