

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM  
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INTERVIEW WITH CAPT (ret) TERRY IRGENS, MSC, USN  
AT NORTHROP GRUMMAN, FALLS CHURCH, VA

CONDUCTED BY  
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HEADQUARTERS BUMED DETACHMENT  
FALLS CHURCH, VIRGINIA

The date is September 26, 2013. Today we have the great pleasure of talking with retired Captain Terry Irgens. In his 27 year Navy career, Captain Irgens served in a variety of administrative, clinical, and leadership assignments culminating with tours as director of the Defense Personnel Support Center in Philadelphia, Pennsylvania, and commander of the Naval Medical Logistics Command in Frederick, Maryland. This session is being conducted as part of the BUMED Oral History Project.

Q: Captain, we sincerely appreciate your time today. As with all these oral history sessions, we like to start off at the very beginning of your story. Can you share a bit about your early background and tell us how you actually became a pharmacist?

A: I grew up in Williston, North Dakota. My father was a pharmacist, so you can probably figure out why I drifted towards pharmacy. The town of Williston, which is now an oil boom town, has quadrupled in size in the last two years. But at that time, it was a small rural town of, 10,000 people. We grew up with, basically, not a lot to do, sports-wise, like kids have today, but I gravitated towards Boys Scouts, and Cub Scouts. I spent a lot of time in the Boy Scouts and eventually became an Eagle Scout. And so back in the 1960s, I decided to work in my dad's drug store

for \$.25 cents an hour sweeping up, delivering prescriptions and stocking shelves. I did spend a lot of time with the Boy Scouts, and a group of friends, five of us, all became Eagle Scouts. In 1960, I went to the World Jamboree in Colorado Springs, so that was kind of the highlight of my youth.

In high school I played basketball, and I was the tallest boy in my class. Phil Jackson, whom you may have heard of, was one year ahead of me, so I played basketball as a backup to him. We won the state championship the year I was a junior, and Phil has gone on to great accomplishments, and has done an outstanding job as a coach, more than as a player. But I knew Phil very well. He came back to our hometown and they named a street and auditorium after him. He comes back to Williston from time to time for reunions.

Admiral Don Hagen<sup>1</sup> is also was from Williston, North Dakota. He rode horses with my father in the M-T Saddle Club.<sup>2</sup> He was a little older than I was, so at one point in my military career when I was a captain and Admiral Hagen

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<sup>1</sup> VADM Donald Hagen, Surgeon General of the Navy (1991-1995). As Surgeon General, his experience in operational medicine enabled the Medical Department to meet unprecedented demands for operational medical support for peacekeeping, humanitarian missions, and disaster relief.

<sup>2</sup> M-T Saddle Club was established in 1955 to promote Equine Activities in the Williston Area.

and I were both stationed at Bethesda Naval Hospital, we eventually realized that we both went to Williston High School and so we got to be pretty good friends after that. He actually presented me with an award from AMSUS<sup>3</sup> at a convention in Florida many years ago.

So nothing extraordinary! I went to college at North Dakota State University, a five-year program at the time, to get my pharmacy degree. I played in the NDSU Gold Star band.<sup>4</sup> Actually John Phillip Sousa was a conductor way back when my father was in the band, and my father played solo for John Phillip Sousa during the time that he was traveling around as a visiting conductor during the latter part of his life.

I got married my fourth year of college to my high school sweetheart, whom I'd been dating since 1960, and we just had our 45<sup>th</sup> wedding anniversary. So we've been together, actually, over 50 years.

When I was a fifth year pharmacy student, which was right during the Vietnam War, I got a fellowship to go to Purdue University to get a Ph.D. Because it wasn't a medical program, I didn't get a draft deferment. I ended

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<sup>3</sup> Association of Military Surgeons of the United States.

<sup>4</sup> "The Pride of North Dakota," the University of North Dakota Gold Star Marching Band is a non-auditioned band open to all-majors at the university.

up getting a low draft number, which I always say is the only lottery I've ever won. I decided to come in the military instead of waiting to be drafted. I applied to the Navy and Public Health Service for a commission. I got an offer from the Public Health Service to do a residency in Seattle, but at that time it was questionable whether the Public Health Service was going to keep their hospitals and subsequently they closed most of their hospitals. I picked the Navy; my uncle was in the Navy and there were very few people from North Dakota in the Navy. That year they only picked two pharmacists to come in the Navy. I think my Eagle Scout was the only outlier that made me competitive; I think that was a good thing to have on your record, and I think that helped me get into the Navy.

