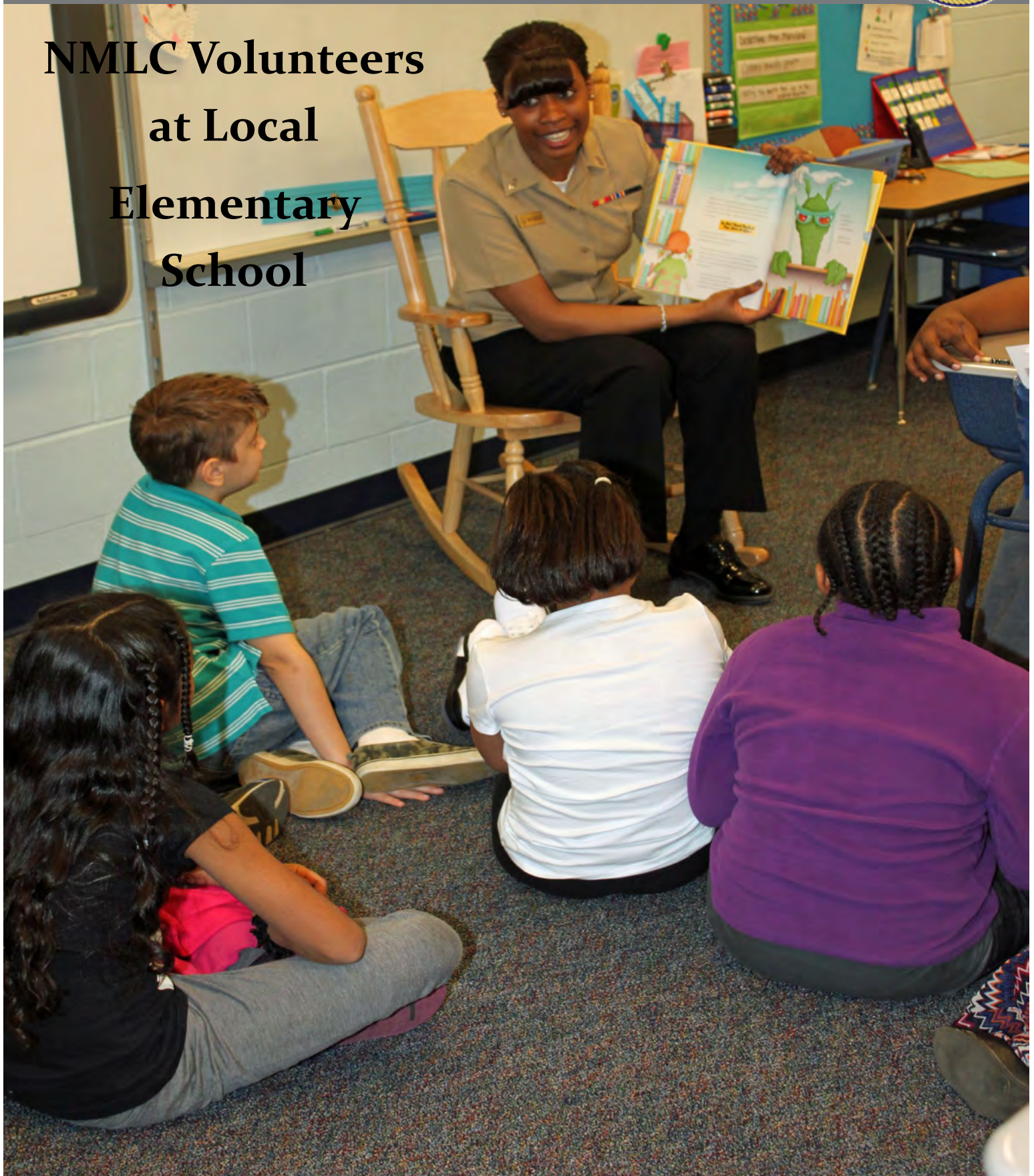




NMLC Volunteers at Local Elementary School



The Chief, Bureau of Medicine and Surgery takes great pleasure in presenting

*Bureau of Medicine and Surgery's
Retention Excellence Award for Fiscal Year
2012*

***NAVAL OPHTHALMIC SUPPORT
and TRAINING ACTIVITY***

Given this 22nd day of January 2013



M. L. NATHAN
Vice Admiral, Medical Corps
United States Navy
Chief, Bureau of Medicine and Surgery

On 15 Feb. 13, NOSTRA received recognition from Vice Adm. M. L. Nathan for Retention Excellence. One of 29 BUMED commands recognized for passing their annual Career Information Program Review, NOSTRA received high marks for personnel retention, minimum attrition, and timely submission for all administrative requirements of the Perform to Serve Program. Vice Adm. Nathan's recognition enables NOSTRA to proudly display the retention excellence pennant from their Command Yard Arm as a visible reminder to all of the Command's ongoing commitment to the growth and development of Sailors and shows the foundation of Fleet Readiness.

Naval Ophthalmic Support and Training Activity

The Naval Ophthalmic Support and Training Activity Tri-Service Optician School in Yorktown, Va., received the following letter excerpt and the above certificate from Vice Adm. M. L. Nathan.

Retention excellence awardees are authorized to display their retention excellence pennant upon receipt of this message. Your successes represent your command's commitment to the growth and development of your sailors and will serve as the foundation of fleet readiness. Congratulations and Well Done.



On the Cover:

Hospital Corpsman Denise Matamoro reads to children at Lincoln Elementary School. Each year NMLC personnel volunteer at the local elementary school and provide a variety of services including time and goods donations, assistance with after school hour programs and participation in the Read Across America engagement.

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From the Commanding Officer



Capt. J.B. Poindexter, III, NMLC CO

NavMedLogCom's relocation to the Defense Medical Logistics Center in 2009 has provided us unprecedented opportunities for collaboration with medical logisticians from across the Defense Department. One of our key partners has been the Defense Medical Materiel Program Office (DMMPO), which resides just down the hall from us. Operating under the direction of the TRICARE Management Activity, the DMMPO promotes medical materiel standardization, interoperability, and acquisition and lifecycle management through its administration of a variety of programs.

Among those programs, the DMMPO is the Executive Lead for execution of the Defense Medical Materiel Standardization Program, which it carries out through its five Medical Materiel Enterprise Standardization Offices (MMESOs). I'd like to highlight some of their work.

The DMMPO currently has more than 20 product lines that have been standardized across the enterprise and for which incentive agreements have been established with vendors. Selection and acquisition decisions for standardized medical materiel are clinically driven and evidence based. The resulting agreements foster the stated goals of improving clinical outcomes, enhancing readiness and training, controlling costs, and improving interoperability.

Two particular aspects of the DMMPO efforts are noteworthy. First, standardization is a collaborative effort that includes a cross section of clinicians, logisticians and financial managers and, through the MMESOs, also involves those in the field who will be affected by the standardization decisions. Second, standardization decisions are driven by data analysis. Financial data is used to determine the best products to target, then market research and analysis identifies the products and vendors that can best satisfy requirements, and finally performance metrics track the success of the program.

In the current financial environment, using standardized products is an easy way to stretch your dollars to provide the most possible care. Standardization metrics show that the DoD medical enterprise has accrued considerable savings since the first incentive agreements rolled out in 2011. Savings associated with high volume items of even modest value can be quite large when considering the entire enterprise, but the data shows that we are missing opportunities to save money when we continue to buy nonstandard items. By continually improving the execution of incentive agreement purchases, we can each contribute to improving patient care and our balance sheet.

As you move from facility to facility, or ship to ship, and find the same gowns, the same sponges, and the same catheters, you can credit the DMMPO with having provided you with the consistent, quality products that make your work easier. To learn more about the work of the DMMPO, I suggest a visit to their webpage at www.dmsb.mil.

