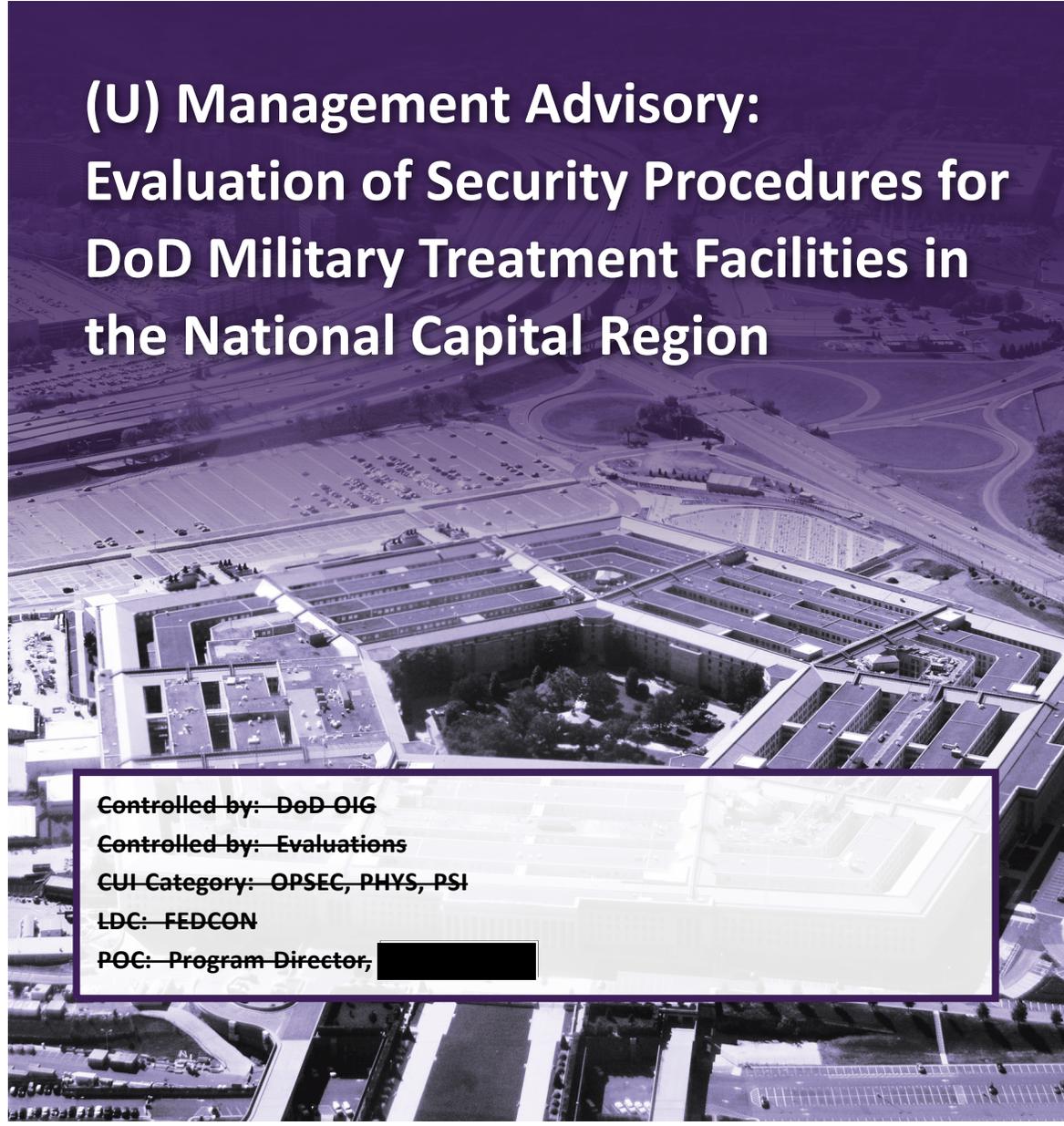


CUI

INSPECTOR GENERAL

U.S. Department of Defense

MARCH 17, 2026



(U) Management Advisory: Evaluation of Security Procedures for DoD Military Treatment Facilities in the National Capital Region

~~Controlled by: DoD OIG~~

~~Controlled by: Evaluations~~

~~CUI Category: OPSEC, PHYS, PSI~~

~~LDC: FEDCON~~

~~POC: Program Director, [REDACTED]~~

INDEPENDENCE ★ INTEGRITY ★ EXCELLENCE ★ TRANSPARENCY

CUI





OFFICE OF INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
 4800 MARK CENTER DRIVE
 ALEXANDRIA, VIRGINIA 22350-1500

