



Navy Expeditionary Medical Support Command (NEMSCOM), Williamsburg, Virginia, provides comprehensive, shore-based medical support to U.S. and allied forces in the event of contingency operations anywhere in the world. It is responsible for designing, procuring, assembling, pre-positioning, storing, maintaining and providing life cycle support for Expeditionary Medical Facilities. This global involvement allows Navy Medicine to support combatant commanders with the right medical resources through configured expeditionary medical logistics capabilities tailored to meet clinical missions. The NEMSCOM mission is to support Combatant Commander (COCOMs) by supplying the right medical resources at the right time and at the right cost anywhere in the world through configured expeditionary medical logistics products tailored to meet clinical missions based on COCOM requirements.

# LOGISTICALLY *speaking*



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## Welcome to the Naval Medical Logistics Command




CAPT Seymour, CO

Welcome Aboard the Naval Medical Logistics Command "Public Website." If you are Military or Government (CAC enabled) you may click on the MIL/GOV Access tab on the menu bar. To learn more about the command and our mission, I invite you to extensively explore our newly designed website and to check back for updates. If you are a civilian contractor wishing to do business with Navy Medicine, click the "Doing Business With Us" panel just to the right of this message.

As always, we solicit your input and value your suggestions for improvement. Again, thank you for visiting and we hope you leave with a fuller understanding of the mission of the Naval Medical Logistics Command.

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NMLC delivers patient-centered logistics solutions for military medicine.

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Naval Medical Logistics Command's mission: We deliver patient-centered logistics solutions for military medicine. Naval Medical Logistics Command's vision: We will become DoD's premier medical logistics support activity. You can find all the information you need on the Naval Medical Logistics Command website.



**On the Cover:** A team of subject matter experts including Military Sealift Command engineers, Navy Medicine medical and logistics specialists, U.S. Fleet Forces and Marine Corps Amphibious Force personnel and others, created a conceptual design to build the first iteration, full-scale mockup of a medical-modular containerized asset. This was done inside one of Navy Expeditionary Medical Support Command’s large warehouses to demonstrate the feasibility of implementing new operative medical care capabilities on board an existing ship.

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## From the Commanding Officer



Capt. Mary S. Seymour, NMLC CO

One of our subordinate commands, Navy Expeditionary Medical Support Command, created the first of a kind medical force package to support the United States Fleet Forces Command's new Naval Expeditionary Health Service Support Concept of Operations. This story highlights joint forces collaboration at multiple levels and is one example of how we continue to achieve our mission of delivering patient-centered logistics solutions for military medicine.

My Chief of Operations, Dr. Darin 'Cal' Callahan, penned an article explaining how a diverse workforce delivers innovative solutions to unique challenges. This article pulls from a variety of sources to develop a resource-filled manuscript that will leave you agreeing with the author.

In the spring of 2014, the United States Fleet Force Command, the executive agent for the Advanced Electronic Guided Interceptor System (AEGIS) Ashore program, requested NMLC's Operational Forces Support Directorate to develop an Authorized Medical Allowance List for the AEGIS Ashore Site in Romania. This led to another effort to support the AEGIS facility in Poland. Read about this incredibly successful journey.

Each year, the Navy Medicine Business Operations Training Symposium brings together Navy Medicine's logistics and comptroller experts from around the world to share in the learned tools and experiences that help keep Navy Medicine at the tip of the spear. This year, a new track was included from the procurement community. Read about what was covered in the article highlighted in this issue.

Our Executive Officer, Cmdr. Steve Aboona, started a new feature that has gained a bit of traction since its inception. On page 12, you will find our 'Log Talk print blog' contribution. This section deals with technical information that should be helpful to various areas of the Navy Medicine enterprise. If you ever had a question on this topic, I think you will find your answer here.

Each year, the Centers for Disease Control gauges the activity rate of people visiting their primary care physicians to request flu vaccines. Navy Medicine wants military personnel and their family members to be ready as well. Read about why it's important to get a flu shot for yourself and your loved ones.

