



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH VA 22042

IN REPLY REFER TO  
BUMEDINST 1730.2C  
BUMED-N00G  
12 Oct 2022

BUMED INSTRUCTION 1730.2C

From: Chief, Bureau of Medicine and Surgery

Subj: RELIGIOUS MINISTRY IN NAVY MEDICINE BUDGET SUBMITTING OFFICE 18  
ACTIVITIES

Ref: (a) SECNAVINST 1730.7E  
(b) OPNAVINST 1730.1E  
(c) SECNAVINST 1730.8B  
(d) U.S. Navy Regulations 1990  
(e) SECNAVINST 1730.9A  
(f) NWP 1-05  
(g) SECNAVINST 1730.10A  
(h) BUMEDINST 1521.1  
(i) DoD Instruction 1304.28 of 12 May 2021  
(j) DoD Instruction 1100.22 of 12 April 2010  
(k) Manual for Courts Martial United States, section 503.01, 2019 edition  
(l) OPNAVINST 5450.215E

Encl: (1) Guidance on Confidential Communication and Protected Health Information  
(2) Definitions

1. Purpose. This instruction establishes policies and assigns responsibilities for delivery of religious ministry (RM) throughout all commands assigned to the Chief, Bureau of Medicine and Surgery (BUMED) exclusively supported by budget submitting office (BSO) 18 per references (a) through (l). Enclosure (1) clarifies guidance on confidential communication and protected health information. Enclosure (2) expands on terms used throughout the instruction. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 1730.2B.

3. Scope and Applicability. This instruction applies to all U.S. Navy forces assigned to BUMED and supported by BSO-18, including operational staffs and training commands. In this instruction "religious ministry team" (RMT) refers to Chaplains and Religious Program Specialists (RP).

4. Policy

a. Commanders and commanding officers (CO), hereinafter referred to as commanders, fulfill their responsibilities per references (a) through (c) and chapter 8, sections 817 and 820 of

reference (d) by executing command religious programs (CRP) which support the free exercise of religion and enhance the combat readiness and resilience of assigned personnel and their family members.

b. Commanders plan and implement a CRP pursuant to references (a), (b), and this instruction. Commanders must provide supporting staff, logistical support, travel funds, training, budgetary support, and dedicated spaces adequate to support RMT tasks and meet the requirements for chaplain confidential care per reference (e). Commanders must fund chaplains and RPs travel to annual Chaplain Corps Professional Development Training Workshop and Course as a Navy requirement, and to the annual BUMED Religious Ministry Symposium. The Navy considers training required by the Religious-Endorsing Organization to be official duty. Therefore, commanders are authorized to use appropriated funds in support of chaplains' training as required by the Religious-Endorsing Organization.

c. Commanders must ensure RMT members supporting Defense Health Agency (DHA) medical treatment facilities (MTF) meet spiritual care standards of care and protocol. RMT members will rely on DHA MTF's in order to acquire and maintain knowledge, skills, and abilities. The duty assignment is the platform mission.

d. Commanders hold all RMT personnel accountable to professional naval chaplaincy (PNC) standards per reference (a), as advised by supervisory chaplains per reference (f), and this instruction.

e. Commanders support collaborative RM per references (a) and (f), to include RMT participation in area-wide training. RMTs must stand area-wide duty in homeport and permanent duty station with the exception of those chaplains regularly standing duty in support of MTFs at Naval Medical Centers Portsmouth and San Diego and Walter Reed National Military Medical Center.

f. Commanders without RMT members in support of their mission must liaison with the Chaplain of the Immediate Supervisor in Command to seek professional advice. Regarding mission execution, references (a) and (c) articulate the responsibility of commanders and chaplains to provide for the free exercise of religion and the spiritual care of staff members and their families through the CRP. This provision may be done through liaison with local installation chaplains.

g. Religious Offering Fund. Due to the transient nature and mission of operational RM, commanders must not establish or maintain a religious offering fund within any command assigned to BSO-18, or collect funds as part of any religious worship activity. Those who donate funds as part of their own religious expression of worship may do so by other means per their faith tradition.

