



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 5370.3
BUMED-M00IG
26 Apr 2006

BUMED INSTRUCTION 5370.3

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE HOTLINE PROGRAM

Ref: (a) DOD Directive 7050.1 of 4 Jan 1999
(b) NAVINSGEN Investigations Guide
(c) NAVINSGEN Investigations Manual
(d) U.S. Navy Regulations, 1990
(e) SECNAVINST 5430.92B
(f) SECNAVINST 5370.7C
(g) 10 U.S.C. 1034
(h) DOD Directive 7050.6 of 23 Jun 2000
(i) U.S. Code, Title 18
(j) Uniformed Code of Military Justice
(k) NAVINSGEN Official Web site (<http://www.IG.navy.mil>)
(l) SECNAV Manual M-5210.1 (http://neds.daps.dla.mil/Directives/5210_1.pdf)
(m) 5 U.S.C. 552
(n) 5 U.S.C. 552a
(o) SECNAVINST 5210.16

Encl: (1) Navy Commands and Activities/Special Inspector General (IG) Responsibilities
(2) Hotline Staffing Requirements

1. Purpose

a. To implement the provisions of reference (a) within Navy Medicine and clarify responsibilities for the operation of the Bureau of Medicine and Surgery (BUMED) Hotline Program.

b. To effectively organize the BUMED Hotline Program and to reaffirm Navy Medicine's commitment to investigating Hotline complaints in a professional and timely manner. This instruction requires the establishment of dedicated functions/responsibilities at all Navy Medical Commands and facilities listed in enclosure (1). In addition, it establishes specific staffing, training, investigative, and quality assurance procedures for all personnel performing Inspector General (IG) functions throughout Navy Medicine. This is a complete revision and should be read in its entirety.

2. Cancellation. NAVMEDCOMINST 5370.2.

3. Definitions

a. Inquiry. Any form of examination into a matter, including audit, investigation, inspection, examination, or other types of review such as area visits and surveys, that is part of a fact finding process in response to higher authority, BUMED Hotline Program, or Hotline referral.

b. Investigation. Any form of examination into specific allegations of wrongdoing. See references (b) and (c).

c. Hotline. The BUMED Hotline Program is for the purpose of receiving allegations of fraud, waste, and mismanagement when the chain of command has been unresponsive or when the complainant fears reprisal resulting from the submission of his or her allegations. Mechanisms can include manned or unmanned local and toll free telephone numbers, website Hotline submission forms, or fax numbers.

d. IG Network. A communication mechanism and technical chain of command comprised of all Department of the Navy (DON) personnel who perform an IG function as part of their regular or recurring duties at any level. Naval Audit Service (NAVAUDSVC) and Naval Criminal Investigative Service (NCIS) personnel conducting inquiries in support of a DOD, DON, and BUMED Hotlines are members of the network for the limited purpose and duration of that inquiry. The network also includes any other DON personnel who are tasked to conduct an inquiry on a one-time basis during the course of their performance of that inquiry.

4. Background. The BUMED Hotline Program is designed to strengthen and focus efforts to combat fraud, waste and mismanagement throughout the DOD and DON by providing an alternative to the normal chain of command. Since the issuance of NAVMEDCOMINST 5370.2 dated 5 July 1989, the issues addressed in Hotline investigations have changed significantly in their nature and scope. A realignment of Navy Medicine's IG organization was necessary to perform timely, accurate, and impartial Hotline investigations. The IG process is of fundamental importance in combating fraud, waste, and mismanagement for it gives voice to all members of the Navy team and assurances that their concerns will be heard, considered and appropriately addressed. This is a significant strength in our system.

5. Applicability. The provisions of this instruction apply to Navy Medicine component commands unless specifically exempted by statute.

6. Policy

a. Navy Medicine shall demand and enforce the highest ethical standards from its members, fairly and efficiently manage its resources and people, and exercise a fiduciary responsibility over the taxpayers' dollars. It is Navy Medicine policy to encourage the identification of problems in these areas and to swiftly correct them. The Hotline Program is designed to eliminate fraud, waste, and mismanagement by identifying problems and potential solutions.

b. References (d) through (f) require military and civilian personnel to report concerns of suspected wrongdoing through their chain of command. This is the preferred mechanism because it reinforces the primacy of the chain of command and allows problems to be addressed at the lowest level of command. The BUMED Hotline Program provides an alternative to the chain of command when a complainant believes the chain of command has been unresponsive or reasonably fears reprisal. This provides an unbiased, impartial approach to address these issues and ensures that they are properly evaluated, investigated and, when necessary, corrected by responsible authorities.