March 17, 2026

MEMORANDUM FOR DIRECTOR, DEFENSE HEALTH AGENCY
 AUDITOR GENERAL, DEPARTMENT OF THE ARMY
 AUDITOR GENERAL, DEPARTMENT OF THE NAVY
 AUDITOR GENERAL, DEPARTMENT OF THE AIR FORCE
 COMMANDER, NAVY INSTALLATIONS COMMAND

SUBJECT: (U) Management Advisory: Evaluation of Security Procedures for
 DoD Military Treatment Facilities in the National Capital Region
 (Report No. DODIG-2026-072)

(U) We are providing this draft management advisory for your review and comment on the recommendations and the advisory's public release. This management advisory addresses the objective of our project, "Evaluation of Security Procedures for DoD Military Treatment Facilities in the National Capital Region" to assess the effectiveness of the DoD's physical security at military treatment facilities (MTFs) in the National Capital Region (NCR).¹ We conducted this evaluation from April 2025 through August 2025 in accordance with the "Quality Standards for Inspection and Evaluation," published in December 2020 by the Council of the Inspectors General on Integrity and Efficiency. We previously provided copies of the draft management advisory and requested written comments on the recommendations. We considered management's comments on the draft management advisory when preparing this final advisory. These comments are included in the advisory.

(U) This advisory contains five recommendations that are resolved but will remain open and one recommendation that is considered unresolved because the Acting Defense Health Agency (DHA) Director disagreed and did not fully address Recommendation 1.d. Therefore, it will remain open. We will track this recommendation until management agrees to take actions that we determine to be sufficient to meet the intent of the recommendation and management officials submit adequate documentation showing that all agreed-upon actions to implement it are complete.

(U) To determine whether the DoD provided the minimum requirements for physical security at the NCR MTFs, we conducted site visits to three MTFs; interviewed MTF, DHA, and military installation personnel; reviewed DoD and DHA policies related to physical security, security guards, and antiterrorism requirements; and followed up on one closed recommendation and one longstanding open recommendation from a DoD Office of Inspector General audit.²

¹ (U) This advisory contains information that has been redacted because it was identified by the DoD as controlled unclassified information (CUI) that is not releasable to the public. CUI is government-created or owned unclassified information that allows for or requires safeguarding and dissemination controls in accordance with laws, regulations, or government-wide policies.

² (U) The representatives we interviewed included MTF medical, physical security, and facilities personnel; DHA J-3 Operations Directorate physical security personnel; and each military installation's Security Forces personnel.

(U) Section 702 of the FY 2017 National Defense Authorization Act (NDAA) required the administration of all MTFs to be transferred from the Military Departments to the DHA by October 1, 2018.³ However, the FY 2019 NDAA extended the deadline for transferring MTFs to the DHA to September 30, 2021.⁴ Additionally, the DoD's final plan to implement 10 U.S.C. § 1073c states that all MTFs in the Military Health System, whether under the administration and management of a Service or the DHA, would follow the same DHA-established policies, procedures, and standard business processes.⁵ Therefore, the DHA is currently responsible for the administration of MTF personnel, infrastructure, and missions.

(U) The NCR MTFs are composed of 34 medical and 11 dental facilities that serve TRICARE-eligible beneficiaries in Washington, D.C., Maryland, and Virginia. This evaluation focused on the following three MTFs.

- (U) Walter Reed National Military Medical Center (WRNMMC) is a Level II trauma center located on Naval Support Activity Bethesda (NSAB) in Bethesda, Maryland. With 182 beds and approximately 6,126 employees, the WRNMMC provides critical care and advanced medical services to the surrounding community in addition to being the designated hospital for the President of the United States, members of the Cabinet, and other dignitaries.⁶
- (U) Alexander T. Augusta Military Medical Center (ATAMMC) is a Level III trauma center located on Fort Belvoir, Virginia.⁷ With 120 beds and 4,550 employees, the ATAMMC provides primary care, specialty services, surgical interventions, and emergency care to active-duty military personnel, their families, and retirees.
- (U) Andrews Medical Group–Malcolm Grow Medical Clinics and Surgery Center (MGMCS), located on Joint Base Andrews, Maryland, delivers medical outpatient services to over 455,000 beneficiaries, including 1,500 active-duty military personnel and civilian employees.

(U) As described in a 2022 article from the *Journal of Nursing Management*, the WRNMMC's emergency department commonly experiences overcrowding, unpredictability, and violence, including emotional and physical abuse, threats, and harassment. To mitigate these problems, the article suggests that workplace violence prevention programs work collaboratively and be regularly revised and adjusted.⁸ DHA Administrative Instruction (DHA-AI) 5210.01,

³ (U) NDAA for FY 2017, Pub. L. No. 114–328, § 702 (2016).