As you can see, this issue is packed with articles we believe will be entertaining and loaded with information. As always, I encourage to share your article ideas with our Public Affairs Officer and if you have an article you would like to submit for publishing consideration, feel free to contact the PAO directly. **LS**

**Naval Medical Logistics Command**  
**Capt. Mary S. Seymour**  
Commanding Officer  
**Cmdr. Steve T. Aboona**  
Executive Officer  
**HMCM(SS/SW/FMF) Patrick B. West**  
Command Master Chief  
**Mr. Darin L. 'Cal' Callahan**  
Chief of Operations

**Mrs. Julia P. Hatch**  
Counsel

**Mr. Julius L. Evans**  
Public Affairs Officer

**Mr. William J. Hartmann**  
Expeditionary Medicine

**Ms. Mimi McReal**  
Small Business Programs Officer

**Mr. Anthony Carlisi**  
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**Lt. Cmdr. Christopher E. Barnes**  
Dir, Medical Equipment Logistics Support

**Mr. Richard J. Schlegel**  
Dir, Operational Forces Support

**Mr. Leonard Morrissey**  
Dir, Logistics Business Systems

**Samantha Henderson**  
Acting Dir, Resource Management

**Lt. Cmdr. Matthew W. DeShazo**  
Dir, Administration

### Staff/Distribution

**Mr. Julius L. Evans**  
Naval Medical Logistics Command  
**Public Affairs Officer**  
Julius.Evans@med.navy.mil  
(301) 619-9650  
DSN 343-9650

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## From the Command Master Chief

Excellence in retention is directly related to command climate, quality of life programs and committed deck plate leadership. Effective career management and personnel development are critical in retaining professional, top-notch Sailors.

The Retention Excellence Award (REA) was established to not only recognize commands that sustain superior levels of retention but also to recognize the command's outstanding performance in career management.

The Naval Medical Logistics Command (NMLC) enterprise is an outstanding example of retention excellence. All of our commands, NMLC, Navy Expeditionary Medical Support Command (NEMSCOM) and Naval Ophthalmic Support and Training Facility (NOSTRA) were awarded the Bureau of Medicine and Surgery Retention Excellence Award for Fiscal Year 2016.

To be considered for this award, commands must meet certain reenlistment benchmarks and pass an annual career information program review. Success in obtaining the REA starts with the Command Career Counselor (CCC) who serves as the link between the Sailor, their command and supporting Navy organizations. On behalf of the Commanding Officer, the CCC is responsible for managing the Navy Enlisted Retention and Career Development Programs.

Obtaining the REA is also a team effort that starts with the senior enlisted, wardroom, civilian leadership and every Sailor within the command. Earning this award is a considerable honor



HMCM(SS/SW/FMF) Patrick 'Blake'  
West NMLC Command Master Chief

and I am very proud of the hard work and dedication of our Sailors.

As Retention Excellence award-ees, NMLC, NEMSCOM and NOSTRA are immediately authorized to fly the Retention Excellence pennant, signifying the command's notable accomplishments in retaining the most talented and dedicated Sailors.

Our Sailors not only serve for our country but also for job stability and opportunities to advance professionally. Retention is not just about keeping Sailors in the Navy, it's also about Sailors making great decisions for their families. Making career development boards a priority, recognizing Sailor achievements, and managing our Sailor programs with authentic interest makes all the difference. **LS**



# Workforce Diversity: People Driven Innovation

By Dr. Darin 'Cal' Callahan, DBA, MPA, BS, PMP, BSP, CLSSMBB, Naval Medical Logistics Command Chief of Operations

The mission of the Naval Medical Logistics Command is to deliver patient-centered logistics solutions for military medicine. To deliver innovative solutions to unique challenges, the command leverages the talent of a diverse workforce. During February each year, NMLC goes well beyond a celebration of diversity. The command schedules several knowledge sharing events to increase an understanding of diversity and its positive mission and business impacts. The diversity of our knowledge increases with the diversity of our thinking.

