



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

BUMEDINST 3502.5A  
BUMED-N4  
8 May 2026

BUMED INSTRUCTION 3502.5A

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE MISSION ASSURANCE PROGRAM

Ref: (a) DoD Directive 3020.40 of 29 November 2016  
(b) DoD Instruction 3020.45 of 14 August 2018  
(c) SECNAVINST 3501.2  
(d) OPNAVINST 3502.8  
(e) CNICINST 3502.5

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 (e) 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. Cancellation. BUMEDINST 3502.5.

3. 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.

4. 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.

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.

## 5. Responsibilities

a. The Surgeon General of the Navy (who also performs the duties of Chief, BUMED(BUMED-N00)) will designate, in writing, a NAVMED MA Director 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. Logistics, Supply, and Support (BUMED-N4) will ensure full MA coordination and collaboration across all NAVMED activities.

c. Mission Assurance (BUMED-N45) will serve as the NAVMED MA Director and be responsible for the oversight, management, training, readiness, and compliance of the enterprise MA program. Specific responsibilities include:

(1) Participating in the Office of the Chief of Naval Operations (OPNAV) MA working group and supporting processes overseen by Deputy Chief of Naval Operations for Installations and Logistics (OPNAV N4).

(2) In coordination with the Director, Public Health and Safety (BUMED-N44), provide support to OPNAV N4 to integrate and synchronize FHP and public health (PH) guidance, policies, and strategies with MA program requirements.

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

(4) Ensuring 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) Collaborating 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, per reference (e).

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

(7) Developing a NAVMED MA working group that encompasses, at a minimum, emergency management and antiterrorism, force protection, and insider threat teams.

d. Director, Operations, Plans, and Policy (BUMED-N3N5) will support MA program execution as lead agent for Chemical, Biological, Radiological, and Nuclear Medical Defense (BUMED-N53) within NAVMED.

e. Echelon 3 commands will provide leadership and oversight to manage the implementation of the MA program at all commands not directly synchronized to a medical treatment facility under their authority. Specific responsibilities include:

(1) Ensuring 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) Designating, in writing, a regional MA officer to serve as the office of primary responsibility across the region for the development, implementation, coordination, integration, and synchronization of MA guidance, policies, strategies, methodologies, concepts, and overall MA management, to include coordinating with the BUMED-N45; Commander, Navy Installations Command; and Marine Corps Installation Command MA guidance.

(a) The MA officer must be a U.S. citizen, have visibility into major NAVMED operations, and must possess and maintain, at a minimum, a favorably adjudicated tier 3 background investigation with secret access.

(b) The signed letter will be sent to the immediate superior in command (ISIC) MA office.

(3) Developing a regional MA working group that encompasses, at a minimum, emergency management and antiterrorism, force protection, and insider threat teams.

f. Commanding Officer, Navy and Marine Corps Force Health Protection Command will:

(1) Coordinate with BUMED-N44 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 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.

g. Commanders, commanding officer, and officer in charge of commands not directly synchronized to a medical treatment facility will:

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

(a) The MA officer must be a U.S. citizen, have visibility into major NAVMED operations, and must possess and maintain, at a minimum, a favorably adjudicated tier 3 background investigation with secret access.

(b) As part of the installation MA team currently, it is recommended the MA officer be the same as the command emergency management coordinator.

(c) The signed letter will be sent to the ISIC MA office.

(2) Ensure sufficient resourcing of the MA program.

(3) 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.

(4) Ensure execution and support of the installation critical asset identification process. Ensure the results and any baseline elements of information are reported to the installation MA officer.

(5) 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 submit it to their host installation commander.

h. All NAVMED MA officers will:

(1) Coordinate with the installation and participate in the host installation MA program including annual MA analysis and assessments and risk management activities. This is especially important if the command relies on installation missions, critical assets, and supporting infrastructure.

(2) Participate in installation and regional ISIC MA working group, as required.

(3) Comply with additional 'Tenant Commands Aboard Navy Installations' responsibilities listed in reference (d).

i. Echelons 4 and 5 commands synchronized to the Defense Health Agency medical or dental treatment facilities are responsible for supporting the Defense Health Agency and host installation MA programs, as required.


6. 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 found on 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 OPNAV Records Management Program (DNS-16).

7. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N4 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of War, 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 the 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.

8. Information Management Control. The reports required in this instruction are exempt from reports control per Secretary of the Navy manual 5214.1 of December 2005, part IV, subparagraph 7p.

  
R. FREEDMAN  
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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, <https://www.med.navy.mil/Directives/>