⁴ (U) NDAA for FY 2019, Pub. L. No. 115–232, § 711 (2018).

⁵ (U) Deputy Secretary of Defense, "Report to the Armed Service Committees of the Senate and House of Representatives, Final Plan to Implement Section 1073c of Title 10, United States Code," June 30, 2018.

⁶ (U) According to the American Trauma Society, a Level II trauma center can initiate definitive care for all injured patients and includes 24-hour immediate coverage by general surgeons, along with the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology, and critical care. It also provides trauma prevention and continuing education programs for staff and incorporates a comprehensive quality assessment program.

⁷ (U) According to the American Trauma Society, a Level III trauma center provides rapid assessment, stabilization, surgery, and emergency operations with 24-hour emergency physician coverage. These centers offer quick access to surgeons and anesthesiologists, ongoing staff education, and support for rural hospitals.

⁸ (U) Sarah Stafford et al., "What Is the Impact of Patient Violence in the Emergency Department on Emergency Nurses' Intention to Leave?" *Journal of Nursing Management*, July 30, 2022.

(U) "Physical Security Program," designates the MTF field activity director with responsibility for executing the DHA Physical Security Program, developing physical security plans, reporting security incidents, and conducting annual assessments.⁹ According to DHA officials, the DHA uses Unified Facilities Criteria (UFC) 4-510-01 to establish the minimum physical requirements for MTF electronic security systems.¹⁰ These systems use access controls and duress alarms, like the Infant Protection Alarm System, Intrusion Detection Systems, and Behavioral Health Staff Assist Alarm Systems, along with video surveillance systems (VSSs) and photo badging.

~~(CUI)~~ Of the three NCR MTFs we evaluated, only one effectively implemented physical security procedures; the other two MTFs lacked prevention programs and had significant security vulnerabilities that should be addressed. Specifically, we observed that the ATAMMC effectively implemented physical security procedures by maintaining a fully staffed security department with guards who received hospital-specific emergency training. These guards patrolled the hospital and grounds while also documenting emergencies through incident reports. In the last 5 years, the ATAMMC enhanced its physical security infrastructure, upgrading both its VSS and access control systems. [REDACTED]

[REDACTED] Furthermore, as required by the ATAMMC security department, the duress alarm system immediately alerts the security [REDACTED]

~~(CUI)~~ However, at the MGMCS and WRNMMC, we identified physical security deficiencies that could compromise overall safety and operational readiness. [REDACTED]

~~(CUI)~~ [REDACTED]

⁹ (U) DHA-AI 5210.01, "Physical Security Program," July 12, 2023.
(U) According to DHA-AI 5210.01, the titles of the personnel responsible for executing the DHA Physical Security Program vary but include the designated responsible organization, field activity director, designated official, and senior official. For the purpose of this advisory, we refer to these individuals collectively as field activity directors.
¹⁰ (U) UFC 4-510-01, "Design: Military Medical Facilities," February 2023 (Incorporating Change 3, November 2023).

(CUI) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] The

WRNMMC Director further stated that they are renegotiating with the NSAB Commander the terms of the NSAB Tenant Agreement that outlines the services the officers are to provide for the WRNMMC. However, they are experiencing issues arriving at agreeable terms, such as the number of NSAB officers to be provided to the WRNMMC and the officers' assigned duties. The WRNMMC Director also told us that a higher ranking official, likely the Commander, Navy Installations Command (CNIC), would need to assist with a suitable resolution. Therefore, to ensure proper allocation of NSAB police, the CNIC should conduct a thorough evaluation of how NSAB police are used at the WRNMMC, including how WRNMMC's security needs are addressed and develop and implement a plan with milestones to address any identified gaps.

(U) The physical security deficiencies at the MGMCSC and WRNMMC occurred because the DHA did not perform its oversight functions, outlined in DHA-AI 5210.01. Specifically, the DHA did not enforce compliance with minimum physical security requirements or perform the oversight functions listed in DHA-AI 5210.01. For example, although DHA officials performed a Staff Assistance Visit review of the WRNMMC and were aware of the vulnerabilities identified in that review and WRNMMC MTF self-assessments, the DHA did not routinely receive or review physical security assessments from the installations or work with MTFs to develop corrective actions to address physical security deficiencies. According to DHA-AI 5210.01, deficiencies normally result in a higher security program risk, and the field activity director must initiate a security waiver to formalize security program risk acceptance when deficiencies cannot be immediately corrected.