c. Medical Inspector General (MEDINSGEN) personnel will respond to substantive allegations of fraud, waste, and mismanagement in a timely and impartial manner, pursue corrective measures per applicable laws, regulations, directives, and instructions, and report the result of such investigations to the appropriate authorities. Unless specifically authorized by the complainant, MEDINSGEN personnel will protect the confidentiality of the complainant within the IG Network at all stages of the Hotline process except when the identification of the complainant is required by law or judicial order. Commanders, Commanding Officers and supervisors responsible for enforcing accountability within their respective activity shall have access to MEDINSGEN reports and supporting documentation when the investigation is complete.

7. Responsibilities

a. The Under Secretary of the Navy (UNSECNAV) is responsible for implementing the DOD and DON Hotline Programs throughout DON. As the senior advisor to the Chief, BUMED on investigations, MEDINSGEN will lead efforts in executing these responsibilities within BUMED and is hereby designated the BUMED Hotline Coordinator required by references (a). Except for tasks specifically assigned to Navy Inspector General (NAVINSGEN) by SECNAV or the Commandant of the Marine Corps, the Deputy Naval Inspector General for Marine Corps Matters (DNIGMC) shall function as the DON Defense Hotline coordinator for Hotlines involving the Marine Corps (MC).

b. All Echelon 3 and 4 commands shall ensure prompt, responsible, and impartial processing of Hotline allegations tasked by MEDINSGEN. Additionally, each command and facility listed in enclosure (1) shall establish its own Hotline for the direct receipt of complaints at its level and develop the required program to properly handle incoming Hotline complaints. All other commands and echelons will establish a clear method to handle and process Hotline complaints up their respective chain of command. All Hotlines established pursuant to this paragraph shall be considered part of the IG Network, shall be subject to oversight, monitoring, and review by MEDINSGEN, and shall adhere to the requirements of reference (a) and this instruction.

c. The MEDINSGEN is authorized to task any BUMED command or activity with conducting an inquiry or providing assistance during an inquiry.

d. The BUMED Hotline Program, mandated by reference (a), requires all Navy Medicine activities to support the availability of the Hotline. All Navy and Marine Corps commands must make every effort to maximize the talents of all of their members, spend every dollar wisely, correct systemic problems, and take appropriate corrective or disciplinary measures against those who abuse the system. The Hotline is a valuable asset in reaching this goal. All BUMED activities shall assist the MEDINSGEN in inquiring into issues raised in the Hotline process and shall take corrective measures whenever appropriate.

e. Sharing assets throughout Navy Medicine is essential in resolving Hotline complaints. The MEDINSGEN may request assistance from other DON activities when necessary to resolve Hotline issues.

f. The MEDINSGEN is authorized to receive Military Whistle Blower Act (MWB) complaints for the purpose of reducing the time requirement contained in references (g) and (h). If the MEDINSGEN receives a MWB complaint they shall immediately notify DODIG and provide NAVINSGEN with a copy of the complaint. NAVINSGEN shall conduct all necessary inquiries or, at its discretion, assign the complaint to an appropriate IG. Area commanders, and all other Navy Medicine component commands, receiving MWB complaints, are responsible for forwarding them up the proper chain of command.

g. The purpose of the Hotline Program is to identify and eliminate fraud, waste and inefficiencies in the operation of the Navy. To be effective, the program requires all personnel to be vigilant to the possibility of illegal or improper acts and to report to the chain of command, or an IG, any improprieties in this regard. Reporting of illegal activity is required by references (d) and (e). These reports shall be based on the complainant's "good faith" belief that the information is true. The use of the Hotline program to file knowingly false complaints is a violation of references (i) and (j). Those suspected of willfully and knowingly filing false complaints are subject to prosecution and or administrative action.

8. Action

a. Each command or activity listed in enclosure (1) shall appoint, with the concurrence of MEDINSGEN, a dedicated IG representative who shall bear that title. Depending on workload this may not be a full time responsibility. Those representatives assigned to Echelon 3 commands listed in enclosure (1) shall be either a commissioned officer in the pay grade of O-5 or higher, or, if a civilian, in the pay grade of GS-11 or higher. Representatives assigned to Echelon 4 commands listed in enclosure (1) shall be commissioned officers in the pay grade of O-3 or higher, or, if a civilian, in the pay grade of GS-9 or higher. Regardless of rank, the representatives shall report directly to the commander or commanding officer of their command or activity. Assignment to other duties shall be authorized based on Hotline issue work load. The Staff Judge Advocate or Command Counsel may not serve as the Hotline representative at any level of command as this creates an inherent conflict of interest.