I was stationed at Charleston, South Carolina. My plan was to stay in my three years and go back to work for my dad who had two drug stores in Williston, ND. After six months on the job at Charleston, I became the chief pharmacist of the 500-bed hospital right out of college. You could never get that kind of experience at that young age. I was 22 and chief pharmacist of a huge pharmacy in a 500 bed hospital during Vietnam.

The one story I do like to tell a lot of people is when I first got to Charleston. When you first arrived at that duty station, they gave you collateral jobs. The command gave me a job as the lawyer for the disability evaluation "full and fair hearing" for wounded warriors that were disputing their rating for disability. You may have heard about the VA disability rating system. In the military when the doctor medically boarded you out for being an amputee, or for any reason, you got a Preliminary board rating, and then if you fought it because the rating was not consistent with your condition, you went to a full and fair hearing. At the Naval Hospital in Charleston, even though I was not a lawyer, they assigned me to represent the wounded warriors who came to the hearing. I got to know the disability evaluation book in the VA very well because it tells you if you lose your right arm, it's worth 30%. If you have scars, it's worth 10%, etc. So I got to learn the process pretty well. This same book is used today by the VA; they haven't changed it. It dates back to the 40s.

I won 17 out of 18 cases, which means I got higher percent disability for 17 out of 18 wounded warriors. The one I didn't win is primarily because he came in a uniform

that didn't fit, and there was a Marine on the board who wasn't happy. But that was a good experience because you got to learn the process; you got to learn how to help people who had many disabilities. So I have a philosophy that I adopted way back then. If I can help one person some way extraordinarily every day in my life, and if I can do six one day then I get five days off; that is my mantra.

Meanwhile, the chief pharmacist at our hospital got transferred to Portsmouth and I was "interim Chief Pharmacist" until the replacement arrived. Captain John Lucas,<sup>5</sup>-whom you may have heard about, - Became the Chief Pharmacist and I worked with him for about 18 months until I got transferred.

After that, I said, "You know, the military isn't bad" so before I got out of the service I asked to be reassigned. They sent me to Newport, Rhode Island, the same place the America's Cup<sup>6</sup> used to be held until they lost it back in the 70s. And Newport was the perfect place to be. I mean, it was a great location; it's lovely, the staff was fabulous. I built some lasting relationships there. At that time, pharmacy was just "put the drugs in a bottle, send

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<sup>5</sup> LCDR (later CAPT) John Richard Lucas, MSC, USN. Served as Pharmacy Specialty Advisor from 1976 to 1980.

<sup>6</sup> Yachting race that originated in 1851. The trophy—"the America's Cup" is named after the inaugural winner, the ship *America*.

them to the ward and the nurses dispense the medication." So we developed a unit dose system, which is a process that they use today where they have little cards for each patient and they fill up each dose each day and send it up to the wards. So we were one of the first pharmacies in the Navy to deploy this service and an article was written in the BUMED newsletter about that.<sup>7</sup>

And so at three years, my time to get out, I decided, gee whiz, maybe I'd like to apply for graduate school. So I applied for graduate school in the Navy and they sent me back to North Dakota,<sup>8</sup> where I received my undergraduate degree, which is a big benefit the military offered. You went to school full time and all expenses were paid and you were able to complete your master's degree!

So it happened that the day I got there is the day that the school of pharmacy got their first mini-computer.

Q: This was 1972, 1973?

A: It was 1974. I was at Charleston from '69 to '71, Newport from '71 to '74, and then Fargo, North Dakota from '74 to '75. I arrived the same day they got their minicomputers. They said, "Graduate student, computer, this is your

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<sup>7</sup> Smith, Lamar. "A Modified Unit-Dose Medication System for Military Hospitals." *U.S. Navy Medicine*. Volume 60, November 1972. pp 34-38.