(CUI) In addition, according to an MGMCSC official, the DHA was also aware that the MGMCSC field activity director's role is vacant. [REDACTED]
[REDACTED]
[REDACTED]

Additionally, DHA officials stated that although DHA is responsible for providing funding, MTFs are responsible for allocating those funds to physical security, which led to a disconnect between resource availability and actual security improvements. Specifically, MTF administrators are left to decide whether to use their funding for either nursing staff or physical security because the DHA does not provide the MGMCSC with funds upon request.

(U) DHA-AI 5210.01 requires the DHA Chief of Protection Operations to advocate for security funding, acquisition, sustainment, and research and development in support of all physical security systems to support field activities. DHA-AI 5210.01 also requires the DHA Security Assessment Team to facilitate program reviews, assessments, and inspections based on a triennial assessment and inspection schedule. Therefore, to ensure compliance with minimum physical security requirements, the DHA should conduct an assessment of the physical security of all NCR MTFs, with a focus on identifying deficiencies with UFC 4-510-01 requirements. Based on this assessment, the DHA should develop a plan with milestones to provide the necessary resources for the MTFs to comply with UFC 4-510-01. In addition, the DHA should ensure that the MGMCSC's VSS meets minimum UFC 4-510-01 standards and provide Program Objective Memorandum guidance to address the WRNMMC's VSS deficiencies.

(U) In addition, the NCR MTFs had emergency security procedures, based on the host Service's physical security structure, that may not meet the needs of the MTF. The DHA did not establish requirements or outline a consistent emergency plan or process for all MTFs. Instead, the DHA requires MTFs to rely on the security requirements and capabilities of the host Service, which may limit response times to emergency situations. According to DHA officials, before the DHA assumed control of the MTFs, security procedures were based on the host Service's physical security response requirements. After the DHA's designated control, the DHA continued to require that MTFs follow the host installation's policy, leading to emergency policy inconsistencies and difficulties implementing a comprehensive and effective security framework.

(U) For example, according to the WRNMMC field activity director, NSAB police did not know how to properly defuse escalated situations at the MTF because they were not trained on MTF-specific emergencies. DHA-AI 5210.01 states that the DHA's Special Security Office must coordinate with the host or parent installation's physical and information security offices and law enforcement services to establish and approve physical security requirements. However, according to DHA and NSAB personnel, DHA's Special Security Office did not coordinate with the host installation on physical and information security office and law enforcement services to defuse emergency situations. Therefore, the DHA should develop and implement a policy to standardize emergency response procedures across all MTFs to ensure that MTFs have standardized emergency response procedures that bridge the existing gap in emergency response capabilities between MTFs and their host installations. At a minimum, this guidance should include comprehensive training requirements for military installation police, on-site security guards, and staff as well as a requirement to have regular drills and training exercises and establish an incident response time requirement.

~~(CUI)~~ [REDACTED]

(U) [REDACTED] By implementing these recommendations, the DHA can address the root causes of the physical security deficiencies at the MGMSC and WRNMMC, fostering a safer and more secure environment for patients, staff, and visitors while enhancing the operational readiness of these critical health care facilities.

(U) Recommendations, Management Comments, and Our Response

(U) Recommendation 1

(U) We recommend that the Director of the Defense Health Agency:

- a. **(U) Conduct an assessment of the physical security of all National Capital Region military treatment facilities, with a focus on identifying deficiencies with Unified Facilities Criteria 4-510-01 requirements.**

(U) DHA Comments

(U) The Acting DHA Director disagreed and stated that DHA-AI 5210.01 requires MTF Directors to conduct annual physical security assessments of their facilities, which include an evaluation of the implementation and operability of protection measures required by UFC 4-510-01. The Acting Director stated that the DHA, in 2023, conducted on-site physical security assessments of the MTFs identified in this report and provided the respective MTF Directors with a comprehensive report along with recommendations to mitigate identified findings and vulnerabilities. The Acting Director also stated that in 2024, in response to DoD Office of Inspector General Report No. DODIG-2020-078, the DHA directed all MTFs to conduct physical security assessments to determine where weaknesses exist and implement controls to mitigate those weaknesses. The Acting Director stated that these inspections identified program weaknesses, which allowed MTF leadership to implement mitigation measures, develop funding solutions, and emphasize compliance with standards. The Acting Director further stated that the DHA will also continue to conduct additional on-site security assessments of the NCR MTFs in accordance with the DHA OIG Consolidated Assessment Schedule and the on-going J-34 Protection Program Assessment schedule as an additional mechanism to ensure compliance.

