



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

IN REPLY REFER TO
BUMEDINST 3502.5
BUMED-M4
16 Feb 2022

BUMED INSTRUCTION 3502.5

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE MISSION ASSURANCE PROGRAM

Ref: (a) DoD Directive 3020.40 of 14 September 2018
(b) DoD Instruction 3020.45 of 14 August 2018
(c) SECNAVINST 3501.1D
(d) OPNAVINST 3502.8
(e) 2018 DoD Defense Threat Reduction Mission Assurance Guidance (NOTAL)
(f) DoD Mission-Based Critical Asset Identification Process, 24 October 2008 (NOTAL)
(g) 2018 DoD Mission Assurance Assessment Benchmarks (NOTAL)

1. Purpose. This Bureau of Medicine and Surgery (BUMED) instruction establishes the requirements of the Navy Medicine (NAVMED) Mission Assurance (MA) Program, per references (a) through (g) and provides policy guidance to include:

a. Implementing a process to identify, prioritize, assess, and manage risk to NAVMED missions and supporting assets, per reference (a).

b. Establishing MA program standards and defining the required support elements, per references (b) and (c).

c. Developing plans to reduce risk, weigh cost and benefits, and prioritize the investment of resources based on a common risk assessment (RA) methodology that supports risk-informed decision making, per reference (d).

2. Scope and Applicability. This instruction applies to all budget submitting office 18 activities and serves as the principal guidance within NAVMED to establish an enterprise-wide MA program. It does not apply to deployable or expeditionary medical commands or elements.

3. Background. Per reference (d), MA is an integrated framework and process to protect and ensure the continued function and resilience of mission-essential capabilities and assets. These capabilities and assets include personnel, equipment, facilities, networks, information and information systems, infrastructure, and supply chains that are critical to the performance of mission-essential functions (MEF).

a. The MA program leverages existing protection and resilience programs, including: antiterrorism; chemical, biological, radiological, nuclear, and high-yield explosive protection;

critical infrastructure protection; continuity of operations; cybersecurity; emergency management; law enforcement; physical security; force health protection (FHP); and energy resilience, per reference (d).

b. NAVMED commands will identify and assess risk to their missions and supporting assets, and develop plans to reduce risk, weigh cost and benefits, and prioritize the investment of resources based on a common RA methodology that supports risk-informed decisions.

4. Responsibilities

a. Assistant Deputy Chief, Fleet Support and Logistics (BUMED-M4) will:

(1) Ensure full MA coordination and collaboration across all NAVMED activities.

(2) Provide logistics, occupational health and safety, facilities and environment, antiterrorism and force protection, personnel and operation security, emergency management, and public health (PH) support for the MA program.

(3) Designate, in writing, a NAVMED MA officer to serve as the Navy representative to the Defense critical infrastructure protection health sector and program manager for all NAVMED MA activities, per reference (d).

b. Director, Emergency Preparedness (BUMED-M453) will serve as the NAVMED MA program manager and be responsible for the oversight, management, training, readiness, and compliance of the enterprise MA program. Specific responsibilities include:

(1) Participate in the Office of the Chief of Naval Operations (OPNAV) MA working group and supporting processes.

(2) In coordination with the Director, Public Occupational Health and Safety (BUMED-M44), provide support to Deputy Chief of Naval Operations, Fleet Readiness and Logistics (N4) to integrate and synchronize FHP and PH guidance, policies, and strategies with MA program requirements.

(3) Ensure the critical asset identification process (CAIP) is used across the enterprise to identify critical assets associated with NAVMED's essential functions and tasks, per references (b) and (d).

(4) Ensure all NAVMED commands implement an effective MA program to identify and assess risk to their missions and supporting assets, develop plans to reduce risk, weigh cost and benefits, and prioritize the investment of resources based on a common RA methodology that supports risk-informed decisions.

(5) Collaborate with the Commander, Navy Installations Command and the Marine Corps Installation Command to ensure alignment of NAVMED MA policy with the corresponding U.S. Navy and U.S. Marine Corps installation level guidance.