<sup>8</sup> University of North Dakota

project. You make it work." So I helped transform the pharmacy school from just a laboratory to an actual dispensing pharmacy. I wrote the requirements; programmed the computer to have a computerized outpatient pharmacy information system.

Q: Was this on punch cards?

A: No, no. It was all on BASIC program language.<sup>9</sup> Before that, they were all IBM mainframe punch cards, but no, this was all on BASIC language. And I developed the pharmacy system, which they then started using in the dispensing lab, preparing labels, interaction checking and patient profiles for prescriptions, just like they do today at CVS, maybe a little bit more rudimentary.

I copyrighted the code. I did my thesis on this minicomputer approach to a pharmacy information system. When I was doing my thesis, there was no word processing programs available at that time. I wrote a program to be a word processing program, typed my thesis on the computer, and printed it on the computer printer, published it and had it bound. I was the first person at North Dakota State

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<sup>9</sup> BASIC (Beginner's All-purpose Symbolic Instruction Code) is a family of general-purpose, high-level programming language whose design philosophy emphasized ease of use.

University to publish their thesis using a computer printout.

Because of my computer background, when I graduated they sent me to Bethesda<sup>10</sup> because, at that time, we were required to have patient profiles, but they're all manual, and you can't do that manually. So, there was a system called the TRIMIS Program,<sup>11</sup> and I was the Navy representative to the Tri-Service Medical information system. I did that as a collateral duty. Again, I was working full-time in the pharmacy and I worked on that project nights and weekends.

The DOD went out and bought an inpatient computer system from Ohio State University, and an outpatient system from Puget Sound in Seattle, and they're two different systems running on IBM mainframes-big systems, which were very expensive. While I was in graduate school, I got to be friends with a pharmacist from Charleston, South Carolina, who was a professor who came out of the Medical University, South Carolina, and they had developed a pharmacy information system, which they were selling commercially. When the DOD was going to test these systems for millions

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<sup>10</sup> National Naval Medical Center, Bethesda, MD

<sup>11</sup> The Tri-Service Medical Information Systems (TRIMIS) Program was a Department of Defense program established to assess and implement Medical Information Systems for the DoD Health System, and thus reduce costs, improve productivity.

dollars and back in '75, '76, a million dollars was a lot of money. I, probably as any young lieutenant, was kind of brash; I could do anything; I could scale any wall, climb any mountain. And when you're a lieutenant you can get away making mistakes by asking for forgiveness; when you're a captain you can't. I wrote a memorandum to the TRIMIS Program Office to propose that they test the minicomputer instead of wasting all that money on an IBM mainframe. This memo was signed by Admiral Arentzen,<sup>12</sup> whom you probably know. He just passed away recently.

So, this proposal got approved and on December 1<sup>st</sup>, 1977 the system was implemented. I consider this a landmark document because for \$40,000 we did what was going to cost a million dollars. The system started in Charleston, South Carolina and ran for four months and did so well. The first day they prevented a serious interaction with a drug that a patient was going to get that would have probably cost them their life. That system ran throughout all the military. They expanded it to run over telephone lines to the Medical University, at 4800 Baud,<sup>13</sup> which is a very slow transmission, and it worked very well at the time. That

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<sup>12</sup> VADM Willard P. Arentzen, Surgeon General of the Navy (1976-1980). Arentzen died in 2013.

<sup>13</sup> Modem. The term is named after J.M.E. Baudot, the inventor of the Baudot telegraph code.

system ran up until 1985 when CHCS<sup>14</sup> system was deployed in 1985. That's eight years it ran throughout all military hospitals, and many different versions. They decided to put the servers in the hospital, and they expanded it, but at a very low cost.

When CHCS came in, that replaced the lab system, the pharmacy system, the patient appointment system and everything else. So I consider that a triumph. So this is before CHCS, so if you look at the history of the electronic health record in the military, they usually start at CHCS, but actually, it was ten years before that that it started.

Q: So you're really the father of this system?

A: I was for the pharmacy. I won't take credit for the rest. But I helped pick the people who were in Charleston. If you pick the right people, anything can happen. John Nazzaro,<sup>15</sup> who was in the *History of Pharmacy*.<sup>16</sup> Have you seen this?  
[shows copy of *History of Pharmacy in the United States Navy*]

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<sup>14</sup> Composite Health Care System (CHCS) is an Open Virtual memory System-based medical informatics system designed by Science Applications International Corporation (SAIC) and used by all United States and OCONUS military health care centers.