(U) Our Response

(U) Although the Acting DHA Director disagreed with the recommendation, they described planned actions that addressed the specifics of the recommendation. Therefore, the recommendation is resolved but will remain open. The DHA assessments conducted in 2023 do not satisfy this recommendation since our evaluation identified noncompliance with UFC 4-510-01 requirements at some of the NCR MTFs; however, the DHA is planning to conduct additional assessments as a mechanism to identify any noncompliance with UFC 4-510-01

(U) requirements. We will close this recommendation after we verify that the DHA has conducted an assessment of the NCR MTFs' physical security that includes identifying compliance deficiencies with UFC 4-510-01 requirements.

b. (U) Develop a plan with milestones based on this assessment to:

- 1. (U) Provide the necessary resources for the military treatment facilities to comply with Unified Facilities Criteria 4-510-01.**
- 2. (U) Ensure that the Andrews Medical Group - Malcolm Grow Medical Clinics and Surgery Center's video surveillance system meets minimum Unified Facilities Criteria 4-510-01 standards.**

(U) DHA Comments

(U) The Acting DHA Director partially agreed and stated that the DHA directed all MTFs to conduct physical security assessments in 2024 to determine their noncompliance and inoperability of mandatory protection measures. The Acting Director further stated that, according to DHA-AI 5210.01, MTF Directors are financially responsible for planning, programming, budgeting, and executing funding for the life-cycle procurement, sustainment, maintenance, and replacement of physical security equipment for their facilities; and are responsible for identifying, consolidating, and prioritizing funding and acquisition unfunded requests for physical security equipment. However, the Acting Director also stated that after the MGMSC identifies its requirements for its VSS to ensure the system meets minimum UFC standards, the MTF must submit them through their Defense Health Network to Defense Health Headquarters in accordance with DHA-Policy Memorandum 4000.02, "Medical Devices and Equipment (MDE) Requirements Management." In addition, the Acting Director stated that the DHA Headquarters will help advocate for security funding for an electronic security system replacement and upgrades and provide assistance and subject matter expertise as necessary to develop a plan of action and milestones. The Acting Director estimates the completion by September 30, 2027.

(U) Our Response

(U) Although the Acting DHA Director partially agreed, the comments provided addressed the specifics of the recommendation. Therefore, it is resolved but will remain open. The Acting Director plans to advocate for resources necessary to mitigate identified gaps that prevent MGMSC from meeting minimum UFC standards by September 2027. We will close this recommendation after we verify that the DHA has implemented a plan for the NCR MTFs to obtain the resources necessary to comply with UFC 4-510-01, which specifically includes the issues we identified at the MGMSC.

- c. **(U) Provide Program Objective Memorandum guidance to address the Walter Reed National Military Medical Center’s video surveillance system deficiencies.**

(U) DHA Comments

(U) The Acting DHA Director agreed and stated that the DHA will provide Program Objective Memorandum guidance and instructions to the Defense Health Network NCR to ensure that the WRNMMC has the information necessary to address VSS deficiencies by April 30, 2026.

(U) Our Response

(U) Comments from the Acting DHA Director addressed all specifics of the recommendation; therefore, it is resolved but will remain open. We will close this recommendation after we verify that the DHA issued Program Objective Memorandum guidance and instructions to address deficiencies with WRNMMC’s VSS.

- d. **(U) Develop and implement a policy to standardize emergency response procedures across all military treatment facilities to ensure military treatment facilities have standardized emergency response procedures that bridge the existing gap in emergency response capabilities between military treatment facilities and their host installations. At a minimum, this policy should:**
1. **(U) Provide comprehensive training requirements for military installation police, on-site security guards, and staff, as well as a requirement to have regular drills and training exercises.**
 2. **(U) Establish an emergency response window for on-site guards and military police that ensures timely and effective incident response.**

(U) DHA Comments

(U) The Acting DHA Director disagreed and stated that according to DHA-AI 5210.02, MTFs are required to coordinate with their host-installation to develop specific training and exercise schedules and scenarios to test the effectiveness of countermeasures against potential threats and exercise joint emergency management between installation law enforcement and DHA security guards. The Acting Director also stated that DHA-AI 5210.02 requires that MTFs participate in installation risk assessment processes and threat working groups, which address security-related issues and implement support plans, response priorities and procedures, and additional risk mitigation measures as needed. For the minority of the MTFs that do have on-site DHA security guards, the Acting Director stated that the mandated training requirements and response procedures are already codified in DHA AI 5200.08, “Security Guard Program,” July 11, 2023, as amended; the DHA Security Guards Training Program guidance; and the Security Guard Field Officer Training Program Handbook, which supplements annual academic instruction with hands-on training resources.