Naval Medical Logistics Command

Capt. J. B. Poindexter, III

Commanding Officer

Cmdr. Edward J. Sullivan

Executive Officer

HMCM(FMF) David L. Hall

Command Master Chief

Mr. Andrew C. Muenzfeld

Chief of Operations

Mr. John R. "Bob" Osing

Counsel

Mr. Julius L. Evans

Public Affairs Officer

Mr. Paul "David" Garrison, III

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Articles should be submitted to:

The Public Affairs Officer

From the Command Master Chief

This year has started with some very prominent challenges that may invariably have an impact on many of you. A not so famous person once said, *“The future will present insurmountable problems – only when we consider them insurmountable.”* – Thomas S. Monson.

To help face uncertainties and to offer value to others, I am committing to mentoring Sailors by sharing some of my life’s experiences. I anticipate influencing others in their personal and professional development.

Many times, I have been asked about how I received my Purple Heart medal. My reply, before sharing my story, has always been, “by taking care of my Sailors!”



Hospital Corpsman Master Chief David Hall is pictured here delivering supplies to elementary school children in Kirkuk, Iraq 2005.

rank of chief petty officer. Some have successfully earned a commission and some have separated. Still others have retired. Those that keep in touch with me have always thanked me for visiting them at their location while deployed but more importantly, they thanked me for making sure they took their advancement examinations.

Someday, you will find yourself in a position of leadership with the responsibility of developing Sailors. Mentoring by sharing experiences and leadership at the deck plate goes a long way in ensuring our Sailors fully support the core values that make our Navy the best in the world.



HMCN(FMF) David L. Hall, NMLC CMC

While deployed from August 2004 to March 2005 in Ramadi, Iraq with 2nd Battalion, 5th Marines as the senior medical department representative, one of my tasks was to ensure that Sailors eligible for advancement were administered the Navy-wide advancement test. I had more than 20 Sailors that were eligible and spread out over a five miles radius at three different Forward Operating Bases.

On March 24, 2005, I left my firm base to proctor the last of the advancement exams for petty officer third class candidates. During the ride, our convoy was attacked by small arms fire and the detonation of two Improvised Explosive Devices incapacitated my vehicle. Because of the minimal vehicle armor protection at that time, I sustained shrapnel injuries to my left arm and my lower left jaw.

Today, the majority of those Sailors who served in the AOR when I was there have been advanced, some to the

Procurement Performance Management Assessment Program

By Bert Hovermale, Director, Acquisition Management Directorate

In the Spring 2012 issue of *Logistically speaking*, I reported on Naval Medical Logistics Command's (NMLC's) new Procurement Performance Manage-

currently being performed by Fleet Logistics Center (FLC) PPMAP detachments in Norfolk and San Diego. The shift is part of a budget based transfer between the Naval Supply Systems Command (NAVSUP), which owns the FLCs, and the Bureau of Medicine and Surgery (BUMED).

Delays in approval of the Memorandum of Understanding (MOU) needed to implement the transfer have pushed the date back to Oct. 1, 2014. NMLC personnel will continue to assist the FLCs with Navy Medicine assessments in fiscal years 2013 and 2014.

The PPMAP is an in-depth review of Government Purchase Card, ordering and contracting transactions. The assessors ensure that processes and files are complete, fully documented and in compliance with all applicable regulations, instructions and policies. When NMLC assumes this responsibility for CONUS Navy Medicine procurement activities in fiscal year 2015, assessors will also look for compliance with BUMED Standard Operating Procedures (SOPs) and otherwise ensure



NAVAL SUPPLY SYSTEMS COMMAND

ment Assessment Program (PPMAP) responsibilities, "NMLC Granted Limited HCA Authority for Navy Medicine Procurement Offices." We had planned to assume the responsibilities for assessing the effectiveness of Navy Medicine's CONUS procurement offices on Mar. 1, 2013. These duties are

the activity is audit ready. Responsibility for OCONUS PPMAP assessments will transfer from NAVSUP to NMLC at an undetermined future date.

In addition to PPMAP responsibilities, NMLC will also begin receiving medical non-personal services contract requirements from CONUS Navy Medicine activities for performance



NAVY MEDICINE

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in fiscal year 2015. These will include both clinical requirements (doctors, nurses and allied health professionals) and non-clinical support requirements (transcription, coding, medical records and appointing clerks). Requirements with performance beginning on or after Oct. 1, 2014, will be submitted to NMLC in time to complete the procurement process before the services are needed. The possibility of transferring responsibility for OCONUS requirements will be reviewed by BU-MED and NAVSUP sometime in the future.

In addition to performing assessments of Government Purchase Card, ordering and procurement activities, PPMAP offices also review and disposition contracting authority requests from activities within their areas of responsibility. NMLC was delegated limited Head of Contracting Authority (HCA) responsibilities by NAVSUP on Feb. 29, 2012. This responsibility was not affected by the delay in the budget based transfer, so NMLC will continue (with NAVSUP concurrence) to review and dispose contracting authority requests from Navy Medicine activities. NAVSUP Instruction 4200.81G describes the procedure

for requesting an increase in contracting authority.

In addition to the process for requesting a permanent increase in contracting authority described in the NAVSUP instruction, Navy Medicine contracting activities should also be cognizant of the streamlined process to request a one-time increase in ordering or contracting authority. This might be useful, for example, if an activity has an urgent need to obtain replacement medical equipment available on the Defense Logistics



Agency's Electronic Catalog (ECAT) ordering vehicle but the equipment and associated peripheral items total more than the activity's ordering authority. The senior contracting or ordering officer should send an email to the BU-MED Lead Contracting Executive (LCE), the Acquisition Director at NMLC, via the cognizant regional logistician. The email must include a description of the circumstances necessitating the one-time increase in authority, the equipment or supplies to be ordered, and the estimated amount of the transaction. The LCE will coordinate with NAVSUP and reply by email as soon as possible. **LS**

Shelf Life Extension Program Nets Significant Cost Avoidance

By Etta Ingram and Lt.j.g. Shawn Dean

Navy Medicine participates in the Department of Defense/Food and Drug Administration's (DOD/FDA) Shelf Life Extension Program (SLEP). The focus of the SLEP program is to defer drug replacement costs for date sensitive pre-positioned stocks by extending the shelf life of critical chemical, biological, radiological, and nuclear (CBRN), pandemic influenza, and anti-malaria pharmaceuticals. Naval Medical Logistics Command's Medical Equipment and Logistics Solutions Directorate executes, manages, and provides financial support for the Navy SLEP program.

The SLEP program has resulted in significant cost avoidance to the Navy over the last five years totaling more than \$31 million dollars:

2012	\$ 6,710,352
2011	\$ 9,426,320
2010	\$ 5,605,651
2009	\$ 4,491,595
2008	\$ 4,945,438

The Navy Shelf Life Extension Program Manager (Mrs. Etta Ingram) works very closely with the Defense Medical Materiel Program Office (DMMPO) to ensure that inventories of CBRN, pandemic influenza, and anti-malaria pharmaceuticals are identified and tested in co-operation with the FDA.

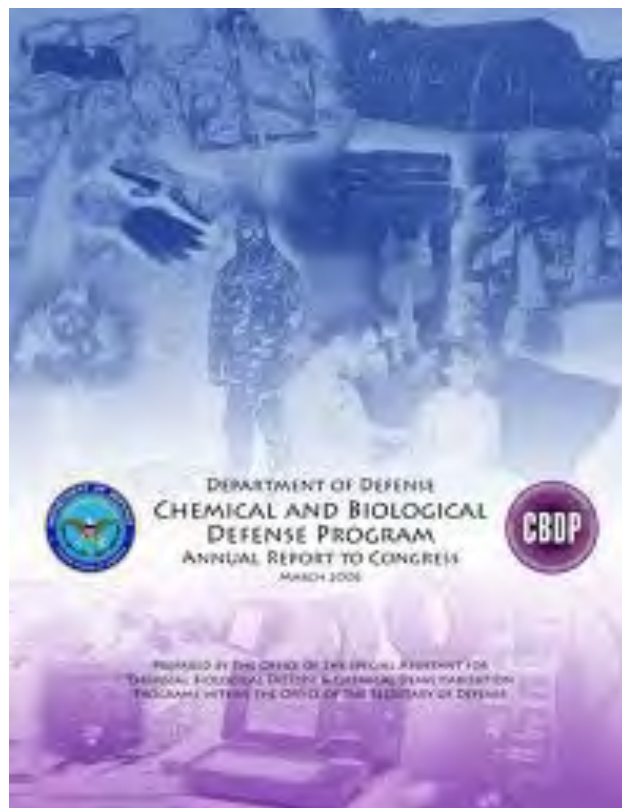
The Navy SLEP program manager provides training, inventory updates, and assistance (including technical support) to the Medical Treatment Facilities (MTFs) and ships as needed.