<sup>15</sup> CAPT John Nazzaro was the first Pharmacy Systems Project Manager for the Department of Defense.

<sup>16</sup> McCarthy, Judith, Gray, David and Edward Moldenhauer. *The History of Pharmacy in the United States Navy*. Department of the Navy, 1997

Q: I have seen this.

A: Okay, I'm going to give this to you because I've got an extra copy. Anyway, John Nazzaro was coming from Japan; Franz Peterson was already in Charleston. Along with Frank Morris they single-handedly made the system work. They had to do everything, just amazing amount of work; they had to load all the patients themselves. Plus fill a thousand prescriptions a day on a manual typewriter, so you can imagine the magnitude of what we had to work with.

I did that as a collateral duty for three years, and then I went up to Philadelphia Naval Hospital as a chief pharmacist, and served there for three years. I worked with Nancy Lescavage<sup>17</sup>; she was a charge nurse in one of the wards and we got to be good friends, but there were a lot of great staff in Philadelphia at the old hospital that was demolished a few year back and replaced with a park.

I worked there for four years, and then I got assigned to the Defense Personnel Support Center(DPSC),<sup>18</sup> which was right across the street from Naval Hospital, at the time. I went through the internship program and I ended up being in charge of contracting. I worked there for three years.

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<sup>17</sup> RADM Nancy Lescavage served as the 20<sup>th</sup> Navy Director of the Navy Nurse Corps (2001-2004).

<sup>18</sup> Defense Personnel Support Center (DPSC) was redesignated the Defense Supply Center Philadelphia(DSCP) in 1998

I got to know DPSC pretty well, so that helped me when I became director later on. During that period, Navy Medicine had come up with a two-tiered way for healthcare administration to work in executive medicine, or non-executive medicine. They actually split the MSC's into two different groups-one executive medicine, one in clinical medicine. I got selected to be in executive medicine, which is where you can become a CO. I got transferred to Bethesda again to be the director of logistics at the "President's Hospital." Admiral Shaffer<sup>19</sup> was the CO at the time. They were having a difficult time purchasing supplies, keeping the doctors and patients happy. I was very successful building a team at the Logistics department that could support the medical staff. I feel that it really helped me gain my reputation, so to speak. I could be called a troubleshooter because that place was under siege when I got there. Bethesda is just a complex facility with many stove pipes.

I have one story about Ronald and Nancy Reagan that I'd like to mention.<sup>20</sup> He was a patient at Bethesda when I was there. One day I got a call and they said, "Nancy

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<sup>19</sup> RADM Richard G. Shaffer, DC, USN (1934-2012) served as the Commanding Officer at the National Naval Medical Center from 1984-1987.

<sup>20</sup> President Reagan was a patient at NNMC in 1985.

Reagan wants a humidifier." Well, they don't have portable humidifiers in hospitals, but Nancy Reagan wanted a humidifier. I had just bought one recently that was still in the box, and I called my son in Middletown, Maryland and I said, "Hey, would you get in your car and bring it down to me." So within an hour, I had the humidifier. It got sent up to the Presidential unit, and Nancy used it during his stay for three or four weeks. I forget how long it was. Then at the end of his hospital stay, they boxed it up and delivered it back to me in the supply department. So I took it home and I had it in my house for a long time, but I couldn't prove that it was used by Ronald Reagan. That is a story that I told a lot of people, but that's an interesting story, I think. And so you do what you have to do to get the job done.

Q: Do you still have it?

A: I actually don't; I threw it away. If he would have signed it I would have kept it, but I think I might have gotten rid of it because it wasn't signed. There was no indication, I couldn't prove it. So, what the heck? I figured the least they could do is send a little "thank you" from Nancy because she's the one that wanted it.