(U) Additionally, the Acting Director stated that there is no specific DoD, Service Component, or DHA standard dictating response times for installation law enforcement or on-site security guards during incidents or emergencies at an MTF. The Acting Director stated that response times are influenced by local mission priorities, the totality of circumstances, and other contributing or extenuating factors. The Acting Director further stated that as a tenant organization, the DHA does not have authority over host-installation law enforcement organizations and cannot mandate or implement Service Component emergency response procedures or training requirements.

(U) Our Response

~~(U)~~ Comments from the Acting Director did not address the specifics of the recommendation; therefore, it is unresolved. During this evaluation, we observed and identified deficiencies that remain at the MTFs, [REDACTED]

[REDACTED]

As the DoD Component designated by the FY 2017 NDAA to provide MTF oversight, the DHA is responsible for ensuring effective physical security at MTFs. Although the Acting Director stated that the DHA does not have certain authorities as a tenant organization, DoDI 6055.17, “DoD Emergency Management Program,” provides the DHA with specific authorities, including those related to emergency preparedness and exercise planning.¹³ We request that the Acting Director provide additional comments within 30 days in response to the final report describing the actions DHA plans to take to address the recommendation.

(U) Recommendation 2

(U) We recommend that the Commander of the Navy Installations Command:

- a. (U) Conduct a thorough evaluation of how the Naval Support Activity Bethesda police are used at Walter Reed National Military Medical Center, including how the Walter Reed National Military Medical Center’s security needs are addressed.**
- b. (U) Develop and implement a plan of actions with milestones to address any gaps identified in the evaluation.**

(U) CNIC Comments

(U) The NSAB Commander, responding for the CNIC, disagreed and stated that the CNIC conducts comprehensive reviews of all aspects of Navy Security Forces by utilizing the required evaluation process consisting of the Chief of Naval Personnel Command Assessment for Readiness and Training, Regional Assessment, and Final Evaluation Problem, which all include response and services provided to tenant commands. Additionally, the Commander

¹³ (U) DoDI 6055.17, “DoD Emergency Management Program,” February 13, 2017 (Incorporating Change 4, December 1, 2025).

(U) stated that NSAB completed a Command Assessment for Readiness and Training (Phase I) and Regional Assessment (Phase II) in December 2025 and is scheduled for a CNIC Final Evaluation Problem (Phase III) in May 2026. According to the Commander, these assessments encompass an in-depth review of all aspects of NSAB's Antiterrorism, Physical Security, Law Enforcement, and Training Programs that require a command improvement plan which is tracked at the installation level and reported to the Regional Commander and CNIC Headquarters. Additionally, the Commander stated that NSAB, in coordination with Naval District Washington, will correct the issues identified in this advisory and develop and implement a corrective action plan.

(U) Our Response

(U) Although the NSAB Commander disagreed with recommendation, the CNIC Phase I and II reviews conducted and the Phase III planned review at NSAB, along with the Commander's agreement to correct the issues identified in this advisory, address all specifics of the recommendation. Therefore, it is resolved but will remain open. We will close the recommendation after we verify that the CNIC Phase I, Phase II, and Phase III reviews are complete for NSAB, and that the NSAB Commander implemented a plan for addressing gaps identified during these reviews and this evaluation.

(U) If you have any questions or would like to meet to discuss this management advisory, please contact [REDACTED]



Bryan T. Clark
Assistant Inspector General for Evaluations
Programs, Combatant Commands, and Operations

(U) Management Comments

(U) Defense Health Agency



DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

MEMORANDUM FOR DEPARTMENT OF WAR INSPECTOR GENERAL

SUBJECT: Defense Health Agency Response to Department of War Office of Inspector General Draft Report, "Evaluation of Security Procedures for DoD Military Treatment Facilities in the National Capital Region" (Project Number D2025-DEV0HD-0122.000)

The Defense Health Agency's (DHA) response to the Department of War Office of Inspector General (DoW OIG) draft report "Evaluation of Security Procedures for DoD Military Treatment Facilities in the National Capital Region" (Project Number D2025-DEV0HD-0122.000) is provided in the attached. The DHA concurs with Recommendation 1.c., non-concurs with Recommendations 1.a. and 1.d. and partially concurs with Recommendations 1.b. of the draft report as written. The DHA welcomes the opportunity to enhance the security and force protection posture for our vital DHA personnel, facilities, assets, and mission sets.

The point of contact for this response is [REDACTED] J-34 Protection Division, Defense Health Agency, who can be reached at [REDACTED].