MTFs/ships are required to update their SLEP pharmaceutical inventory every 90 days, even if on-hand quantities have not changed, using the SLEP web based system under the inventory management module. Once a quarter, DMMPO's SLEP program manager pulls the on-hand inventories of all materiel that are going to expire in the next 180 days. This list is scrubbed against the total on-hand quantities and the original expiration date for each inventory item. No pharmaceutical will be

extended beyond 10 years from its original manufacturer's expiration date.

Once lot numbers have been identified by DMMPO as possible test candidates, a list is sent from the DMMPO to the FDA. The FDA identifies which physical samples are required. Sample requests are assigned to the Navy SLEP manager based on the on-hand inventories through the SLEP database. The Navy SLEP manager in turn notifies the MTFs/ships to provide "x" amount of materiel (by lot number) to the FDA for testing.

Upon completion of testing, the FDA forwards the results to the DMMPO who inputs them into the SLEP



System. All SLEP participating activities having declared inventory in the database (by lot number) may extend the shelf life of that materiel to the new expiration date, but only if the materiel had been properly stored in accordance with the manufacturer's specifications. Once a product has been tested, it will be re-tested biannually or annually until the product fails test-



ing, stocks are depleted, or until the FDA determines the lot number should no longer be tested. The Navy SLEP program manager coordinates with the MTFs/ships for subsequent sample re-testing of approved products.

Relabeling is required for all declared inventories that are extended. The SLEP web based system automatically generates an order to Health and Human Services, Supply Service Center for labels based on lots number tested and extended by the FDA. Pharmaceuticals must be relabeled completely by local medical staff before being distributed, issued, or dispensed outside centralized storage or to individuals.

The SLEP program is an important asset to Navy Medicine and component activities. This program saves millions of dollars annually through cost avoidance while ensuring our military service members and other eligible beneficiaries have safe pharmaceuticals which have been

properly tested and extended by the FDA.

At minimum, each participating activity is required to have two users registered in the SLEP system. You may access the SLEP web based system and apply for a password at <https://slep.dmsbfda.army.mil>.

Naval Medical Logistics Command's SLEP manager is Mrs. Etta Ingram. She is available to assist with inventory updates, training, and technical questions. She can be reached by email at etta.ingram@med.navy.mil. **LS**

Vaccine Information & Logistics System (VIALS)

It's been almost three years since the Naval Medical Logistics Command (NMLC), Medical Equipment and Logistics Solutions Directorate developed a user-friendly web application to facilitate an efficient mechanism to provide Medical Treatment Facilities (MTFs), Fleet Forces commands, and reserve components with accurate and expeditious Seasonal Influenza Vaccine information.

The Vaccine Information and Logistics System (VIALS) provides a universal application for all personnel involved in the Seasonal Influenza Vaccine dis-

tribution process. VIALS provides dynamic, real-time information on vaccines, dosage requests, financial budgeting, allotments, requisitions, and shipping statuses. Navy leadership considers the Seasonal In-

fluenza Vaccine campaign to be a direct reflection of each activity's preparedness for any pandemic vaccine response.

During the months of December 2012 through February 2013, U.S. Navy and U.S. Marine Corps activities including reserve components will be directed to submit their dosage requirements via VIALS CAC-enabled Gov Only web site: https://gov_only.nmlc.med.navy.mil/int_code03/vials/.

Did you know that when activities "Request Vaccine" in VIALS this system captures the activity name,

The screenshot displays the VIALS web application in a Windows Internet Explorer browser. The address bar shows the URL: https://gov_only.nmlc.med.navy.mil/int_code03/vials/. The page title is "VIALS - Windows Internet Explorer". The main header includes the VIALS logo and the text "Vaccine Information and Logistics Systems". A user profile for "MCLUCAS, SARAH, L." is shown with the date "February 26, 2013".

The navigation menu includes: Home, Request Vaccine, Request Management, Fleet Shipping Locations, Order History, and Reports. The "REQUEST VACCINE" section is active, showing a three-step process: STEP 1 ASHORE, STEP 2 BUMED, and STEP 3 N0622A. A "Need help?" link points to NMLC-VialsHelp@med.navy.mil.

The main content area is titled "2013-2014 Seasonal Flu Program Ordering Program (N0622A) NMPDC, Bethesda, MD". It features a "VACCINE INFORMATION" section with a table of vaccine options and their dosages. The table has columns for vaccine type, age group, and dosage. The "REQUESTS" sidebar is visible on the left.

Vaccine Information	Age Group	Dosage
6 mo. - 35 mo. Inj., 0.25 mL PFS, Thimerosal free	>36 mo. and <9 yr. Inj., 0.5 mL PFS, Thimerosal free	0 doses
2 yr. - 49 yr. Live, 0.2 mL Prefilled Single Use Nasal Sprayer, Quadrivalent	>36 mo. and <9 yr. Inj., 0.5 mL MDV, w/Thimerosal	0 doses
	>9 yr. Inj., 0.5 mL PFS, Thimerosal free	0 doses
	>9 yr. Inj., 5 mL MDV, w/Thimerosal	0 doses
	>18 yr. Inj., 0.5 mL PFS, Thimerosal free	0 doses
	>18 yr. Inj., 5 mL MDV, w/Thimerosal	0 doses

Below the table, there is a section for "ACTIVITY/CONTACT INFORMATION (* Required Field)". It includes fields for Activity Information (UIC: N0622A, Activity: NMPDC, Bethesda, MD, Address, City/State: MARYLAND, Zip) and First Point of Contact (Name, Email, Phone). There is also a section for "Second Point of Contact" (Name, Email, Phone). A checkbox for "Is your activity cold chain certified?" is present with "Yes" and "No" options.

The "COMMENTS" section is at the bottom left. The "Last Year's Order History" section shows "Vaccine: No Requests from last season." and "Doses: 0". A "Submit Vaccine Request" button is at the bottom right.

The footer includes the Naval Medical Logistics Command address: 693 Nelman Street, Fort Detrick, Maryland 21702. The status bar shows "Local intranet" and "100%" zoom.

tribution process. VIALS provides dynamic, real-time information on vaccines, dosage requests, financial budgeting, allotments, requisitions, and shipping statuses. Navy leadership considers the Seasonal In-

Unit Identification Code (UIC), address, point of contact data, dosage requirements, and activity shipment data? Most importantly, a requester must indicate if their activity is cold-chain certified. If they are not

cold-chain certified, then they must select an activity UIC that is. If for any reason any of the aforementioned data needs to be changed during the influenza season, the requestor must send an email to “VIALS Help” at NMLC-VialsHelp@med.navy.mil. This is the most efficient way to have your data updated.

And, *did you know* that the first point of contact identified in VIALS receives automatic email notifications throughout the season (including notifications from the intranasal manufacturer, MedImmune; pre-alert emails about forthcoming injectable vaccine shipments; and when any information is changed on the activity’s order)?