I next was selected for executive medicine and got transferred to Groton, Connecticut as the XO. Then I worked there for six or eight months. The CO was Hugh Scott<sup>21</sup> and he was promoted to Admiral, and he left early. So I got to be the CO for about four months until Captain Norm Dean came and replaced me. I was XO and CO, and then back to XO of Groton Naval Hospital which is now a clinic. And that's when the Navy IG popped in for a visit. They needed somebody right away on the IG for Admiral Chang,<sup>22</sup> and I left for the IG. I liked D.C. and the kids were in high school, and I volunteered to be on Admiral Chang's staff. So in December of 1988 I was with Admiral Chang; he's quite the guy. If you haven't heard stories about him they used to have "Chang-isms." He would butcher the English language and they would break down how he butchered it, and they would have a list and call them Chang-isms. But, it was an interesting time. He demanded a lot. He would write memos to the congressmen and to different people, and he would come on a Friday and he would deliver these memos, so he had a different way of doing things. And you could write a memo for him and give it to him and he would just butcher it up and chew you up and throw you out.

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<sup>21</sup> RADM Hugh P. Scott, MC, USN

<sup>22</sup> Admiral Ming Chang, USN. Served as Inspector General of the Navy (1987-1990).

The next day he would have another version. And then Friday you could take back the original version you wrote on Monday, and he would approve it as written . He would approve the same version. So you never threw away any versions. And then if it was too early, you didn't give him anything before he needed it because he would tear it apart. I think Memphis was the medical team's first inspection. We did a lot of inspections with the IG with that group headed up by Admiral Nelson,<sup>23</sup> and Admiral Engel.<sup>24</sup>

Q: Any stories you can tell about that experience?

A: When we went to Subic Bay for an IG inspection, they had these big, red Sharps containers,<sup>25</sup> and they put used needles in syringes, and I was watching these containers going out the door and I said, "What do you do with these containers?"

And they said "Well, we bury them."

So we went out to the landfill and sure enough, they'd throw them down in a deep pit and they'd bury them. Then I said, "Well, how do you know that they stay there?"

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<sup>23</sup> VADM Richard Nelson, Surgeon General of the Navy (1997-2001)

<sup>24</sup> RADM Joan Engel, Director of the Navy Nurse Corps (1997-2001)

<sup>25</sup> Container is filled with used medical needles (and other sharp medical instruments, such as an IV catheter).

We went out in Olongapo, which is outside Subic Bay, and they were selling these empty Sharps containers on the street. So they were dumping the syringes somewhere, taking the containers and selling them. Obviously, we directed that they burn the containers, not just bury them because they didn't stay buried.

Another story is Admiral Chang had to give a talk in Hawaii and he wanted me to go along with him. So we flew out to Hawaii; he gave his talk, and we flew back the same day! We flew to Hawaii and back the same day because he was providing guidance to a military unit. Admiral Chang was just an eccentric individual, but very dedicated. He took care of the staff; he was like a father figure to some people, especially nurses.

I only stayed on the IG for a couple years, and then they needed somebody during Desert Storm to be the director of Defense Personnel Support Center, and I got orders up there. I left my family in Middletown, Maryland because I wanted my daughter to finish high school. So I commuted on Monday and stayed at the BOQ up at the Navy Yard, and then came back on Friday. I spent a lot of hours commuting during that period of time, but the day I got there, I went into my beautiful office there, and all the meetings they

had were on critical medical items. On my first day of work, I had to deal with nerve agent antidotes, pyridostigmine<sup>26</sup> tablets, immune serum globulin, anthrax vaccine, very critical items you needed for the troops deploying to the Gulf. And so, the item manager would brief you, this manufacturer had these many doses ready at this time, or it was going to be the depot. I had one piece of paper on my desk with all this information that I gathered the day before. So I went to work early the next day and I'm sitting at my desk by myself and my phone rings, and it's General Cusick.<sup>27</sup> General Cusick was the commander of Defense Personnel Support Center at the time, and he was in Germany at the Headquarters of the Seventh Army, I believe. And he says, "Oh, Terry, Glad to have you." Not welcome aboard, that's a Navy phrase, but, "Glad to have you." And he said, "I know you're new and you're not going to know anything yet, but I really have to have some information quickly today." And he listed six items: nerve agent antidotes, immune serum globulin, and he says, "Get the information and call up Colonel Somebody this afternoon."