Sometimes, writers borrow words. In this case, this article repeats wise words of Albert Einstein, who wrote, "We cannot solve our problems with the same thinking we used when we created them." With those words, Einstein suggested people must think differently to solve problems, though these days some leaders might choose to use a more agreeable expression like opportunity for improvement or challenge. Many leaders across the Navy Medicine enterprise have drawn attention to the challenges brought on

by large-scale changes like the introduction of the Defense Health Agency. Those new challenges demand different thinking to overcome them, they necessitate innovative thinking.

For argument's sake, let's agree for the next few moments that new challenges demand innovation. Innovative thinking is so important, in fact, that a policy memo published by the Office



Celebrating diversity, NMLC personnel enjoy a festive break during one of the pot-luck luncheons. Above, Petty Officer 1st Class Alicia Chestnut prepares to serve the salad.



Gary Simpson, Edgardo (Teddy) Cornejo, Gerardo (Gerry) Delacruz, and Mario Brito all with the MELS Directorate dine together during the pot-luck luncheon held during one of Naval Medical Logistics Command's diversity celebrations.

of the Secretary of the Navy directed supervisors to assess all officers, senior enlisted, and civil servants GS-13 and above on their contributions to building an innovative culture in the Navy. In that policy memo, the Navy explained expectations for developing innovative ideas to improve the organization and for championing innovative ideas of the workforce. If that is true, then perhaps we can accept the notion that potent innovation is the result of bringing a diverse set of voices into the business dialogue and developing new perspectives on capabilities. Great ideas still come from people and diversity of people in the organization promotes greater innovation because it achieves greater diversity of ideas.

In its 2016 Government-wide Inclusive Diversity Strategic Plan, the U.S. Office of Personnel Management defined workforce diversity as

“...a collection of individual attributes that together help agencies pursue organizational objectives efficiently and effectively.” Diversity in the workforce stimulates a wider range of creative decision alternatives. In a study of the Top 50 Companies for Diversity, researchers Slater, Weigand, and Zwirlein (2008) listed a well-known logistics provider as a leading proponent of workforce diversity.

Federal Express or FedEx provides world-class logistics around the globe. The company has a strong campus presence at Historically Black Colleges and Universities. The company is active in local and national organizations that support the advancement of minorities, women, and traditionally underserved groups. In a study published in December 2013 by the Harvard Business Review, researchers Hewlett, Marshall, and

Sherbin concluded that employees working for organizations embracing diversity were 45 percent more likely to report growing market share in existing markets and 70 percent more likely to report expanding into new markets than employees working in organizations with less focus on workforce diversity. Hewlett, Marshall, and Sherbin (2013) went on to explain organizations that embrace diversity consistently out-innovate and out-perform others.

Like FedEx executives, leaders in the NMLC go beyond a simple celebration of diversity. The NMLC leaders value and encourage diversity in a way to operationalize it to deliver world-class medical care to Sailors, Marines, and their families. **LS**



160513-N-AX546-162 REDZIKOWO, Poland (May 13, 2016) Commander, U.S. Naval Forces Europe-Africa Adm. Mark Ferguson and officials from the United States and Poland break ground at the Aegis Ashore Ballistic Missile Defense site in Redzikowo, Poland. U.S. Naval Forces Europe-Africa, head-quartered in Naples, Italy, oversees joint and naval operations, often in concert with allied, joint, and interagency partners, in order to advance U.S. national interests, security and stability in Europe and Africa. (U.S. Navy photo by Mass Communication Specialist 1st Class Sean Spratt/Released).

# NMLC Provides Medical Clinic Outfitting of the AEGIS Ashore Ballistic Missile Defense System Sites

**N**aval Medical Logistics Command's (NMLC) Operational Forces Support Directorate, Fort Detrick, Maryland, again accomplished its mission to "deliver patient-centered logistics solutions for military medicine," by providing on-time outfitting support to the Advanced Electronic Guided Interceptor System (AEGIS) Ashore site in Poland. Aegis Ashore is the land-based component of the Aegis Ballistic Missile Defense (BMD) system which provides protection against ballistic missile threats. The Poland site will use the Aegis BMD system and Standard Missile-3 (SM-3), the

same missiles on board U.S. Navy cruisers and destroyers, to assist in providing defense coverage across Northern Europe. Similarly, the Aegis Ashore site in Romania provides defense coverage across Southern Europe.