Once requirements are generated in VIALS, they are reviewed and approved by the NMLC Seasonal Influenza Vaccine Program Manager and forwarded to Defense Logistics Agency-Troop Support (DLA-TS) in February of each season. DLA-TS serves as the primary distribution center for DoD’s injectable Influenza Vaccine. Vaccine is shipped from the manufacturer to DLA-TS where it is processed, repacked into the service location allotments, and shipped to the MTFs and/or ordering location.

During each season, the VIALS “Order Summary” tab is available for activities to view vaccines requisitioned and percentage released, shipped, and delivered. And, if you press the Product tab (e.g., Product A tab), you can view the requisition information, when your requisition (s) were released and pertinent shipment information (e.g., quantity, shipped date, shipped by, tracking number, date delivered, if product

was a reshipment, who signed for the shipment, and any comments). VIALS also provides information about cancellations, destruction information, and order history from prior years.

As a reminder, upon receipt of every seasonal Influenza Vaccine shipment, customers are required to immediately return the temperature (TempTale) monitors that accompanied the vaccine. DLA-TS’s instructions for returning the temperature monitors are included with each shipment. Provided that their facility has adequate storage capability, customers are asked to retain the endurotherm boxes that the injectable vaccine is shipped in for potential transshipments that may occur later in the season.

Because shipments can begin as early as the August/September and continue throughout December/January, it is highly recommended that you visit the VIALS website to monitor your shipment status.

The Seasonal Flu process is broken down into four phases:

1. Requirements (December-January)
2. Solicitation (January-April)
3. Contract (May-July)
4. Shipment (August-January)

NOTE: All timelines are subject to change each year. Please direct any VIALS/Seasonal Influenza Vaccine-related questions, comments, or concerns to the NMLC Seasonal Influenza Vaccine Program Manager (Mrs. Louise McLucas) at sarah.mclucas@med.navy.mil.

Seasonal Influenza Vaccine Distribution Process

Requirements Phase

1. *December* - Data Call based on annual flu message. U.S. Navy and U.S. Marine Corps activities including reserve components submit requirements until Feb. 15 via the NMLC web application Vaccine Information and Logistics System (VIALS). http://gov_only.nmlc.med.navy.mil/int_code03/vials/.

2. *January* – DoD’s requirements are reviewed, approved and forwarded to the Military Vaccine Agency (MILVAX) and DLA-TS.

Solicitation Phase

1. *January* - DLA-TS issues solicitations to vendors.
2. *February* - DLA-TS closes solicitations.
3. *March* - DLA-TS receives offers.
4. *April* - DLA-TS completes evaluations of manufacturer offers.

Contract Phase

1. *May* - DLA-TS awards contracts and distributes contract information to Service reps. NMLC receives funding to centrally purchase vaccine. Service rep updates VIALS with contract data and service priorities.
2. *July* - VIALS generates MIL-STRIP. Service rep forwards requisitions to DLA-TS where they are immediately put on backorder status.

Shipment Phase

Shipments will occur in August to January timeframe. VIALS matches shipments to orders and tracks shipments. **LS**

NMLC Helps Units Track Seasonal Influenza Vaccine Shipments Through VIALS

By Julius L. Evans, Naval Medical Logistics Command Public Affairs Officer

More than 1 million doses of seasonal influenza vaccinations were distributed by Jan. 31 to Medical Treatment Facilities (MTFs) and units worldwide helping to mitigate the flu outbreak experienced this year.

The vaccines were ordered through a system created by Naval Medical Logistics Command (NMLC) at Fort Detrick, Md., known as the Vaccine Information and Logistics System (VIALS).

In 2009, Seasonal Influenza Vaccine was in the process of being distributed when shipping of the H1N1 Pandemic Influenza began. NMLC realized it was having a difficult time gathering requirements from medical treatment facilities and military units for their seasonal influenza vaccine requirements. Each year, NMLC had to contact each unit individually to determine their needs and, in 2009, the process for gathering this data was manual and excessively cumbersome.

In addition, the Bureau of Medicine and Surgery (BUMED) established metrics to comply with the 'DoD & USN goal to achieve 90 percent immunization compliance by 1 Dec. 2009 because of a need to protect the population against Seasonal Influenza before any subsequent vaccination campaign against novel pandemic influenza strains.'

"This metric was difficult to meet because some of the ships were not at locations where they could receive cold-chain material," said Mrs. S. Louise McLucas, NMLC's Seasonal Influenza Vaccine Program Manager.



NMLC's Commanding Officer, Capt. J. B. Poindexter III, presents Mrs. S. Louise McLucas, with the Junior Civilian of the Quarter award. McLucas, NMLC's Seasonal Influenza Vaccine Program Manager, orchestrated the timely acquisition and distribution of 1,056,230 doses of influenza vaccination, totaling \$10.5 million.

"In January and February, MTFs and fleet forces gathered the exact number of product that would be required for the upcoming season. In May, contracts were awarded by DLA, in July-Aug, shipments began, and products would be received from August – December timeframe."

Because of this metric, NMLC was influenced in how it processed orders and facilitated distribution, which led to the development of VIALS, the web application that allows Navy customers to submit and track their seasonal influenza vaccine orders online.

It is important to note that access is granted to those around the world and limited to Common Access Card users.

"The fleet is Navy Medicine's top priority for maintaining warfighter readiness. It's vital that their health-care needs are provided for prior to flu outbreaks," McLucas said.

A culture of healthy behaviors is essential to readiness and maintaining a healthy community. Leading a healthy lifestyle, physically, mentally, socially and spiritually, plays an important role in the overall preparedness of our nation's warriors and the families that support them. It also plays a vital role in maintaining the well-being of our veterans in their readiness to thrive as civilians.

McLucas explained how the VIALS system thrives to excel, as the flu vaccine is centrally funded by the Navy.

“NMLC requisitions vaccine for Budget Submitting Office-18 facilities, Fleet Forces Command (Atlantic Fleet and Military Sealift Command ships) and the Pacific Fleet at an estimated cost of \$10.5M each season,” she said.

Because of VIALS, the shipping and distribution of the flu vaccine was executed flawlessly, and the impact of the flu season was effectively mitigated by virtue of the product arriving earlier than previous flu seasons. In addition, the ships and the MTFs received shipments in a timely fashion because they had access to cold-chain guidance procedures that facilitated the process.

Cold chain guidance dictates that flu vaccine must be immediately removed from the shipping container and placed into a refrigerator running at 2 to 8 degrees Celsius (36 to 46 degrees Fahrenheit) upon receipt. If there are temperature exposures that compromise the product, Defense Logistics Agency – Troop Support (DLA-TS) Cold Chain Managers must be contacted and provided as much detailed information surrounding the circumstances. Defense Logistics Agency – Troop Support Cold Chain Managers provide disposition of the Seasonal Influenza Vaccine (acceptable for use or should be discarded).

When it is determined that product is acceptable for use, service members as well as beneficiaries benefit from seasonal influenza vaccinations made available to medical treatment facilities. Seasonal influenza vaccinations includes Intranasal Flumist and injectables (Pediatrics Fluzone [6-35 month old children], Fluzone prefilled syringes, Fluzone multi-dose vials, Afluria prefilled syringes and Afluria

multi-dose vials.

Before VIALS came into existence, McLucas said she had thousands of emails from units asking questions about the status of their seasonal influenza vaccination shipments. They also requested changes to their orders and wanted to know his-

Referring to the program before she took over, McLucas said, “It was a mess!”

torical information about what was ordered the previous year. It was practically impossible to gather historical data to provide to units. The method was all manual and involved many spreadsheets which were hard to understand.

“It was a mess! One unit ordered vaccines in one manner, another unit used another way. Plus, the guidance was sparse,” McLucas said. “The only thing I could keep up with was which units had placed orders at that time. I could not go beyond that type of information. Now, I’m actually ensuring metrics are being met, tracking shipments and I’m way beyond simply ordering vaccine.”