SMITH.DAVID J. Digitally signed by SMITH.DAVID J. Date: 2026.01.31 13:55:36 -0500

David J. Smith, M.D.
Acting Director

Attachment:
As stated

(U) Defense Health Agency (cont'd)

Attachment:

Department of War Office of Inspector General Draft Report, “Evaluation of Security Procedures for DoD Military Treatment Facilities in the National Capital Region” (Project Number D2025-DEV0HD-0122.000)

RECOMMENDATION 1.a.: The DoW OIG recommends that the Director of the DHA conducts an assessment of the physical security of all National Capital Region (NCR) military medical treatment facilities (MTF), with a focus on identifying deficiencies with Unified Facilities Criteria (UFC) 4-510-01 requirements.

RESPONSE: The DHA non-concurs with this recommendation, as DHA Administrative Instruction (AI) 5210.01, “Physical Security Program,” July 12, 2023, as amended, requires MTF Directors to conduct annual physical security assessments of their facilities, which includes an evaluation of the implementation and operability of protection measures required by UFC 4-510-01. In 2024, in response to a previous DoW OIG finding (Report number Department of Defense IG-2020-078), DHA directed all MTFs including those in the NCR to conduct physical security assessments to determine where weaknesses exist and implement controls to mitigate those weaknesses. These inspections identified program weaknesses, which allowed MTF leadership to implement mitigation measures, develop funding solutions, and emphasize compliance with standards. Additionally, in accordance with DHA-AI 5210.02, “Antiterrorism Program,” January 31, 2025, MTF antiterrorism/physical security officers are required to document and continuously monitor, track and provide updates concerning the lack of or inoperable protection measures in place, identified vulnerabilities, and overall risk(s). Furthermore, the DHA conducted on-site physical security assessments of the three MTFs identified in this report in 2023 and has provided the respective MTF Directors with a comprehensive report along with recommendations to mitigate any identified findings/vulnerabilities. The DHA will also continue to conduct additional on-site security assessments of the NCR MTFs in accordance with the DHA OIG Consolidated Assessment Schedule and the on-going J-34 Protection Program Assessment schedule as an additional mechanism to ensure compliance.

RECOMMENDATION 1.b.: The DoW OIG recommends the Director of the DHA develop a plan with milestones based on this assessment to (1) Provide the necessary resources for the MTFs to comply with UFC 4-510-01; and (2) Ensure that the Medical Group Malcolm Grow Medical Clinics and Surgery Center’s video surveillance system meets minimum UFC 4-510-01 standards.

RESPONSE: DHA partially concurs with this recommendation, as DHA-AI 5210.01 requires MTF Directors to conduct annual physical security assessments of their facilities, which includes an evaluation of the implementation and operability of protection measures required by UFC 4-510-01 to include the video surveillance system placement and requirements for MTFs.

(U) Defense Health Agency (cont'd)

In 2024, the DHA directed all MTFs to conduct physical security assessments to determine both noncompliance and inoperability of mandatory protection measures. Furthermore, in accordance with DHA-AI 5210.01, MTF Directors are financially responsible to plan, program, budget, and execute funding for the life-cycle procurement, sustainment, maintenance, and replacement of physical security equipment for their facilities. MTFs are also responsible for identifying, consolidating, and prioritizing funding and acquisition unfunded requests for physical security equipment if necessary. Once Medical Group Malcolm Grow Medical Clinics and Surgery Center has identified its requirements for its video surveillance system to ensure the system meets minimum UFC standards, the MTF must submit through their Defense Health Network (DHN) to Defense Health Headquarters in accordance with DHA Procedures Manual (PM) 4000.02, "Medical Devices and Equipment (MDE) Requirements Management," October 19, 2021. The DHA Headquarters will help advocate security funding for electronic security system replacement and upgrades and provide assistance and subject matter expertise as necessary to develop a plan of action and milestones. The estimated completion date for a plan of action and milestones is September 30, 2027.

RECOMMENDATION 1.c.: The DoW OIG recommends that the Director of the DHA provide Program Objective Memorandum (POM) guidance to address the Walter Reed National Military Medical Center's video surveillance system deficiencies.

RESPONSE: DHA concurs with this recommendation, as DHA will provide POM guidance and instructions to the DHN NCR to ensure Walter Reed National Military Medical Center has the necessary information to address its video surveillance system deficiencies. However, in accordance with DHA-AI 5210.01, MTF Directors are required to plan, program, budget, and execute funding for implementation, sustainment, and replacement of protection measures and physical security systems for their facilities. Furthermore, MTFs are responsible for identifying, consolidating, and prioritizing funding and acquisition requests for physical security equipment for submission to their respective DHN and to DHA Headquarters in accordance with DHA-Procedures Manual 4000.02. DHA's estimated completion date of a POM is April 30, 2026.