The site, which will be completed in 2018, will include living quarters, a galley, force protection and safety, recreational areas, administrative spaces and a 2,187 square foot medical clinic for the assigned crew of 200 Sailors, civilians and government contractors. The medical clinic is currently operational and staffed with a Senior Medical Department Representative,

one Navy Independent Duty Corpsman and one Navy Hospital Corpsman. Medical materiel outfitting and sustainment is based on an Authorized Medical Allowance List (AMAL) approved by Commander, Naval Surface Forces Atlantic and Commander, U.S. Fleet Force Command to provide the optimal range and depth of medical materiel required for the health services support mission.

In spring 2014, U.S. Fleet Forces Command (USFFC), the Executive Agent for the Aegis Ashore program, requested NMLC Operational Forces Support Directorate to develop



Authorized Medical Allowance Lists (AMAL) for the Aegis Ashore Site in Romania. Working alongside medical representatives from U. S. Naval Surface Forces Atlantic (SURFLANT), NMLC assemblage managers established AMALs that would become the standard for medical materiel supporting Aegis Ashore sites. Subsequently, NMLC's lead procurement manager, Charles Teague, conducted a sourcing analysis of AMAL content and successfully executed procurement of 524 AMAL line items across 12 assemblages valued at \$226,000 by September 2016.

At the completion of outfitting the Romania site, USFFC again approached NMLC to prepare an outfitting plan for the medical clinic at the AEGIS Ashore site in Poland for January 2017 commencement of health care services. Again, NMLC assumed the lead in this project in addition to the current fleet projects under its management. Given the geographic location of the Poland site and complexity of distance and logistics support, NMLC coordinated with USFFC

surgeon's office and NMLC allowance managers to validate and source the AMAL line items across 12 assemblages. NMLC also leveraged the United States Army Medical Materiel Center Europe (USAMMCE), through NMLC's Detachment, Pirmasens Germany, for sourcing materiel locally. Detachment Pirmasens coordinates all customer service operations for the USAMMCE in its role as Theater Lead Agent for Medical Materiel for U.S. Europe Command, U.S. Africa Command and out of sector service providers for U.S. Central Command in Southwest Asia. It also supports the U.S. Department of State.

Validating and sourcing across 12 assemblages created an additional challenge of needing to source National Stock Numbers (NSN) required for cross-referencing to USAMMCE catalog numbers. Materiel not available through USAMMCE was ordered through Defense Logistics Agency (DLA) Troop Support.

NMLC developed a procurement phasing plan that encompassed four incremental deliveries beginning with

portable equipment in early November 2016, followed by durables and consumables, and finally shelf-life materiel with pharmaceutical and cold-chain medications by late December 2016. To ensure proper accountability and loss prevention, the requisition status monitoring and receipt control was managed within the NMLC web based Fleet Procurement Program procurement database.

NMLC's Enterprise Business Environment (NEBE) information technology solution integrates freestanding electronic management tools (databases, spreadsheets, etc.), automates manual processes and provides a unified platform that is intended to provide collaboration and performance data for management decision making. NEBE is a suite of web based business process management tools. The code base is the intellectual property of the U.S. Government.

The combined teamwork and leadership among NMLC, USAMMCE, USFFC and SURFLANT guided successful completion of support to a vital national mission. **LS**



## International Partners

### Europe

- NATO:** NATO BMD Interim Capability ALTBMD, IOC & FOC and BMD (Territorial Missile Defense)
- Czech Republic:** BMD Framework Partner; R&D Cooperative Project
- Denmark:** BMD Framework Partner; Thule Upgraded Early Warning Radar; RDT&E Cooperative Project
- France:** University to University
- Germany:** PAC-3; PA on Laser Communications Experiment
- Italy:** BMD Framework Partner
- Netherlands:** PAC-3; Maritime BMD studies
- Poland:** Agreed to host Aegis Ashore
- Romania:** Agreed to host Aegis Ashore
- Spain:** Hosting BMD-capable ships to support NATO BMD and other missions
- Turkey:** AN/TPY-2 radar host, R&D Cooperative Project