5. Responsibilities. RMTs function per DHA guidance when supporting an MTF. When supporting or training in an operational environment, RMTs function per the fleet Standard Organization and Regulations Manual supporting the missions, functions, and tasks of the fleet commander per reference (f).

a. Special Assistant for Pastoral Care and Chaplain of Navy Medicine (BUMED-N00G) are organizational titles for the senior chaplain assigned to BUMED. The functions for these titles are:

(1) BUMED Special Assistant for Pastoral Care must:

(a) Advise the Chief, BUMED and other leaders in BUMED per reference (g).

(b) Advise the Medical Inspector General on RM to include pastoral care concerns. Annually review the inspection checklist and debrief with the responsible regional chaplain after inspections are complete.

(c) Liaise with the Military Services, Department of Defense (DoD), DHA, and Federal Agency counterparts. Provide expert advice as requested.

(2) The Chaplain of Navy Medicine must:

(a) Direct and coordinate RM on behalf of the Chief, BUMED to ensure standardization and quality across units assigned to BUMED.

(b) Remain accountable to the Chief of Chaplains for the participation and execution of PNC per references (a) and (b), including supporting area chaplain and RP training;

(c) Advise the Surgeon General of the Navy (N093) and other senior leaders on the effectiveness of RM, policy oversight, and guidance per references (a) and (b).

(d) Deliver and coordinate RM to BUMED staff.

(e) Participate as a standing member of the Command Resilience Team and other committees and working groups as assigned.

(f) Plan, program, and budget for the execution of training plans and any training contract support across the enterprise in support of operational medicine.

(g) Inspect regional RMTs and programs on an annual basis per reference (f) and in coordination with the Medical Inspector General (BUMED-N00IG), using NAVMED 1730/1 Record of Annual Professional Naval Chaplaincy Counseling to counsel regional chaplains related to the execution of PNC.

(h) Coordinate with DHA chaplain regarding the development of policy, standards of care, protocols, training, and execution to ensure parity of BUMED with DHA standards of care throughout the MHS.

(i) Plan, program, budget and select participants for the Mental Health Integration for Chaplain Services Program per reference (h).

b. Senior Enlisted Leader, RP for Navy Medicine and the RP of Navy Medicine (BUMED-N00GC) are the organizational titles for the senior RP assigned to BUMED.

(1) The Senior Enlisted Leader, RP for Navy Medicine must provide advice, policy oversight, and guidance to the Chaplain of Navy Medicine, command master chiefs, command chaplains, and others who need advice and counsel on the proper utilization and career management of the RPs in BUMED.

(2) The RP of Navy Medicine must liaison with and advocate for the RPs assigned to Navy Medicine in a variety of venues including personnel readiness and support, the Navy RP community manager, individual augmentation discussions, the RP detailee, BUMED manpower, and numerous other venues to support the professional qualifications, training, manpower, and detailing needs of the RPs in BUMED.

c. Force Chaplains. Force chaplains (also known as “Navy Medicine Regional Chaplains”) are assigned to Naval Medical Forces Atlantic (NAVMEDFORLANT) and Naval Medical Forces Pacific (NAVMEDFORPAC) with supervisory oversight over subordinate RMTs. Force chaplains must:

(1) Advise commanders per reference (g).

(2) Direct, coordinate, and deliver RM on behalf of their commander per references (a) through (c).

(3) Inspect regional RMTs and programs on an annual basis per reference (f), using NAVMED 1730/1 to counsel subordinate command chaplains related to the execution of PNC.

(4) Ensure subordinate RMT’s participate in area-wide training to uphold PNC standards.

(5) Ensure subordinate RMTs stand duty per subparagraph 4f of this instruction.

(6) Advise Chaplain of Navy Medicine on manpower, personnel, and quality assurance issues within the region.

(7) Support Chaplain of Navy Medicine in work with echelon 4 and 5 commands by advertising informational items, discussing issues with subordinate commanders and command chaplains, and providing periodic training events for RMTs in their regions;

(8) Provide professional advice per references (a) and (c) to echelon 4 and 5 commands that do not have full-time Navy Medicine RMTs assigned;

(9) Support the DHA chaplain and marketplace chaplains to plan, program, and budget for the delivery of RM at MTFs within your area of responsibility. This may include supervision of civilian religious ministry professionals (RMP) contracted by DHA or using Defense Health Program (DHP) funds;

(10) Coordinate mobilization planning and support programs to provide RM support for operational contingencies;

(11) Coordinate and oversee Navy operational commands (echelon 3, 4, and 5) professional development training for chaplains, pastoral counselors, and contract RMP. This includes ensuring chaplains and RPs participate in Chaplain Corps area-wide training, professional development training courses and workshops.