The historical data showed what was previously ordered to provide future projections. It was important to know which populations would require orders. Some personnel have different immunity deficiencies. That’s why it is vitally important to know what was ordered before. Not having this information would make it nearly impossible to order the right product within the ordering timeframe. MTFs would have to manually survey the population that relied on

that facility for the vaccine to determine the right ordering values.

The web-based system provides pre-populated drop down menus that allow the customer to identify their activity and shipping information. (See page 10). Product availability is clearly described and the customer can view the prior year’s order for planning and information purposes. Orders are now confirmed by automated email.

“Our mission is to promote and sustain health. We want you to live a happy, healthy life,” McLucas exclaimed.

In addition to a fit, healthy and protected force, DoD is dedicated to the health and resilience of individuals and families throughout the military community.

While health care services play an important role in good health, it is the choices individuals make on a daily basis that are the strongest predictor of lifelong health and well-being.

Now, VIALS has become the new standard for requesting, tracking and capturing historical data.

The interworks of NMLC, Mrs. McLucas and collaborative partners have forever changed the acquisition and distribution of flu vaccines for the Navy and supporting activities. **LS**

Contractor Performance Assessment Reporting System

By Michele Cameron, Acquisition Support Directorate

The Contractor Performance Assessment Reporting System (CPARS) is a web-based system used to input data regarding contractor performance. Data is input to the CPARS system, then uploaded to the Past Performance Information Retrieval System (PPIRS) database and made available for use in source selections. Contractor performance information provided by Contracting Officer's Representatives (CORs) and subsequently input into CPARS is used to award contracts to contractors that have demonstrated their ability to consistently provide quality, on-time products and services conforming to contractual requirements. CPARS, first established in 2004 and mandated by the DLA, can be used to effectively communicate contractor strengths and weaknesses to source selection officials. During the source selection process, the offeror must be notified of relevant past performance data derived from CPARS that requires clarification or could lead to a negative rating.

Under what authority am I required to use CPARS? The Federal Acquisition Regulation (FAR) requires that contractor performance information be collected (FAR Part 42) and used in source selection evaluations (FAR Part 15). On October 1, 2009, management of CPARS transitioned from the Business Transformation Agency to the Defense Logistics Agency (DLA). The CPARS, first established in 2004 and mandated by the DLA, process estab-

lishes procedures for the collection and use of Past Performance Information (PPI). The contractor performance evaluation contained in the CPARS is a method of *recording*

contractor performance and should not be the sole method for *reporting* it to the contractor. CPARS should be the COR's objective report of contract performance during a period



against the contract requirements. On December 17, 2004, the DoD Acquisition Technology and Logistics Defense Procurement and Acquisition Policy office designated CPARS as the Department's solution for collecting contractor performance information. CPARS collects contractor performance information provided by CORs and input by the contracting office and passes it to the Past Performance Information Retrieval System (PPIRS), the Government wide performance information repository, where it can be retrieved by Federal Government Agencies including the DoD Services. The CPARS Automated Information System (AIS) collection tool and other CPARS information can be accessed at <https://www.cpars.gov>.

Who has access to CPARS information? All CPARS information is treated as "For Official Use Only/Source Selection Information in accordance with FAR 2.101 and 3.104" and the *DoD Guide to Collection and Use of Past Performance Information*. A Contractor Performance Assessment Report (CPAR) is source selection information because it is in constant use to support ongoing source selections and contains sensitive data concerning a contractor and its performance. Access to the CPARS AIS and other performance information will be restricted to those individuals with an official need to know.

Due to the sensitive nature of CPARs, disclosure of CPARS data to contractors other than the contractor that is the subject of the report, or other entities outside the Government, is not authorized. Disclosure of CPARS data to advisory and assistance support contractors other than



the contractor that is the subject of the report is strictly prohibited. A contractor will be granted access to its CPAR maintained in the CPARS AIS by the activity Focal Point. Contractor performance information is privileged source selection information. It is also protected by the Privacy Act and is not releasable under the Freedom of Information Act. Performance assessments may be withheld from public disclosure under Exemption 5 of the Freedom of Information Act.

What is the primary purpose of CPARS? The primary purpose of CPARS is to ensure that current and accurate data on contractor performance is available for use in source selections through the Past Performance Informational Retrieval System (PPIRS). Completed performance assessments in PPIRS will be used as a resource in awarding best value contracts and orders to contractors that consistently provide quality, on-time products and services that conform to contractual requirements. CPARS can be used to effectively

communicate contractor strengths and weaknesses to source selection officials. In addition to the sources of information outlined in FAR 9.105-1 (c), the contracting officer should use information available through PPIRS to support responsibility determinations of prospective contractors. Senior DoD and contractor officials may also use the information derived from the CPARS for other management purposes consistent with DoD guidance and policy.

Each contractor assessment must be based on objective data (or measurable, subjective data) supportable by CPAR performance expectations and should be addressed in the Government and contractor's initial post-award meeting and Contract Administration Plan (CAP).

Who is responsible for the CPARS process?

The CPARS Focal Point of Contact is responsible for administrative oversight of the CPARS process and CPARS Focal Point of Contact must

SMALL BUSINESS PROGRAMS



WELCOME TO BIZ BUZZ !

Biz Buzz is where you will find what's happening with NMLC's Small Business Program Office, as well as general small business information and news you can use.

What's the BUZZ?

Market Research! Understanding good market research and how to accomplish it are critical to successful contracting. The Federal Acquisition Regulation (FAR) reflects that criticality by including specific market research requirements in Part 10. But to get a more complete understanding of its importance, we'll look at what market research is, how it's accomplished, and the role played by the Small Business Professional (SBP).

Market research is not new; it's been around, but every so often it's good to revisit the basics – and a basic element of any well planned and well executed acquisition includes market research. Put simply, market research is learning enough about a particular market segment to allow the acquisition office to make informed decisions about products and services they buy. Market research is something we do in our everyday lives when we comparison shop before making a major purchase – and it's the same principle in the government acquisition world. Solid market research, combined with a well-written contract, make a solid contract award. It's also a way the SBPs support acquisition professionals by finding qualified small businesses to support procurement requirements, increasing competition, and achieving small business goals. Conducting effective market research involves a continuous process of collecting and analyzing data on products or services that are aligned with those that are bought by your acquisition office. Depending upon the purpose of the market research, different approaches may be used.

There are two different purposes for market research: 1) strategic; and (2) tactical. Strategic market research is more global in its applicability and focuses on gathering and analyzing data to be used at some later date. As it pertains to the small business program, strategic market research is done for the overall benefit of future requirements and support of the small business program in general. Statistical market research is ongoing. Its focus can also be targeted to specific socio-economic categories of small businesses where goals are historically difficult to achieve. For example, if it's been historically difficult to meet goals of contracts awarded to woman-owned small businesses (WOSBs), performing strategic market research with an emphasis on locating capable WOSBs may help your office to ultimately award more contracts to WOSBs, thereby helping to meet these goals. The theory behind strategic market research is that it helps to strengthen the small business program as a whole. Tactical market research, on the other hand, ties the market research to a specific buy. Here data is gathered, analyzed and used immediately, targeting small businesses that could potentially support a specific requirement. Tactical market research can also be performed to assist small businesses that might be looking for specific contracting opportunities, either as a prime or as a subcontractor. There are times when one or the other type of market research is appropriate, but ideally, both types should be conducted. In addition to creating maximum practicable opportunities to elevate small business participation and sustaining a robust small business program, market research is **required**.