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<sup>26</sup> Parasympathomimetic and a reversible cholinesterase inhibitor.

<sup>27</sup> LTGen John Cusick served as the Commander of the Defense Personnel Support Center (1990-1991).

I said, "Well, General, I have the information for you right now." So I read them off exactly where they were, when they were going to get them dose by dose.

And he says, "How in the hell did you know that information?"

I said, "Well, I just received a briefing yesterday" And so when he gets back from his trip, he calls me over and he says, "I can't believe..." I mean, it was just blind luck. You had the information that the general needed at your fingertips. Nobody in the room, nobody in the building you could ask at that time, so I was able to answer his questions. So needless to say I made a good first impression on the general.

We had daily meetings on these items for the next four years in supplying the Gulf War. So when I finished that tour after four years, put about 200,000 miles on my car driving back and forth to Philadelphia, I got selected to be CO at the Naval Medical Logistics Command, which some would say is a bigger job, but actually it was a lower-tiered job than the Director of Defense Supply Center. In Philadelphia I was in charge of millions of dollars of supplies and 700 people. The Naval Medical Logistics, although it was a great job, it was a lower-tiered job. I

was Commanding Officer for two years, and I had two kids in college at the time, major credit card debt, and I said, "Well, I better look for a second job," because I just didn't feel I could support-staying in the military, I loved it.

So I got a job offer from Northrop Grumman, and then I applied to get out of the Navy; they were able to accelerate the application. I went into Northrop Grumman, and again, they needed a military person on the IT contract, and I knew when I was working this project for Trimis, a guy by the name of Jim Reardon, who was a GS7, at the time ended up being the CIO for the Military Health System. I knew him really well, obviously, and so when I went to Northrop Grumman, I had good rapport with the Tricare Management Activity as they call it now, I'm not sure they called it that then. And six months after I got there my boss retired and they elevated me to program manager of this contract, sort of like what happened back in Charleston. So I turned around that contract and worked there for five years and commuted down to Skyline<sup>28</sup> from Frederick, Maryland. It's not an easy commute.

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<sup>28</sup> Skyline Plaza, Falls Church, VA.

I'd get to Skyline at 6:00 in the morning, go to the gym until 7:00, then go to work, and then I'd work until 6:00 so I could get back on the HOV lanes, which were open then. And I did that for five years, had some great times, great stories, had the staff up to like 120 people at the time. We were in four different locations in Skyline- Skyline Four, Skyline Two, Skyline Three.

Q: At that point did you regret leaving the Navy? Or was it a decision you had to make to support the family?

A: No, I loved the Navy; I would have stayed 50 years if I could, but I had to retire mandatorily in three years, and at that time it was "30 years and out." But I made sure I had a job before I resigned because I couldn't afford just to retire and look for a job. I had to have a job. And I picked a job back in information technology. I didn't stay with logistics. I sort of said, "For conflict of interest, I'm not going to go after logistics side," which was what I was doing for the last six years. I went after IT, which I had left when I went back to executive medicine. I was in IT early, but then a lot of things happened in the meantime.

But no, I enjoyed the Navy; I enjoyed my friends and I stayed close to a lot of them. Captain Kathy Morrison,<sup>29</sup> who I think gave you my name. She is fantastic. She keeps all the retirees all up to date. But I enjoyed Northrop Grumman, but I didn't enjoy the commute.

So what happened is one of my bosses at Northrop Grumman went to work for DynCorp<sup>30</sup>, and they had a contract up at Frederick called Joint Vaccine Acquisition Program or JVAP, and it was a contract with-they formed a limited liability company called DynPort Vaccine Company, and with a company in England. That contract was not doing well, and the government was getting ready to terminate it. They needed somebody to come in and resurrect it, which I did. I built it up to over 120 people. It was really an intense time period. But we got the repext back with the government; we actually got a licensed vaccine product; today it's in Frederick. They have two products in phase three clinical trials-plaque and botulism, and I worked there as the President of DynPort Vaccine Company for five years. Then somebody from IBM approached me, and I went to

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<sup>29</sup> CAPT (ret) Kathleen Morrison, MSC, USN was the Executive Officer and later Commanding Officer of Naval Health Clinic Annapolis, MD (1998-2001). Before this she served as the Deputy Director of the Medical Service Corps.

