



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 5450.165B CH-2
BUMED-M09
15 Jun 2011

BUMED INSTRUCTION 5450.165B CHANGE TRANSMITTAL 2

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

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

Encl: (1) Revised Pages 5-8 and new pages 9 and 10 of enclosure (1) to the basic instruction

1. Purpose. To realign Navy Medical Support Command under Bureau of Medicine and Surgery and update the Echelon – Chain of Command listing.
2. Action. Remove page 5-8 of enclosure (1) to the basic instruction and replace with enclosure (1) of this change transmittal.
3. Retain. For record purposes, keep this change transmittal in front of the basic instruction.


A. M. ROBINSON, JR.

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DEPARTMENT OF THE NAVY
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2300 E STREET NW
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IN REPLY REFER TO:
BUMEDINST 5450.165B CH-1
BUMED-M09
5 Nov 2010

BUMED INSTRUCTION 5450.165B CHANGE TRANSMITTAL 1

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

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

Encl: (1) Revised Page 8 of enclosure (1) to the basic instruction

1. Purpose. To remove three items from the Navy Medicine Support Command Echelon – Chain of Command listing.
2. Action. Remove page 8 of enclosure (1) to the basic instruction and replace with enclosure (1) of this change transmittal.
3. Retain. For record purposes, keep this change transmittal in front of the basic instruction.

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IN REPLY REFER TO
BUMEDINST 5450.165B
BUMED-M09
22 Oct 2010

BUMED INSTRUCTION 5450.165B

From: Chief, Bureau of Medicine and Surgery
To: All Navy Medicine 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 5450.165A.

4. Policy

a. The Navy Surgeon General (N093) is an OPNAV Principal Official and serves additional duty as Chief, BUMED 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, BUMED per reference (d). To increase efficiencies and standardize processes, the Chief of Naval Operations (CNO) established the Navy Medicine Region 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. Navy Medicine 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, BUMED.

22 Oct 2010

5. Responsibilities

a. Navy Medicine Regional Commanders 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. Chief, BUMED must approve all Navy Medicine Region 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. Navy Medicine Regional Commanders ensure familiarization and organizational alignment with this instruction.



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

N093/M00, Surgeon General (SG)/Chief, Bureau of Medicine and Surgery (BUMED)

1. Mission. Principal advisor to the Chief, of Naval Operations (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 SG, as an Office of Naval Operations (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 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.

- 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 readiness of Navy Medical personnel and material.
- 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 and provides investigation assistance on medical matters to Commanders within the Navy and Marine Corps.
- m. Monitors Navy Medicine Regional Commanders’ effectiveness and mission performance.
- n. Sponsors and coordinates the Navy’s deployable medical systems, to include Expeditionary Medical Facilities and hospital ships (T-AH).
- o. Accomplishes other functions as assigned by higher authority.

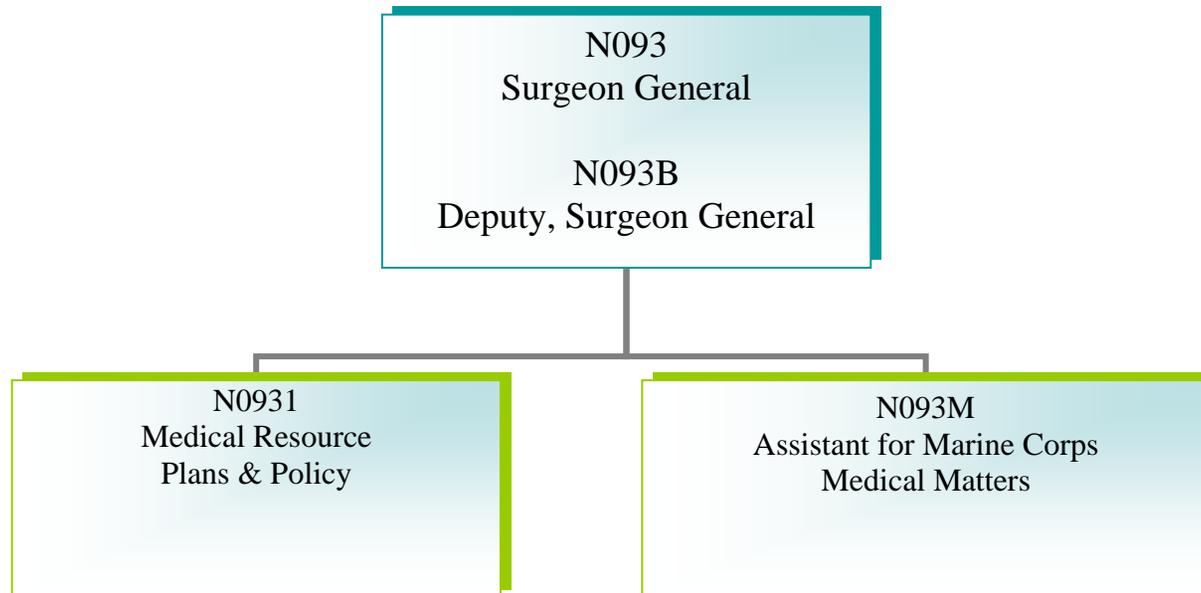
N093B/M09, Deputy Surgeon General/Deputy Chief, Bureau of Medicine and Surgery