b. Investigations performed under the auspices of a MEDINSGEN office shall, to the maximum extent possible, be conducted by a certified DON IG Investigator. All personnel assigned as a MEDINSGEN representative who have investigative duties, which includes reviewing investigations, shall be certified as a DON Investigator. Initial certification may be issued by NAVINSGEN upon successful completion of the NAVINSGEN Investigation School. Unless otherwise certified, all investigators and reviewers must complete the NAVINSGEN Investigation School within 6 months of assignment as a MEDINSGEN office representative. Additionally, investigators must complete annual training requirements established by NAVINSGEN. This training is mandatory for an investigator to maintain his or her certification. The NAVINSGEN will maintain and update the annual certification requirements, may post information concerning these requirements on its web sites, and determine the extent to which such information shall be available to people who are not a part of the IG Network.

c. All Echelon 3 activities listed in enclosure (1) shall have at a minimum one certified series investigator. Enclosure (2) is a suggested Hotline staffing plan to assist in determining the appropriate number of investigators each command should employ. It is based on the number of Hotline complaints an activity receives annually. Should, in the opinion of MEDINSGEN, the level of staffing at a command or activity listed in enclosure (1) become insufficient to meet the standards for independence, timeliness, completeness or accountability set forth in this instruction and reference (a), MEDINSGEN shall recommend that the Chief, BUMED direct the command or activity to increase the staffing level. Staffing should be sufficient to complete investigations within established deadlines. These requirements do not preclude other BUMED personnel assigned as command representatives from conducting Hotline investigations, provided they meet the certification and training requirements of this instruction.

d. Echelon 3 commands shall ensure that subordinate activities are capable of conducting a professional investigation before tasking them with a Hotline Investigation. Assignment of a non-certified employee or member as a Hotline investigator, for a single case, must be approved by MEDINSGEN. Approval is discretionary; the MEDINSGEN must be satisfied that the intended investigator, by demeanor, experience and position is capable of conducting a professional investigation and producing a report that satisfies the standards of: timeliness, independence, completeness, and accountability.

e. Navy Medicine Echelon 4 commands, other than those listed in enclosure (1), shall have a MEDINSGEN Hotline function, but are not required to have a dedicated representative. Personnel in these commands that conduct Hotline Investigations shall be certified, and are required to maintain their certification by complying with the annual training requirements set forth in this instruction.

f. MEDINSGEN shall establish a Case Management Information System to manage all Navy Medicine Hotline investigative files. When established, all Navy Medicine IG Hotline Investigations shall be entered into the MEDINSGEN Case Management Information System. Prior to the implementation of this system, commands and activities shall maintain an electronic database to manage investigative files and submit periodic reports as requested to the MEDINSGEN.

g. MEDINSGEN will, to the maximum extent permitted under law and regulation, safeguard the identity of complainants. Representatives shall explain to complainants that the use of their testimony and the release of their identity as witnesses, but not as complainants, may be necessary under due process procedures associated with disciplinary or administrative action. The nature of some complaints and relief requested may necessitate the identification of the complainant as such during the course of the investigation as, for example, a military whistleblower reprisal investigation or similar complaint requesting personal relief.

9. Procedures

a. All BUMED activities shall publish Medical Hotline Complaint Submission procedures, which may be placed on the organizations official Web site. MEDINSGEN is authorized to add, delete or modify these procedures as necessary. These procedures are binding on all BUMED activities. All personnel conducting hotline investigations shall refer to references (b), (c), and (k) for guidance.

b. The MEDINSGEN will normally task all Medical Department Hotline complaints to Echelon 3 representatives. Those representatives are authorized to further task the investigative responsibility to subordinate commands unless it is a MWB reprisal complaint. Specific guidance and responsibilities pertaining to MWB cases is set forth in reference (f). All commands tasked by MEDINSGEN with conducting an investigation shall forward the completed investigation report to MEDINSGEN for review. The review of the investigation will address four standards: independence, timeliness, completeness, and accountability. MEDINSGEN shall either approve the investigation report or return it if it fails to meet those standards.

c. Echelon 3 commands are responsible for the quality of Hotline reports forwarded to the MEDINSGEN.