As stated previously, the FAR 10.001(a)(2) requires market research be conducted that is appropriate to the circumstances. Further, FAR 10.001(a)(2) states (in part) that market research must be conducted:

- Before developing new requirements for an acquisition;
- Before soliciting offers for acquisitions above the simplified acquisition threshold (SAT);
- Before soliciting offers for acquisitions with an estimated value less than the SAT when adequate information is not available and the circumstances justify the cost;
- Before soliciting offers for acquisitions that could lead to a bundled contract;
- Before awarding a task or delivery order under an indefinite-delivery/indefinite-quantity (ID/IQ) contract for a noncommercial item in excess of the SAT; and

On an ongoing basis, take advantage (to the maximum extent practicable) of commercially available market research methods in order to effectively identify the capabilities of small businesses and new entrants into Federal contracting

What, then, is the role of the SBP concerning market research? The SBP proactively assists the acquisition team (contracting officers/specialists and program managers) identify potential responsible small businesses to compete for requirements. Additionally, the SBP contributes to, and reviews and validates market research reports, with the objective of affording small businesses the maximum practicable opportunities to succeed in Federal government contracting.

Sources of market research are many and generally easily obtainable via commercial or government avenues. Typically the most used resources include internet searches, historical contract data, product literature and manufacturers' catalogs, and information from other Federal agencies and databases (e.g., FPDS-NG, SAM, GSA, etc.). These avenues will generally get you the information you need and help save time.

Finally, market research must be documented. While there's not necessarily a prescribed format, how it's documented is relative to the size and complexity of the acquisition. While conducting market research is required, it can be insightful and educational – and for some, even a little bit fun! For any questions concerning market research or if you have any suggestions for future articles, please contact Ms. McReal at Mimi.McReal@med.navy.mil or via phone at (301) 619-3097.

NMLC Personality Update

Lieutenant Junior Grade Melanie Muscar

In Sept. 2012, Acquisitions Management Directorate Supervisor Contracting Officer Melanie Muscar took the oath of office as a Lieutenant Junior Grade in the United States Naval Reserve.

As she tells it, the road was long and uncertain in her quest to serve her country.

“While I was in high school, I sought active duty opportunities, but a torn anterior cruciate ligament (ACL) was a non-starter and recruiters would not speak with me,” Muscar explained.

“After some encouragement from military members in the Medical Service Corps, I completed the paperwork for the MSC reserve component.”

Muscar was required to complete additional paperwork because of her knee, but was eventually found fit to serve.

“For more than 10 years, wearing a uniform was not an option, then finally, it started to become a possibility,” she said. “In September 2012, it became a reality.”

Muscar performs reserve duty locally at WRNMMC at Bethesda on a same-day surgery unit serving as their Admin Officer. She is also cross-assigned to the Navy Medicine Education and Training Command in Jacksonville, Fla. [LS](#)





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be a Government employee. Among the Duties of the Focal Point are:

- Monitoring to ensure effective implementation of the CPARS process
- Evaluating quality and compliance metrics
- Providing metrics for management
- Establishing procedures to implement CPARS, including training requirements for Focal Points, Assessing Official Representatives (AORs), AOs, ROs, and contractors, and to ensure procedures for monitoring the timely completion of reports, report integrity (e.g., quality of reports), and overall CPARS administration are in place.
- Establishing a CPARS Focal Point
- Registering all new contracts in CPARS within 30 calendar days after contract award.

While the CPARS Focal Point is not directly responsible for the timely submission or content of CPARS reports, this person is a resource for information regarding input of CPARS information. Although the CPARS Focal Point is responsible for tracking and providing CPARS inputs as they become due, this does not relieve the Assessing Officials of the responsibility for processing quality reports in a timely manner.

Assessing Official Representative (AOR)

AORs typically are assigned from the technical, functional, quality assurance, specialty, program management or contracting offices. Multiple AORs may be assigned per contract. Each assigned AOR has the capability of inputting and reviewing information input by the other AORs. The AOR must be a Government em-

ployee. AORs are generally responsible for:

- Ensuring that information provides a timely and quality narrative
- Collecting and evaluating contractor performance information from the CORs
- Assisting the AO or RO, as necessary

What is the Assessing Official (AO)?

The AO is responsible for overall program execution and is responsible for preparing reviewing, signing, and processing the CPAR. The CPAR

should be completed not later than 120 calendar days after the end of the evaluation period. The AO must be a Government employee. AO responsibility includes:

- Ensuring that the contract is registered in CPARS
- Ensuring performance input from contracting and other end users of the product or service is included in the evaluation
- Reviewing evaluation information provided by the AORs
- Forwarding the Government evaluation information to the contractor
- Reviewing comments from the designated contractor representative once the evaluation has been returned by the contractor or after 30 calendar days have lapsed
- Modifying the CPAR comments and/or ratings after review of contractor comments, as determined by the AO. After receiving and reviewing

the contractor's comments on the CPAR, the AO may revise the assessment, including the narrative. The AO will notify the contractor of any revisions made to a report as a result of the contractor's comments. Such a revised report will not be sent to the contractor for further comment. The contractor will have access to both the original and revised reports in CPARS when the Government finalizes the evaluation.

- Forwarding evaluations to the RO which are in disagreement or when requested by the contractor or, in the alternative,
- Completing the evaluation if it does not require further RO review

How does the Designated Contractor Representative participate?

The contractor shall designate representatives to whom the evaluations will be sent automatically and electronically. Any changes in designated contractor to inform the AO. The designated contractor representative has the authority to:

- Receive the Government evaluation from the AO
- Review/comment/return an evaluation to AO within 30 calendar days. If the contractor desires a meeting to discuss the CPAR, it must be requested in writing no later than seven calendar days from the receipt of the CPAR. This meeting will be held during the contractor's 30-calendar day review period
- Request RO review

What is the purpose of the Reviewing Official (RO)?

The RO provides the check-and-balance when there is disagreement between the AO and the contractor. The RO must review and sign the assessment when the contractor indicates non-concurrence with the



CPAR. The RO must be a Government employee. The RO has the authority to:

- Provide narrative comment (the RO's comments supplement those provided by the AO; they do not replace the ratings/narratives provided by the AO)
- Sign the CPAR (at this point, it is considered final and is posted in the CPARS AIS and is available for source selection official use in the PPIRS)

When are CPARs Completed? An interim CPAR is required for new contracts meeting the thresholds that have a period of performance greater than 365 calendar days. The first interim CPAR must reflect evaluation of at least the first 180 calendar days of performance under the contract,

and may include up to the first 365 calendar days of performance. For contracts with a period of performance of less than 365 calendar days, see "Final Reports" below.

What is an Annual Interim Report?

Interim CPARs are also required every 12 months throughout the entire period of performance of the contract up to the final report. An interim CPAR is also required:

- Upon a significant change within the agency, provided that a minimum of six months of performance has occurred, such as the following:
Change in program or project management responsibility or transfer of contract, BPA, or BOA order to a different contracting activity
- An interim CPAR shall be started prior to transfer of Assessing Official Representative or Assessing Official duties from one individual to another if there are six or more months of performance to go prior to the next CPAR to ensure continuity.

What is a Final CPAR Report?

A final CPAR will be completed upon contract completion or delivery of the final major end item on contract. Final reports are to be prepared on all contracts meeting the thresholds with a period of performance of less than 365 calendar days. The final CPAR does not include cumulative information but is limited to the period of contractor performance occurring after the preceding CPAR. The CPARS application is accessible from <https://www.cpars.csd.disa.mil>. To enter the CPARS Production System, click on the **CPARS Logon** button located on the left hand side of the page. [LS](#)

Revision to NMCARS Relating to NECO and NECO Updates

By Sheila Gorman, Naval Medical Logistics Command, Acquisition Management Directorate

In July, change 08-12 to the Navy Marine Corps Acquisition Regulation Supplement (NMCARS) was made by the Department of the Navy to reflect the removal of the Navy Electronic Commerce Online (NECO) as the Navy's mandatory Government-wide Point of Entry (GPE) for solicitations and proposed contract actions.

The official GPE is stated as Federal Business Opportunities, or FedBizOpps, (REF: FAC 2001-16) at www.fedbizopps.gov/.

What does this change mean for Navy Medicine?