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 Navy Medicine Region Commands and BUMED.
- b. Coordinates with Department of Defense, 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 Deputy Chief, BUMED Echelon II.
- Primary duty of N093M is The Medical Officer of the Marine Corps.
- N093M advises and assists N093 in all United States Marine Corps medical matters and is liaison between the Commandant of the Marine Corps and N093.

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. Navy Medicine Region 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 Navy Medicine Regional Commanders, serve as single points of reference for all Navy Medicine health care and support services. Navy Medicine 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 (NMSC) ensures effective execution of support services and exercises command and fiscal oversight of subordinate commands. Navy Medicine Regional Commanders report directly to the Chief, Bureau of Medicine and Surgery.

c. Non-Regional Echelon 3 Commands Reporting Directly to Bureau of Medicine and Surgery. There are three Non-Regional Echelon 3 Commands that report directly to the Bureau of Medicine and Surgery: Naval Medical Research Center (NMRC), Naval Medical Logistics Command (NMLC), and Navy Medicine Information Systems Support Activity (NAVMISSA). These commands provide execution of medical research, medical logistical, and medical information support services in support of the Bureau of Medicine and Surgery and Regional Commands. Non-Regional Echelon 3 Commands report directly to the Deputy Chief, Bureau of Medicine and Surgery. Formerly aligned under NMSC, these commands will continue to receive the following support services from NMSC:

- Compliance review of Command special programs
- Health Insurance Portability and Accountability Act/Privacy Program oversight
- Base Realignment and Closure manpower coordination
- Civilian Drug Free Workplace Program review
- Command Individual Augmentation coordination

- Plan Operations Medical Intelligence function
- “Fit to Fill” oversight and compliance
- Manning document review
- Facilities Management
- Regional Information Systems Officer support
- Resource Management and Accountability functions
- Safety Program Management
- Occupational Health Program Management
- Planning and Performance Monitoring
- Data Quality Management Control Program
- Executive Research Advisory Board support
- Wounded, Ill, and Injured Champion for Surveillance Domain
- Lean Six Sigma Program
- Command Evaluation Program
- Hotline Program

As it pertains to the sourcing Individual Augmentee, Temporary Additional Duty, and Health Services Augmentation Program requirements, NMSC will retain the authority to task all commands formerly under its purview (i.e., Naval medical Logistics Command, Naval Medical Research Command, and Navy Medicine Information Systems Support Activity, and their respective sub-UIC). Should an NMSC-tasked command determine it cannot support the tasking, it must submit a reclama in accordance with the BUMED Individual Augmentation business rules. The routing process for the reclama will be as follows: (1) NMSC (for first endorsement); (2) BUMED Chief of Staff (for endorsement); (3) Director or Deputy Director BUMED M3/5, Contingency Support for final disposition.

The following support services will transition to BUMED:

- Awards board (Meritorious Service Medal and above)
- Correspondence control and tracking
- Enterprise Knowledge Management (eKM) tasking and tracking
- Commanding Officer Fitness Reports
- Fitness Reports and Evaluation Program review
- Civilian Recognition Program
- Judge Advocate General functions
- Enlisted Matters
- Monthly Performance Metrics
- Diversity Program compliance review
- Navy Retention and Career Development review
- Annual review of Mission, Functions, and Tasks Statements
- Billet Change Request review
- Manning Advocacy (Detailer/Placement Officer)
- Security Manager Support

Commercial Activities annual review
Fraud, Waste, Mismanagement Program review
Investigations outside the scope of the Commanding Officer
Navy and Navy Medicine Inspector General (IG) report review and monitoring of
Interim Status Reviews (ISRs)

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
- 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, Federal Health Care Center, Great Lakes, IL
- 4 Commanding Officer, Naval Health Clinic New England, Newport, RI
- 4 Commanding Officer, U.S. Naval Hospital Naples, Italy
- 4 Commanding Officer, U.S. Naval Hospital Sigonella, Italy
- 4 Commanding Officer, U.S. Naval Hospital Guantanamo Bay, Cuba
- 4 Commanding Officer, U.S. Naval Hospital Rota, Spain