(6) Provide policy, recommendations, and oversight to Naval Medical Forces Atlantic, Naval Medical Forces Pacific, and Naval Medical Forces Support Command to support the development, implementation, and assessment of MA readiness.

c. Commanders, Naval Medical Forces Atlantic, Naval Medical Forces Pacific, and Naval Medical Forces Support Command will provide leadership and oversight to manage the implementation of the MA program at all BUMED commanded activities under their authority. Specific responsibilities include:

(1) Ensure all NAVMED commands under their authority implement an effective MA program to identify and assess risk to their missions and supporting assets, and develop plans to reduce risk, weigh cost and benefits, and prioritize the investment of resources based on a common RA methodology that supports risk-informed decisions, per reference (d).

(2) Ensure any stand-alone facilities under their authority not meeting the criteria for tenant commands under a host installation, conduct MA assessments and risk management (RM) activities as part of their annual self-assessment, per references (d) and (e).

(3) Designate, in writing, a regional MA officer to collaborate with the NAVMED MA officer to ensure alignment of NAVMED regional MA policy with corresponding Commander, Navy Installations Command and Marine Corps Installation Command MA guidance.

d. Commanding Officer, Navy and Marine Corps Public Health Center will:

(1) Coordinate with BUMED-M44 to integrate and synchronize FHP and PH guidance, policy, and strategy support to the NAVMED MA program.

(2) Provide occupational and environmental medicine, industrial hygiene, technical and scientific subject matter expert (SME) reach-back support to the NAVMED MA program.

(3) Serve as the PH surveillance hub for the OPNAV MA program and identify potential PH risks.

e. NAVMED Commanders, Commanding Officers, and Officers in Charge will:

(1) Ensure sufficient resourcing of the MA program.

(2) Implement plans to manage and mitigate the risk to mission-essential capabilities and assets, ensuring the plans are in alignment with host installation MA support requirements, including mass casualty and PH emergency response.

(3) Provide medical SME and technical support as needed to facilitate the assessment of FHP benchmarks, per reference (f). MA assessments of U.S. Navy and U. S. Marine Corps regions, installations, commands, and facilities, as well as any joint service host installation or command with NAVMED tenants, may require NAVMED medical SME or technical support to facilitate the application of FHP benchmarks during a MA self-assessment or RM related activities.

(4) Ensure their command executes or supports the CAIP, either as a stand-alone command, as a subordinate under a parent command, or a tenant command on an installation. Ensure the results and any baseline elements of information are reported to the appropriate MA officer.

(5) Ensure any stand-alone facilities under their authority not meeting the criteria for a tenant command under a host installation, conduct MA related assessments and RM activities as part of their annual self-assessment, per references (d), (e), and (g).

f. NAVMED Tenant Commands, in Addition to the Requirements Described in Subparagraph 4e will:

(1) Coordinate with and support their host installation MA program and MEFs to include participating in annual MA analysis and assessments and RM activities.

(2) Coordinate with their host installation MA officer to participate in MA planning and training, ensuring exercises include elements that test and validate plans for the protection and continued operation of essential medical and FHP support.

(3) Develop a corrective action plan addressing any risks identified during a Joint Staff or Chief of Naval Operations MA assessment, obtaining written endorsement at the first flag officer, general officer, or senior executive service-level personnel in their chain of command, and submitting it to their host installation commander.

(4) Designate, in writing, an MA officer to participate in their host installation's MA governance structure and support MA activities and processes.

(5) Support the host installation MA officer in the execution of the CAIP, ensuring all of their designated or specified MEFs and tasks are identified and visible to the process.

(6) Coordinate with their host installation to identify any installation owned and operated supporting infrastructure critical to the execution of any of their designated or specified MEFs or tasks.

(a) NAVMED tenants aboard stand-alone facilities must coordinate with and support their host facility's MA governance structure and associated MA assessment and RM activities.

(b) Under the joint basing concept, NAVMED tenants on a joint base will follow the host installation's MA and RM processes.

(7) Participate and support their installation commander in the execution of their continuous evaluation program and access control policies to include contractor vetting.

5. 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 Department of the Navy 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 or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

6. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M4 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, 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.

7. Information Management Control. The reporting requirements required subparagraph 4e(4) of this instruction is exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.


G. D. SHAFFER
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Releasability and distribution:

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