## 6. Action

### a. Commanders and CO's of BUMED Echelon 4 and 5 activities

(1) Without RMT members assigned must liaison with the Chaplain of the Immediate Supervisor in Command for RM coordination and professional advice.

(2) Assign the senior chaplain at a command (i.e., the command chaplain) as the Special Assistant for Pastoral Care with direct access to the commander, per references (c) and (g).

(3) Are encouraged to include RPs in command-wide peer groups for appropriate competitive marks on evaluations.

(4) Must ensure that pastoral care staff members receive proper interdisciplinary support to complete clinical interdisciplinary training requirements per this instruction.

(5) Ensure civilian contractors whose primary duties are to provide faith-group specific ministry are supervised by a uniformed chaplain in support of references (a) through (c).

(6) Ensure assigned chaplains and RPs report RM delivered to Navy staff into the Department of the Navy (DON) Religious Program Analytics Tool or any other reporting mechanism required by the Navy Chaplain Corps. This reporting must not be confused with or duplicated by documentation of the delivery of religious support to patients.

(7) Regional chaplains at NAVMEDFORLANT and NAVMEDFORPAC function as command chaplain at Navy Medicine Readiness and Training Command Portsmouth and Navy Medicine Readiness and Training Command San Diego, respectively. Chaplains and RPs assigned to Navy Medicine Training Support Center must be supervised in PNC by the NAVMEDFORLANT chaplain.

b. Command Chaplains

(1) Use NAVMED 1730/1 to counsel subordinate chaplains related to the execution of PNC on an annual basis. A record of the counseling shall be retained for not less than 3 years from the date of signature and be available for inspection or as requested.

(2) Ensure assigned chaplains and RPs report RM delivered to Navy staff into the DON Religious Ministry Analytics Tool (RMAT) or any other reporting mechanism required by the Navy Chaplain Corps. This reporting must not be confused with or duplicated by documentation of the delivery of religious support to patients which remains a DHA function.

3. Use RMAT data as part of the material used to regularly brief commanders and commanding officers regarding their RMPs.

7. Training, Competencies, and Professional Development

a. Chaplains must present a “verbatim” in a learning environment at least once per fiscal year as supervised by a board certified chaplain and attested to by their Navy Medicine Regional Chaplain. Chaplains in the Clinical Pastoral Education Program already meet this requirement.

b. Chaplains and RPs, through civilian education, military training, and the knowledge, skills, abilities, and tools on My Navy Portal (<http://my.navy.mil/>) and other online sources, have the core pay-grade-specific competencies to provide religious ministry to staff members and their families. Chaplains and RPs are expected to meet the standards and manage programs as discussed in references (a) and (c) in support of patients, staff, and their families.

c. To be fully qualified to provide independent clinical pastoral care to patients, chaplains must meet the standards specified in the Common Qualifications and Competencies for Professional Chaplains by earning four units of clinical pastoral education (CPE) from an accredited, national certifying body and be awarded the 1440N Navy subspecialty code. To stay current on operational integration of BUMED, chaplains and RPs will participate in training as prescribed by the BUMED Chaplain.

d. Chaplains with 1440N are encouraged to continue their professional development by earning the Navy Additional Qualification Designator 531 indicating board certification by the Association of Professional Chaplains or a reciprocal organization.

e. Chaplains enrolled in a CPE program are considered a “resident” chaplain and must be clinically supervised by a chaplain with the 1440N Navy subspecialty code.

f. RPs must receive training and orientation in the unique aspects of healthcare ministry either in route to or upon arrival at a BUMED duty station, and participate in continuing education relevant to their assignments. Participation in medical center indoctrination, training, and annual BUMED Religious Ministry Symposium training satisfies this requirement.

g. All Chaplains and RPs assigned to BSO-18 activities must participate in the annual BUMED Religious Ministry Symposium and Navy Chaplain Corps Professional Development Training Workshop and Course unless otherwise personally excused by the BUMED Chaplain. Commanders must fund travel to ensure participation.