- 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, Japan
- 4 Commanding Officer, U.S. Naval Hospital, Okinawa, Japan
- 4 Commanding Officer, Naval Dental Center, Camp Pendleton, CA
- 4 Commanding Officer, U.S. Naval Dental Center, Okinawa, Japan

Echelon Chain of Command

- 3 Commander, Navy Medicine National Capital Area, Bethesda, MD
- 4 Commander, National Naval Medical Center, Bethesda, MD (Administrative Control only. Operational Control to the Joint Task Force National Capital Region Medical)
- 4 Commanding Officer, Naval Health Clinic, Annapolis, MD
- 5 Clinic Director, Branch Health Clinic Willow Grove, PA
- 5 Clinic Director, Branch Health Clinic Philadelphia Naval Shipyard

- 5 Officer in Charge, Branch Health Clinic Lakehurst, Lakehurst, NJ
- 5 Officer in Charge, Branch Health Clinic Earle, Earle, NJ
- 5 Clinic Director, Mechanicsburg, Mechanicsburg, PA

- 4 Commanding Officer, Naval Health Clinic, Quantico, VA
- 5 Clinic Director, Branch Health Clinic, Washington Navy Yard, Anacostia, MD
- 5 Clinic Director, Branch Health Clinic, Sugargrove, VA
- 5 Clinic Director, Branch Health Clinic, Arlington Annex, Arlington, VA
- 4 Commanding Officer, Naval Health Clinic, Patuxent River, MD
- 5 Officer in Charge, Branch Health Clinic Dahlgren, Dahlgren, MD
- 5 Officer in Charge, Branch Health Clinic Indian Head, Indian Head, MD
- 5 Clinic Director, Branch Health Clinic Washington, Andrews Air Force Base, MD

- 3 Commander, Navy Medicine Support Command, Jacksonville, FL
(Officer in Charge, 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
(Officer in Charge, Naval School of Health Sciences, San Diego Detachment, Academy of Health Sciences, Fort Sam Houston, TX)
(Officer in Charge, Naval School of Health Sciences, San Diego Detachment, Sheppard AFB, Wichita Falls, TX)
- 5 Commanding Officer, Naval Hospital Corps School, Great Lakes, IL
- 5 Commanding Officer, Naval Operational Medicine Institute, Pensacola, FL
(Officer in Charge, Naval Operational Medicine Institute Detachment, Naval Aerospace Medicine Institute, Pensacola, FL)
(Officer in Charge, Naval Operational Medicine Institute Detachment, Naval Undersea Medical Institute, Groton, CT)
(Officer in Charge, Naval Operational Medicine Institute Detachment, Surface Warfare Medicine Institute, San Diego, CA)
(Officer in Charge, Naval Operational Medicine Institute Detachment, Navy