Although the requirement to utilize NECO is no longer in effect, it is recommended to continue utilizing this site as previously. NECO automatically posts synopses, solicitations and proposed contract actions to FedBizOpps and will remain fully operational, according to Brandon Bucher, Naval Supply Systems Command Headquarters, NECO program manager. Further, NECO remains a valuable, efficient and effective tool for Navy procurement organizations to utilize when communicating electronically with industry.

IN GENERAL, what are the posting requirements?

Contracting officers must publicize contract actions and modifications through the GPE in order to increase competition, broaden industry participation in meeting Government requirements, and assist in meeting small business concerns. The following posting requirements apply. Exemp-

tions and exceptions apply, see FAR Parts 5.2, 6, 8, 13, 16; DFARS 205.2; NMCARS 5205.2; and NAVSUPINST 4200.85D for further detail.

Between \$15,000 and less than \$25,000

Written solicitations should be posted physically or by any appropriate electronic means for at least 10 days after the solicitation is issued or until after quotations have been opened, whichever is later.

Between \$25,000 and simplified acquisition threshold

Combined synopsis/solicitation – 15 days OR a reasonable amount of time that will afford potential offerors a reasonable opportunity to respond per the market research.

Synopsis and solicitation - synopsis must be posted at least 15 days and the solicitation given a reasonable response time that will afford potential offerors a reasonable opportunity to respond.

RFQ must be posted for a reasonable amount of time.

A brand name justification must be posted with the RFQ/solicitation and be made publicly available.

IN GENERAL, what actions require a synopsis?

Contract actions and proposed contract actions exceeding \$25,000.

Contracting actions and proposed

contract actions greater than the simplified acquisition threshold (15-day notice and 30-day solicitation required cannot be concurrent).

Proposed sole source actions exceeding \$150,000 require a 15-day notice of intent.

Contract awards likely to result in the award of any subcontracts.

Further clarifications and tips:

Justifications that have been re-dacted are required to be posted to either NECO or FedBizOpps 14 days after award.

Posting either a synopsis or solicitation to NECO automatically posts to FedBizOpps as well.

Before you can post a solicitation to NECO, a synopsis must first be posted.

If utilizing Standard Procurement System (SPS), a solicitation can be posted directly from SPS to NECO, if the synopsis has been posted first.

If warranted, a combined synopsis and solicitation may be posted to either NECO or FedBizOpps. Questions or concerns, LCE-queries@med.navy.mil. **LS**

Wide Area Workflow Policy Updates

By Kelly Sherman, Supervisory Contract Specialist and Chief of the Contract Support Division

As most of us know, Wide Area Workflow (WAWF) is a secure Web-based system for electronic invoicing, receipt and acceptance used by Department of Defense (DoD) agencies. On 29 June, WAWF policies were updated to expand its use and more clearly identify WAWF as DoD's method to receive payment requests and receiving reports. In summary, the policy updates are:

The word "preferred" was removed from Defense Federal Acquisition Supplement (DFARS) Part 232 and WAWF "is" the DoD accepted electronic payment system.

A standard WAWF payment clause, DFARS 252.232-7006 Wide Area Workflow Payment Instructions (Jun 2012) and a revised DFARS 252.232-7003 Electronic Submission of Payment Requests and Receiving Reports (Jun 2012) were employed.

WAWF has the capability and is now required for capturing receiving reports for contracts paid by the government-wide commercial purchase card (GCPC).

OCONUS awards made to foreign vendors are no longer exempt from WAWF.

Purchases to support unusual and compelling needs and contingency operations are only exempt when access to WAWF by those contractors is not feasible.

TRICARE Encounter Data System (TEDS) for processing healthcare services rendered is listed as an accepted electronic payment method. This

method is for individual healthcare services not under Navy Medicine government contracts.

When necessary, the Contracting



Officer administering the contract may determine in writing that electronic submission would be unduly burdensome to the contractor; however, a copy shall be furnished to the Senior Procurement Executive.

What this means to Navy Medicine:

No other WAWF clauses (including NAVSUP's local clause) are authorized for further use. DFARS 252.232-7006 is the required clause.

The DFARS WAWF updates enforce use of the electronic system and help to ensure Navy Medicine is in compliance with DoD's audit readiness directive. For example:

The function of Receipt and Acceptance is an important DoD audit readiness objective. For contracting, this function is performed in WAWF. The electronically signed receipt shows that goods and services were actually received and is evidence for invoice acceptance and payment.

To ensure separation of function and to comply with other audit readiness requirements, all essential DFARS 252.232-7006 fill-in items must be completed. Take special notice to make certain both the Local Processing Office (LPO) and Acceptor DoDAACs are included in the clause. For supplies requirements, the Ship To Code also serves as the acceptor. For additional clause instructions, refer to NMLC Lead Contracting Executive (LCE) Note sent on 15 August.

When the GCPC is used as a method of payment for requirements above the micro-purchase threshold (MPT), only submission of the receiving report in electronic form (WAWF) is required. Note: Using the GCPC as the method of payment for requirements over the MPT is not a best practice.

NMLC is updating procurement authority letters to allow payment by WAWF for all BUMED ordering activities.

Use WAWF! It provides global accessibility, secure and auditable transactions, and timely and accurate payments, decreases interest penalties, and is the rule not the exception for DoD contracting.

Policy and audit readiness questions may be directed to LCE-queries@med.navy.mil. BUMED WAWF system questions should be directed to the BUMED WAWF help desk at wawf@med.navy.mil. **LS**

Amanda Rutten Code 02



Where do you call home? Where did you attend high school or college?

I'm a Navy Brat! I was born in Long Island, NY and bounced around all over the East Coast growing up. My father retired from the Navy my senior year of high school and I went on to study Economics at Hood College here in Frederick, MD.

Can you briefly share how you entered the workforce, when you

entered, what were your first assignments, etc?

I was lucky enough to know someone working here at NMLC when I graduated from college in 2008. She let me know of some openings here and I jumped at the chance to start a career right out of school.

Where were you before you came to NMLC? How long you have been here? What are your responsibilities here?

I have been here at NMLC for almost 5 years. I started less than a month after I graduated from college and I consider myself very fortunate to have landed such a solid position in such an unstable economy. I've traveled a bit throughout NMLC in my 5 years – first on the Policy and Compliance team (now known as the Contract Support Division) and migrating over to post award administration (Contract Administration Division). I've most recently moved into the Drug Program and I'm really excited about the work this team does. It's a new challenge and I'm thrilled to be a part of it.

What are the most important efforts you support and please provide a brief description of your involvement, the challenges you face in accomplishing your tasks and how you overcome them.

Right now I'm still learning about my new position and working hard to get up to speed on the processes and functions of my team. I'm hoping my experience on CSD and CAD will bring value to my new team and help build on the current functions.

What makes you a success here?

I would like to think my success is built on two things – a positive, get it done and get it done right attitude and organization (did I mention I'm a Navy Brat?!). However, my success is largely owed to my mentors here at NMLC. Over the years I've been fortunate to work with excellent people who passed on their knowledge and skills to me. I would not be the productive member that I am without the guidance and leader-



ship of the people who trained me and the people I turn to for guidance and assistance.

What do you do in your off-duty hours? Are you involved with charitable organizations?

My off duty hours are really a little bit of this, a little bit of that. I have played the violin since I was a little girl and up until this fall I performed with the Hood College string ensemble. I really enjoyed playing music with such a wonderful group of talented musicians and I hope maybe sometime soon to join another ensemble. I actually took time off from the ensemble to chase another passion. In my spare time, I'm a volunteer Emergency Medical Technician (EMT). I am currently running calls with the Independent Fire Company in Ranson, WV where I live. I get to help people in some of their darkest moments and there is no better feeling than when you have made such a positive impact in a complete stranger's life.

How does that involvement influence what you do here and how



you support the military/federal government?

I'd like to believe that what I do here and what I do in my spare time run parallel to each other. Here I'm working to better the healthcare system in support of our war fighters while in my spare time I use my knowledge and skills to help the general public.