#### 8. Confidential Communication in BUMED Facilities

a. Chaplain Confidentiality. RMT members are member of interdisciplinary healthcare teams. Accordingly,

(1) The patient’s expectation of confidence, per reference (e), must always surpass any requirement to document patient encounters. All RMT members have a professional obligation to keep private all communications disclosed to them in their official capacities, which are intended to be held in confidence by the patient or family member, and are made as an act of religion, or as a matter of conscience.

(2) General healthcare ministry should be distinguished from communications to clergy communications, as described in enclosure (1).

#### b. Documentation in Patient Records

(1) RMT members must document their care in patient records to communicate the pastoral care interventions to the treatment team. Documentation of care must follow standards of practice set forth by DHA.

(2) Documentation of pastoral care in patient records must also address the differences between general healthcare ministry and clergy-penitent communication as described in enclosure (1) of this instruction.

c. Interdisciplinary Clinical Committees and Interdisciplinary Care Teams. All clinical interdisciplinary committees and interdisciplinary teams should include properly trained representatives from the Pastoral Care Department when a chaplain assigned to BUMED is assigned in support of the MTF.

#### 9. Command, Control, and Administration

a. Regional Communications. NAVMEDFORLANT regional chaplain and NAVMEDFORPAC regional chaplain will maintain, at a minimum, monthly virtual meetings with all subordinate command chaplains. Regional chaplains must build proactive relationships with commanders of subordinate units, including delivering a prospective CO brief, so that commanders know the capabilities of their RMT.

b. Best Business Practices. The Pastoral Care Department must use quality productivity metrics, dashboard indicators, and other business tools to support commanders, COs, and OICs. Additionally, Pastoral Care Departments must have ready access and support to collect and manage data relevant to their support of the command mission and support PNC requirements.

c. Reporting Requirements. Per reference (c), pastoral care staff members must submit periodic and special reports to the BUMED Chaplain, including any Chaplain Corps specific reporting requirements. Reports should be used to brief their respective commands in order to report ministry activity so that commands are aware of the effectiveness and contribution of RM to the welfare of the fighting force.

#### 10. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this [instruction, notice, change transmittal] or the records disposition schedules, please contact the local records manager or the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

11. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N00G will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect



for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

12. Forms or Information Management Control

a. Forms. NAVMED 1730/1 Record of Annual Professional Naval Chaplaincy Counseling is available at <https://www.med.navy.mil/Directives/NAVMED-Forms>.

b. Information Management Control. The reports required in subparagraphs 6a(6), 6b(2), and 9c of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.



B. L. GILLINGHAM

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/Directives/>

GUIDANCE ON CONFIDENTIAL COMMUNICATION  
AND PROTECTED HEALTH INFORMATION

1. General Healthcare Ministry. RMT entries in patient records (entered electronically, in writing, orally conveyed, or otherwise used for healthcare operations purposes) are part of the medical record. Discussions between RMT members and patients or their family members regarding general healthcare ministry are communications which are intended to be disclosed to third persons on the healthcare team to benefit the overall welfare of the patient. These communications may include general pastoral care interventions such as spiritual assessments, plans, interventions, and outcomes intended to be shared with the medical team for the overall welfare of the patient.
2. Communications to Clergy. As guided by reference (e) and (k), communications to clergy are protected by Navy instruction and may not be shared under penalty of law. Communications shared as a matter of “General Healthcare Ministry” are intended to be disclosed and, as such, are not considered subject to reference (k) as a formal act of religion or as a matter of conscience.
3. The delivery of religious ministry, including pastoral care to patients, by its very nature requires the RMT members to use their professional judgment regarding the level of detail to be communicated in order to provide sufficient information to other care team members while respecting the privacy of patients. Pastoral care that is documented in patient records, orally conveyed to other team members, or used otherwise for healthcare operations purposes must be limited to information that is a pre-existing part of the patient record or is negotiated with the patient and clinically relevant to the care of the patient.
4. Chaplains must inform the patient of their dual role as both a pastoral caregiver and a member of the healthcare treatment team. Patients must be advised that certain information communicated to a chaplain may be shared with other members of the treatment team or in a clinical supervisory session unless the patient specifically requests that such information remain in confidence with the chaplain.
5. Chaplains, contract clergy, and pastoral counselors (RMT members) must document their care in patient records to communicate pastoral care interventions to the treatment team and other chaplains to facilitate continuity of care. Information shall not be revealed by an RMT member if the patient or family member intends that communication to be as a formal act of religion or as a matter of conscience.