RECOMMENDATION 1.d.: The DoW OIG recommends that the Director of the DHA develop and implement a policy to standardize emergency response procedures across all MTFs to ensure these facilities have standardized emergency response procedures that bridge the existing gap in emergency response capabilities between MTFs and their host installations. At a minimum, this policy should (1) Provide comprehensive training requirements for military installation police, on-site security guards, and staff, as well as a requirement to have regular drills and training exercises and (2) Establish an emergency response window for on-site guards and military police that ensures timely and effective incident response.

RESPONSE: The DHA non-concurs with this recommendation, as there is no specific Department of War, Service Component, and/or DHA standard dictating response times for installation law enforcement or on-site security guards during incidents or emergencies within an

(U) Defense Health Agency (cont'd)

MTF. Response times are influenced by local mission priorities, the totality of circumstances, and other contributing or extenuating factors. As a tenant organization, DHA does not have authority over host-installation law enforcement organizations and cannot mandate or implement Service Component emergency response procedures or training requirements. Additionally, in accordance with DHA-AI 5210.02, MTFs are required to coordinate with their host-installation to develop specific training and exercise schedules and scenarios in order to test the effectiveness of countermeasures against potential threats and exercise the joint emergency management construct between installation law enforcement and DHA security guards (if applicable). Furthermore, in accordance with DHA-AI 5210.02, MTFs are required to participate in installation risk assessment processes and threat working groups. These forums address security-related issues, implement support plans, response priorities and procedures, and additional risk mitigation measures as needed. For the minority of the MTFs which do have on-site DHA security guards, the mandated training requirements and response procedures are already codified in DHA AI 5200.08, "Security Guard Program," July 11, 2023, as amended, DHA Security Guards Training Program Guidance, and the Security Guard Field Officer Training Program Handbook, which supplements annual academic instruction with hands-on training reequipments.

(U) Department of the Navy



DEPARTMENT OF THE NAVY
 NAVAL SUPPORT ACTIVITY BETHESDA
 4655 TAYLOR ROAD
 BETHESDA MARYLAND 20889-5639

February 10, 2026

MEMORANDUM FOR DEPARTMENT OF DEFENSE INSPECTOR GENERAL

SUBJECT: Naval Support Activity Bethesda Response to Department of Defense Office of Inspector General Draft Report, "Evaluations of Security Procedures for Department of Defense Military Treatment Facilities in the National Capital Region" (Project No. D2025-DEV0HD-0122.000)

This is the Naval Support Activity (NSA) Bethesda response to the Department of Defense Office of Inspector General (DoD OIG) draft report, "Evaluations of Security Procedures for DoD Military Treatment Facilities in the National Capital Region" (Project No. D2025-DEV0HD-0122.000). NSA Bethesda partially concurs with the report as written and welcomes the opportunity to identify any new integrated training requirements and integrate them, as able, based on current resources. Any new requirements that are unable to be implemented will be codified in a General Terms and Conditions document.

NSA Bethesda, in coordination with Naval District Washington, will correct issues identified in this report and develop and implement a corrective action plan outlined in the following recommendations:

RECOMMENDATION: The DoD OIG recommends that the Commander, Navy Installations Command (CNIC):

- a. Conduct a thorough evaluation of how the NSA Bethesda Police are used at Walter Reed National Military Medical Center (WRNMMC), including how the WRNMMC security needs are addressed.
- b. Develop and implement a plan of action with milestones to address any gaps identified in the evaluation.

RESPONSE: Non-concurrence. CNIC conducts comprehensive reviews of all aspects of Navy Security Forces by utilizing the required Office of Chief of Naval Personnel (Command Assessment for Readiness and Training (CART), Regional Assessment (RAS), and Final Evaluation Problem (FEP)) evaluation process. These three distinct and separate evaluations include response and services provided to tenant commands. NSA Bethesda is currently preparing for CNIC FEP (Phase III) in May 2026, following the successful completion of CART (Phase I) in October 2024 and a RAS (Phase II) in December of 2025. These separate assessments encompass a deep-dive review of all aspects of the department's Antiterrorism, Physical Security, Law Enforcement, and Training programs. Any assessment milestone not met requires a Command Improvement Plan, which is tracked at the installation level and reported to the Regional Commander and CNIC Headquarters.

(U) Department of the Navy (cont'd)

The point of contact for this matter is [REDACTED] NSA Bethesda Executive Officer, who can be reached by phone at [REDACTED] or via email at [REDACTED]



Alan B. Christian
Commanding Officer



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