<sup>30</sup> DynCorp International is a private military contractor.

work for IBM for four years doing information technology. Then I was nominated to become the Director at the Armed Forces Institute of Regenerative Medicine<sup>31</sup> and I served as director for two years, enjoyed that thoroughly, got to work with hand transplants, face transplants, artificial skin with partners from Wake Forest and Rutgers. I had a fantastic rewarding time.

Q: How were you selected for that position?

A: Because of my experience with licensing products at the vaccine company, plus my background of management skills and I had knowledge of the FDA, and they needed somebody to take over that project. I did that for two years, and then I got asked to come back to Northrop Grumman. I was getting ready to think about retirement, but I said, "Well, why not? If I'm having fun, why don't I do it?" So I went back to Northrop Grumman. That's my life in a nutshell and 45 minutes.

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<sup>31</sup> The Armed Forces Institute of Regenerative Medicine (AFIRM) is a multi-institutional, interdisciplinary network working to develop advanced treatment options for our severely wounded servicemen and women. The AFIRM is managed and funded through the U.S. Army Medical Research and Materiel Command (MRMC); with additional funding from the U.S. Navy, Office of Naval Research; the U.S. Air Force, Office of the Surgeon General; the National Institutes of Health; the Veterans Administration; the Department of Defense, Health Affairs and local public and private matching funding. (Source. [www.afirm.mil](http://www.afirm.mil))

Q: Well, I do want to go back to a couple items listed on your CV. At Naval Medical Logistics Command, you "directed and designed the prime vendor system for the U.S. Navy." Can you talk about that?

A: Well, the Defense Medical Logistics System, which I guess I skipped over at DPSC. When I was at DPSC we put all our supplies in the warehouses and shipped from the warehouses to different medical centers; it took weeks and months to get the supplies, so I convinced the DOD to do a prime vendor system.<sup>32</sup> So we deployed a prime vendor system while I was at DPSC, so I'm considered the "father of prime vendor." And that went so well and saved so much money, I actually had to testify to Senator Carl Levin.<sup>33</sup> After the Gulf war, Congress wanted to "slice up the survivors," and so I testified along with all the log chiefs, and my boss,

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<sup>32</sup> The prime vendor process takes full advantage of private sector distribution capabilities and electronic data processing to supply DoD customers. A single vendor (the prime vendor) buys inventory from a variety of suppliers and the inventory is stored in commercial warehouses. The customer orders supplies from the prime vendor, using electronic ordering systems. The supplier then ships directly to the DoD component, as needed, within a specific geographic area. This process reduces delivery time to the customer and, by using the private sector's storage and distribution system, reduces the Department's inventories and associated warehousing and redistribution costs. (Source: "What is 'Prime Vendor' and why is it Important?" by Patrick Malcor, <http://twipv.com/Portals/0/Prime%20Vendor%20Article.pdf>)

<sup>33</sup> Senator Carl Levin (D-MI)

General McCausland,<sup>34</sup> who was in the audience in civilian attire—which is kind of intimidating—and I was in uniform.

I testified that we were going to take \$700 million out of the military depots within six months. And Carl Levin actually said, "No, we want you to take out \$200 million in a year."

And I said, "No, Mr. Levin, we're going to take out \$700 million."

And he said, "Oh, yeah that's good." And so he had *60 Minutes* taping this and we were on *60 Minutes*, actually.

Q: No pressure at all.

A: No. But I was well prepared. One of the things they were complaining about was we were working for a World War III—nuclear war. We had hospital gowns; we had bandages; we had all sorts of things that would be used during a Nuclear Holocaust, so to speak, and didn't need any of those supplies. We needed new stuff. We needed IVs. But I brought those patient gowns and stuff with me and put them right in front of me because if they would have said anything about it I would have said, "Wait a minute. We're talking about some really high quality patient pajamas and stuff like

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<sup>34</sup> LtGen Charles McCausland, USAF, served as the Director of the Defense Logistics Agency in 1992.

that." So the medical supplies, also, they carried medical wear and what have you. So it was an interesting time to do that, and to be on *60 Minutes*. I've actually got the tape back home. They didn't get my words on tape. The head of Defense Logistics Agency got on TV, because they were also complaining about stacks of tires that were excess. The prime vendor system was so successful that the log chiefs met from each service. We wrote their functional requirements and we used the cost savings for switching to prime vendor as a reason to develop an automated information system called DMLSS<sup>35</sup> which is working today, by the way. That system automates the process of ordering supplies at each military treatment facility throughout the world. I was one of the log chiefs, so I helped write the requirements for that system.