(1) Although not required in every Hotline case, a legal review of the investigation by an attorney in the Echelon 3 Staff Judge Advocate or Command Counsel's office is expected in all cases of a significant nature, e.g., cases resulting in disciplinary action, detachments for cause, substantial monetary loss or property damage. A memorandum documenting legal review will be included in the material forwarded to MEDINSGEN. In significant cases, Echelon 3 representatives are authorized to forward to MEDINSGEN investigations that are complete except for accountability. This will enable MEDINSGEN to evaluate the investigation for timeliness, independence, and completeness prior to the commander or other decision-maker addressing the issue of accountability. In such reviews, MEDINSGEN shall return the investigation within 10 days of receipt, indicating its approval or identifying the investigation's deficiencies.

(2) After the appropriate commander or decision-maker has addressed accountability, the final report shall be returned to MEDINSGEN for close out. MEDINSGEN will not close a substantiated case until corrective action has been reported. MEDINSGEN shall forward closed DOD referred Hotlines to the DODIG.

d. NAVINSGEN and DNIGMC may conduct periodic Quality Assurance Reviews of the Hotline programs throughout the Navy and Marine Corps, respectively. MEDINSGEN shall issue implementing guidance that specifies quality standards for the DON and Command Hotline Programs; procedures to ensure appropriate evaluation and action on all allegations of fraud, waste, and mismanagement; and methods to ensure appropriate protection of the identity of sources requesting anonymity or confidentiality.

e. NCIS is the largest investigative organization within DON. It has trained, professional investigators stationed around the world and with deployed units. All NCIS special agents are certified investigators in the context of satisfying the requirements of this instruction. Navy Medicine organizations are authorized to request NCIS assistance in conducting Hotline investigations.

f. NAVAUDSVC is staffed with trained, professional auditors and is responsible for performing internal audits. These audits evaluate the integrity and reliability of financial and other information used to make management decisions. The MEDINSGEN is authorized to request assistance from the NAVUDSVC when the nature of the investigation requires the expertise of auditors. Requests to the NAVAUDSVC for investigative assistance shall be reasonable and necessary.

g. All working papers associated with a Hotline investigation shall be kept per NAVINSGEN Records Retention Policy, as set forth in reference (l).

h. MEDINSGEN reports and associated papers shall be maintained in a secure environment and made available only to those with an official need to know. Release of IG generated material to those without an official need to know will be per Freedom of Information Act, Privacy Act, references (m) and (n), or other applicable Federal law.

i. Commands are required to provide the widest dissemination of the Hotline Program within their area of responsibility. Commands shall post local Hotline telephone numbers and points of contact in addition to those of MEDINSGEN and NAVINSGEN.

10. Report Exemption. The reporting requirement is exempt from reports control by reference (o).


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NAVY COMMANDS AND ACTIVITIES/SPECIAL IG RESPONSIBILITIES

SHORE Echelon 3

Commander, Navy Medicine West
Commander, Navy Medicine East
Commander, Navy Medicine National Capital Area
Commander, Navy Medicine Support Command

SHORE Echelon 4

NMC San Diego, CA
NH Lemoore, CA
NH Camp Pendleton, CA
NDC Camp Pendleton, CA
NH Bremerton, WA
NH Oak Harbor, WA
NMCL Pearl Harbor, HI
USNH Guam
USNH Okinawa, Japan
NDC Okinawa, Japan
USNH Yokosuka, Japan
NH Twenty-Nine Palms, CA
NNMC Bethesda, MD
NMCL Annapolis, MD
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NH Camp Lejeune, NC
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NH Corpus Christi, TX
NH Beaufort, SC
NH Charleston, SC
USNH Guantanamo Bay, Cuba
USNH Sigonella, Italy
USNH Naples, Italy
USNH Rota, Spain
USNH Keflavik, Iceland

SHORE Echelon 4 (Continued)

Navy Medicine Education and Training Command (NMETC)
Navy Medical Logistics Command (NMLC)
Navy Medicine Information Management Center (NMIMC)
Navy Environmental Health Command (NEHC)
Navy Medical Research Center (NMRC)

HOTLINE STAFFING REQUIREMENTS

Recommended Hotline Staffing Criteria based upon volume of cases opened monthly per reference (a).

- 0-10 open monthly FTE of 1 investigator
- 11-20 open monthly FTE of 2 investigators
- 21-30 open monthly FTE of 3 investigators
- 31-40 open monthly FTE of 4 investigators
- 41-50 open monthly FTE of 5 investigators
- 51-60 open monthly FTE of 6 investigators
- 61-70 open monthly FTE of 7 investigators
- 71-80 open monthly FTE of 8 investigators
- 81-90 open monthly FTE of 9 investigators
- 91-100 open monthly FTE of 10 investigators