Is there anything you would like to share with me that people do not know about you?

Sometimes I forget other people may not have the stomach for an ambulance story. I live out things you hear about on the news so I tend to get a little excited and want to share!

NMLC supports Warfighters through its logistical expertise. How does what you do contribute to the organization's overall mission?

In my current position on the Drug Program I am part of a team working to support our Drug Testing facilities in DoD. I'm learning

more about it every day and I'm very grateful for the opportunity to work in this unique program.

Are there any final thoughts you would like to share with the reading audience?

Thanks for letting me share some of my unique experiences!

Personality Profile

Dennis Helmstetter, Code 02



Where do you call home? Where did you attend high school or college?

Originally from Cumberland, MD (5 generations). Bishop Walsh High '73 and Frostburg State U. '94

Can you briefly share how you entered the workforce, when you entered, what were your first assignments, etc?

Started working for a neighbor who was building homes when I was 12 or 13, cleaning used bricks for reuse in new homes. Worked through different aspects of home construction the next few years, and then worked for a few commercial and residential contractors. Joined the Navy in Oct '75, until medically retired, and CSX Railroad in '79, until injured in a train accident. (Yes,

I got to drive the train and blow the whistle (actually an air horn)).

Where were you before you came to NMLC? How long you have been here and what are your responsibilities?

I have also lived in DC, Baltimore, and Pittsburgh, PA. About 12 years. I work for an Ability One contractor called Service Source at NMLC, closing contracts. The Ability One program provides employment opportuni-

ties to more than 50,000 people with significant disabilities and 3,300 are wounded warriors.

I have owned a residential rental business, a Club/Bar business, a home building business, and partnered in a tax return franchise, before becoming a Realtor here.

What are the most important efforts you support and please provide a brief description of your involvement, the challenges you face in accomplishing your tasks and how you overcome them.

Coming out of the Ft. Detrick Retiree Council, I co-founded a Veterans/active duty/family assistance organization, now known as the major General Boyd Cook Memorial Foundation, with Bran Thompson, CSM (Ret)(THE moving force). We helped families of the local deployed reserve unit with many usual and mundane tasks, such as auto problems and house issues that could not



be addressed by the military. Also, the foundation has helped serving members/families with unusual situations that could not be accomplished through official channels.

General Cook insisted that we should expand our focus to help all Veterans and active military locally, then state wide. After his untimely death, his widow remained on the board along with Admiral William Prescott (Ret), Md., former Assistant Surgeon General of the US under Koop, and numerous others.

I have not been able to stay highly active in the organization, but am now involved in a move to find Veterans and families who need housing and qualify to own a house. We are working with Habitat For Humanity of Frederick County (MD) to find qualifying ex-military families who can live in Emmitsburg, MD and own a new house. Habitat has land to build this home. Additionally, we need to raise approximately \$100,000 to bring this project to fruition. Successful candidates will need to help on the project, do community service, and attend homeowner classes. Anyone can nominate candidates for this project, volunteer to help, or donate by contacting Habitat For Humanity offices in Frederick at 301-698-2449. I have contacted one organization, Operation Second Chance, a fantastic group, to see if they can help with finding candidates, since they serve wounded warriors, but we need to look far and wide.

What do you do in your off-duty hours?

Many family, recreational (bicycling) activities, and local entertainment events. Are you involved with charitable organizations?

Besides the Cook Foundation, I am a 4-year Trustee with the Frederick Elks Lodge, which has helped Veterans a lot! I am a life member of the Frederick AMVETS Post, served three years chairing the local Realtor Assn. Education Committee, and organized two education cruises for FCAR. Worked with the Walkersville Red Cross a few years, in-

cluding help start their first summer day camp. Helped organize and incorporate the Frederick Chapter of the Women's Council of Realtors. I served nearly four years with Fredericktowne Rotary Club, participating in many volunteer projects, including homework club at Parkway Elementary School. With the retiree council I have helped with Ft. Detrick's huge Veterans Day celebration for years, including bringing my Dad to a WW II Veterans recognition ceremony three years ago. Neat!

How does that involvement influence what you do here and how you support the military/federal government?

I strongly believe in helping Veterans, serving members, and especially their families, because they stand ready to give all, and sacrifice so much when serving, especially during repeated deployments.

Is there anything you would like to share with me that people do not know about you?

I have been a great-grandfather since December 20th, 2012. That's Uber Cool!

NMLC supports Warfighters through its logistical expertise. How does what you do contribute



to the organization's overall mission?

By doing things correctly and efficiently we can best help those who need help. We can always be better, so those we serve can get better.

Are there any final thoughts you would like to share with the reading audience?

There are limitless possibilities for everyone to help in whatever Volunteer field they choose – do so. Today is a good time to begin.

Naval Medical Logistics Command Volunteers at Local Elementary School

By Sheila A. Gorman, Naval Medical Logistics Command

Sailors from Naval Medical Logistics Command, Fort Detrick, Md., participated in a Read Across America event at Lincoln Elementary School, Frederick, Md., on March 1.

Joining other Reading Across America participants such as Frederick City Mayor Randy McClement, several members of the Frederick City Board of Aldermen

acy Specialist Susan Nickerson.

Ms. Parkinson was appreciative of the Sailors efforts. "Reading to the students gets them interested in books. The kids know enough about their country to know how the military works and it's very special to see such good role models," said Nickerson. "It's a wonderful way for the children to meet community role

models."

Fifth-grader and peer mentor Francisco Chavez said of the Sailors, "They read to us last year too. It's an honor to meet them. They support our country and help us a lot for freedom."

One of the Sailors was a first-time reader.

"This is my first year and I will definitely be back," said Hospital Corpsman 1st Class Rowell Pasion, who selected "Miss Smith Under the Ocean," by Michael Garland to read to one of the fifth-grade classes.

Besides reading, the sailors fielded



NMLC volunteers joined local community leaders in reading to Lincoln Elementary School children for the annual Read Across America observation. Pictured from left to right are HMCM David Hall, HM1 Rowell Pasion, LS2 Michael Kick, Hospital Corpsman Denise Matamoro, HMC Ezra Johnson and two Lincoln Elementary School students.

and Frederick County Board of Education, parents and local politicians, five NMLC Sailors took turns reading selected books to fourth and fifth grade students.

The books were chosen from boxes of reading material made available by Lincoln Elementary School Liter-

questions from the students.

"This is my second year doing this and I love reading to the kids and answering their questions," said Hospital Apprentice Denise Matamoro.

"It makes you think about how you're perceived."



LS2 Kick and HMC Johnson share reading responsibilities.

For us, what we do is normal; but for the students, we represent a whole different world,” said Command Master Chief David Hall who read “Bedhead,” by Margie Palatini.

“You just wonder what they’re thinking with some of their questions,” said Chief Hospital Corpsman Ezra Johnson, who selected “14 Cows for America,” by Carmen Agra Deedy to read.

Some of the questions the posed to Johnson and Logistic Specialist 2nd Class Michael Kick included, “Have you killed anyone? Do you work the whole day? What do your badges mean? How come the other guys pin is shinier than yours; does it mean he’s more important?”

Johnson and Kick patiently fielded every question posed by the students until it was time to move along to the next classroom.

The National Education Association is building a nation of readers through its signature program, NEA’s Read Across America. Now in its 16th year, this year-round program focuses on motivating children and teens to read through events, partnerships, and reading resources. <http://www.nea.org/>

For more news about NMLC, visit <http://www.med.navy.mil/sites/nmlc/Pages/default.aspx>.



Master Chief Hospital Corpsman David Hall listens intently to a Lincoln Elementary School student during the 2013 Read Across America observation.

LOGISTICALLY *speaking*

Jan-Mar 2013

Naval Medical Logistics Command, Fort Detrick, Md.



NAVAL MEDICAL LOGISTICS COMMAND

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