We actually won a Silver Hammer<sup>36</sup> award from Al Gore. Remember, he had the Silver Hammer awards?

Q: Of course. Well, you're also in a Hall of Fame.

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<sup>35</sup> The Defense Medical Logistics Standard Support (DMLSS) is an information technology system within the Defense Medical Logistics – Enterprise System (DML-ES) portfolio. The DML-ES portfolio provides a continuum of medical logistics support for the Defense Health Agency. DMLSS delivers an automated and integrated information system with a comprehensive range of medical materiel, equipment, war reserve materiel and facilities management functions. (Source: [www.health.mil](http://www.health.mil))

<sup>36</sup> Vice President Gore's Hammer Award provides recognition to teams of federal employees and their partners whose work resulted in a government that works better and costs less.

A: And I got in the Hall of Fame in DPSC, and then after I was at Northrop Grumman, they inducted me into the Hall of Fame at DLA. Well, they etched my name into the marble at DLA, so yeah, I've got a few awards.

Mae DeVincentis who used to be the deputy at DLA, just retired.<sup>37</sup> I actually promoted her back when I was in Philadelphia, and she has set up a foundation at DLA and I'm going to be part of that. Because the prime vendor system was so successful, they applied it to different types of supplies, food, and machine tools. It's not as easy to apply to everything. Why keep six months of supply in the chain when you can keep it down to three days, so that's where they saved the money-the amount of supplies in the supply chain for six months. Plus, I won a couple AMSUS Awards for logistics and pharmacy because I had kind of a dual track there.

Q: As you look back on your career, what are some of the biggest challenges you faced?

A: It was always staffing. Trying to keep the right staff and keep everybody motivated to work, because you had to work long hours to make things happen.

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<sup>37</sup> Mae E. De Vincentis became the vice director for the Defense Logistics Agency (DLA) in August 2010. She retired in March 2012.

I always had a philosophy that I never brought a problem to my boss unless I had a solution. I always try to instill that in people-don't give me the problems, give me the solutions. Maybe it's because I had a big ego or something because I had a lot of solutions.

But some people, when they leave the military, they just don't transition very well. I think I transitioned pretty well. In this contracting world we do things differently, the profit and loss, and bid and proposal. And so the terminology changes, but you have to be able to be flexible and change with it.

Q: Some people who retire from the military talk about losing that identity that they've built up. Was that a problem for you?

A: No, "retired captain who?" No, I don't put that on my card. A lot of people put their retiring rank on their business cards. When I wrote an e-mail to Admiral Mittelman,<sup>38</sup> who just retired, I did put my rank there just to show him who I am. But no, I don't normally use my rank. I got all my shadow boxes and awards in the basement, not on the wall.

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<sup>38</sup> RADM Michael Mittelman, MSC, USN served as the Deputy Surgeon General from 2011 to 2013.

Q: End of the day they can't take that experience away from you.

A: Yeah, so I think the experience was invaluable and I would do it again.

Q: Anything you would change?

A: I possibly would have retired a little bit earlier. Throughout my career I sold one house only to buy another house, and buy another house, so I'm still in debt because of that. I still have a mortgage, and that's why I still work. It's not a huge mortgage, but it's a mortgage.

Q: And what aspects of your career were most appealing, would you say?

A: The people. I had some tremendous experiences with not only the physicians and nurses and the allied scientists, but also the patients. I enjoyed the patients and taking care of them. I used to deliver medications to older people who couldn't get to the hospital, which you weren't supposed to do, but I did because they wouldn't take their medication. You get to learn lots of different aspects of people. So the relationships that I built with my staff was great.

Q: Well, captain, thank you so much for your time today. Thank you for sharing all your stories and some of your experiences.

A: You're welcome.