## DEFINITIONS

1. Budget Submitting Office 18. A manpower code supporting the operational and manpower budget for the Chief, Bureau of Navy Medicine and Surgery (BUMED) and all assigned subordinate units and activities.
2. Chaplain. Defined in reference (i). Chaplains are commissioned military officers who advise and assist commanders in discharging their responsibilities to provide free exercise of religion in the context of military service pursuant to the first amendment of the United States Constitution. To avoid confusion in authority or responsibility the term “chaplain” must not be used in reference to civilian clergy, but only refer to uniformed personnel serving as commissioned officers in the Chaplain Corps of a Military Service.
3. Clinical Pastoral Education. A program which trains and equips chaplains with 4 academic quarters of training (1 year) to integrate their pastoral care in a clinical environment. These programs are located at San Diego, California and Portsmouth, Virginia.
4. Contract RMP. Also known as “contract civilian clergy” or “contract clergy.” Contract civilian clergy may only be contracted by Defense Health Agency (DHA) using Defense Health Program (DHP) funds in the context of the DHA marketplace construct for the express purpose of the delivery of patient care. Contract clergy are part of the religious ministry team and, therefore, function with the same level of confidentiality as a chaplain or RP when performing the delivery of religious ministry according to their contract. The contract clergy must be supervised by the contracting officer representative in the performance of their contract.
5. DHA. DHA is a joint, integrated combat support agency that enables the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to combatant commands in both peacetime and wartime. The DHA supports the delivery of integrated, affordable, and high quality health services to Military Health System (MHS) beneficiaries and is responsible for driving greater integration of clinical and business processes across the MHS. The DHA does not exercise directive authority or control over personnel assigned within BUMED.
6. Marketplace. A geographical area defined by DHA in which authorized personnel are eligible for and may receive medical care in the MHS.
7. Marketplace Lead. Civilian or military official appointed by DHA who is responsible for healthcare delivery to patients within a given marketplace.
8. Marketplace Chaplain. The senior uniformed chaplain supporting and advising the marketplace lead. The marketplace chaplain is supported in accordance with DHA policies and processes as an additional duty.

9. MHS. The health system responsible for providing health services through direct care and private sector care to uniformed service members, retirees, and family members. The scope of care extends from the tactical care.
10. Navy Medicine. The term “Navy Medicine” is a term of art which includes both forces assigned to the Chief, BUMED, and anywhere else within DON.
11. Pastoral Care. Service provided in the clinical setting outside of a faith-specific context as a component of religious ministry. Pastoral care as a distinct entity can be delivered by a chaplain or a contract RMP. Due to the complexities of the religious and pastoral issues in the healthcare context, providers of pastoral care must meet the competencies specified in paragraph 11 of this instruction.
12. Pastoral Care Department. The department in the Navy Medicine Readiness and Training Command or Navy Medicine Readiness and Training Unit headed by the command chaplain and charged with the provision of RM. The department may include any assigned military or civilian personnel.
13. Pastoral Care Residency. A formal residency program sponsored by the Chief, BUMED, which refers to training chaplains in CPE to standards set by the Association of Clinical Pastoral Education.
14. Pastoral Counselor. A civilian specialist in pastoral counseling who is a licensed independent mental health practitioner trained to provide psychologically sound therapy while formally incorporating religious and spiritual elements. The pastoral counselor must function within the bounds of their position description and not be referred to by the title “chaplain.”
15. Religious Ministry (RM). Per reference (a), RM refers to professional duties performed by Navy chaplains and designated personnel, to include facilitating and/or providing for religious needs, caring for all, and advising commanders. Only chaplains are authorized to deliver the full scope of RM functions. RMPs contracted to perform specific faith group services must perform within the scope of their contract.
16. RMP. Any clergy recognized by the DoD, including chaplains, contract RMP’s, or religious leaders in the civilian community. Contractors may be referred to by a religious title per their ordination and function.
17. Religious Support. This term is synonymous with RM. The term “Religious Support” is often used by DHA and the U.S. Army in policy and practice.