Echelon Chain of Command

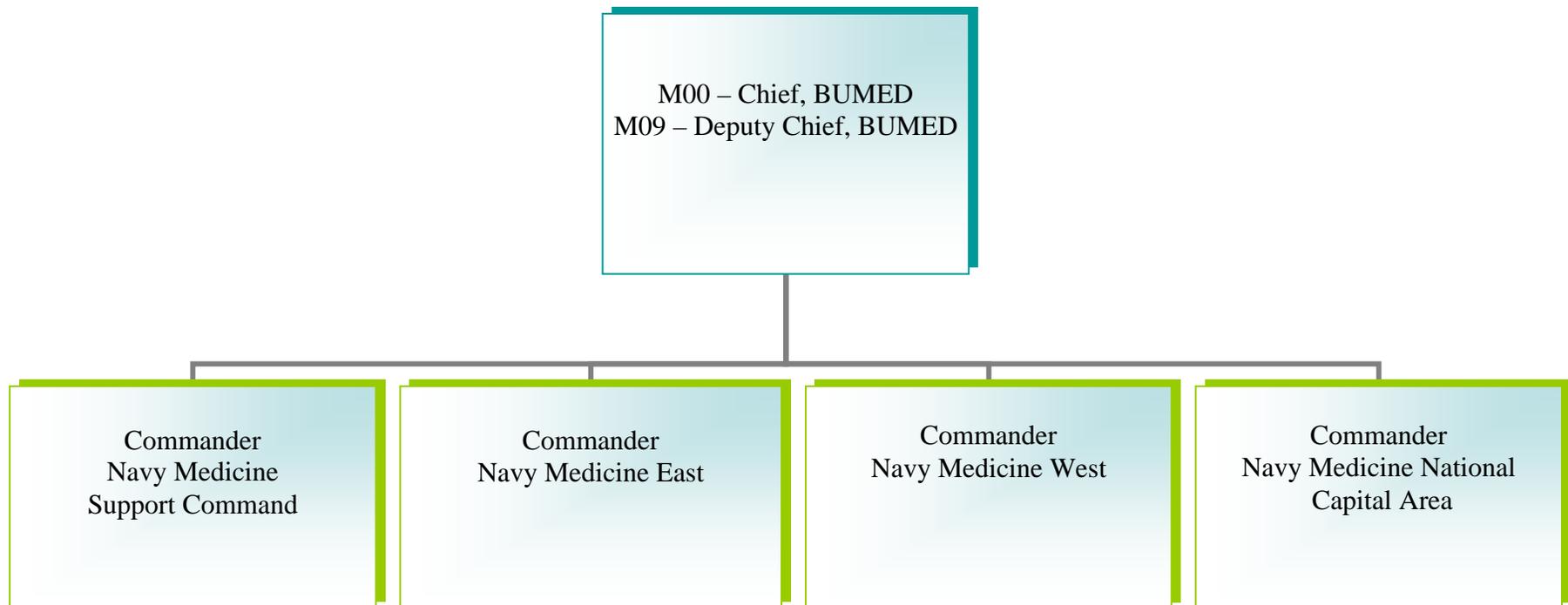
- Expeditionary Medical Training Institute, Camp Pendleton, CA)
(Officer in Charge, Naval Operational Medicine Institute Detachment, Navy Special
Operation Medicine Training Institute, Fort Bragg, NC)
(Officer in Charge, Naval Operational Medicine Institute Detachment, Naval Survival
Training Institute, Pensacola, FL)
Commanding Officer, Navy Medical Training Command, Fort Sam Houston, TX
- 4 Commanding Officer, Navy and Marine Corps Public Health Center, Portsmouth, VA
(Officer in Charge, Navy and Marine Corps Public 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 Officer in Charge, Navy Environmental & Preventive Medicine Unit No. 2,
Norfolk, VA
- 5 Officer in Charge, Navy Environmental & Preventive Medicine Unit No. 5, San
Diego, CA
- 5 Officer in Charge, Navy Environmental & Preventive Medicine Unit No. 6, Pearl
Harbor, HI
- 5 Officer in Charge, Naval Entomology Center of Excellence, Jacksonville, FL
- 5 Officer in Charge, Naval Dosimetry Center, Bethesda, MD
- 5 Officer in Charge, Navy Central HIV Program Bethesda, MD
- 3 Commanding Officer, Naval Medical Logistics Command, Fort Detrick, MD
(Officer in Charge, Naval Medical Logistics Command Detachment Pirmasens,
Germany)
- 4 Commanding Officer, Naval Ophthalmic Support and Training Activity,
Yorktown, VA
- 4 Commanding Officer, Navy Expeditionary Medical Support Command,
Williamsburg, VA
- 3 Commanding Officer, Naval Medical Research Center, Silver Spring, MD
- 4 Commanding Officer, U.S. Naval Medical Research Unit No. 2, Pacific, Pearl
Harbor, Hawaii
- 4 Commanding Officer, U.S. Naval Medical Research Unit No. 3, Cairo, Arab
Republic of Egypt
- 4 Commanding Officer, U.S. Naval Medical Research Center Unit No. 6, Lima, Peru
- 4 Commanding Officer, Naval Health Research Center, San Diego, CA
(Officer in Charge, Naval Health Research Center Detachment, Naval Aerospace
Medical Research Laboratory, Pensacola, FL)

Echelon Chain of Command

- 4 Commanding Officer, U.S. Naval Medical Research Unit San Antonio, TX
- 4 Commanding Officer, U.S. Naval Medical Research Unit Dayton, OH
- 4 Commanding Officer, Naval Submarine Medical Research Laboratory, New London,
Groton, CT

- 3 Commanding Officer, Navy Medicine Information Systems Support Activity,
San Antonio, TX

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



Governance Boards and Meetings

Corporate Executive Board (CEB)

BUMED, The Medical Officer of the Marine Corps, 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 Deputy Chief, BUMED. CEB and Navy Medicine Regional Commanders comprise the Resource Requirements Review Board per BUMEDINST 5420.14A.

Regional Chief of Staff Business Meeting

BUMED and Navy Medicine Region Command Chiefs of Staff leadership forum to discuss health care and support delivery issues, resources, and business plan performance. Monthly meetings are chaired by the BUMED Chief of Staff.