### Middle East

- Israel:** Arrow Deployed, Arrow System Improvement Program; development of David's Sling Weapon System; Iron Dome
- Kuwait:** Missile defense discussions
- Qatar:** Missile defense discussions
- Saudi Arabia:** Missile defense discussions; PAC-3 purchase
- United Arab Emirates:** Foreign Military Sales cases for THAAD and PAC-3

### Asia / Pacific

- Australia:** BMD Framework Partner; R&D Cooperative Project
- Japan:** BMD Framework Partner; AN/TPY-2 radar host, 21" Missile Development; 4 Aegis BMD capable ships
- ROK:** Missile defense discussions

**UK:** BMD Framework Partner; Fylingdales Upgraded Early Warning Radar, Joint Project Arrangements for Cooperative Projects

**Engagement / Outreach**

**Missile Defense Analysis**

**Cooperative Missile Defense Projects**

**Co-development**

**Deployment**

# Contracting and Purchasing Officer Track Draws Procurement Community at 2017 Navy Medicine Business Operations

By S. A. Gorman, Naval Medical Logistics Command Acquisition Support Directorate



Capt. Mary Seymour, Commanding Officer of Naval Medical Logistics Command, is pictured with all the awardees of the 2017 Navy Medicine Business Operations Training Symposium, held May 22-25 in Leesburg, Virginia. The Navy Medicine Enterprise was well represented at this event.

This year's Navy Medicine Business Operations Training Symposium (NMBOTS), was held May 22-25, and featured the first Contracting and Purchasing Officer's Track as part of the agenda.

Held annually, NMBOTS brings together Navy Medicine's logistics and comptroller experts from around the world -- to share in the learned tools and experiences that help keep patient-centered logistics solutions at the forefront of all that Navy Medicine does for its patients. This year, a new track was included for the procurement community.

"We have a fair amount of turnover in our contracting and purchasing positions at Navy Medical Treatment Facilities (MTFs)," explained Bert Hovermale, Navy Medicine's Senior

Contracting Official (SCO). "As a result, we're always finding the same problems during assessments. We thought, wouldn't it be great if we could get everyone together and teach them how to avoid the pitfalls before the assessment instead of implementing the same corrective action plans, over and over?"

Envisioned by Hovermale and supported by the SCO team at Naval Medical Logistics Command (NMLC), the contracting/purchasing officer (KOP) track encompassed two of the four scheduled symposium days.

Geared toward the experienced or lead contracting officer, contracting specialist, or ordering officer, the KOP track provided each participant with two Procurement Performance

Management Assessment Program (PPMAP)-ready procurement files. Each file contained all the proper documentation needed for a competitive General Service Administration (GSA) buy and a sole source open market buy, with delineations for over and under \$150,000.

Each file contained checklists, templates, selection of appropriate Defense Federal Acquisition Regulations (DFAR) clauses, a justification and approval (over \$150K), general documentation, and a listing of additional resources and points of contact. In addition, each topic included educational discussions as well as time for question and answer sessions.

A tag team made up of a member from either the policy or PPMAP team plus a member from the senior

contracting community presented each topic, opening the door to an incredible wealth of procurement experience and knowledge. Besides presenting the information, these subject matter experts answered questions about similar topics during free meals or break times.

On day two of the KOP track, the focus was on other areas important to the Navy Medicine procurement shops that traditionally are confusing and hard to navigate. One of these areas was the SCO quarterly metrics.

In general, the SCO metrics are provided for each Navy Medicine activity that utilizes the Standard Procurement System (SPS) contract writing system. The metrics focused on contracting dollars and actions, awards by priority distribution, procurement action lead time (PALT), procurement data standard (PDS) compliance rate, closeout actions and backlogs, and Defense Acquisition Workforce Improvement Act (DAWIA) certification and continuous learning points. These metrics and associated deficiencies/best practices are discussed with the regions



**Capt. Joseph Pickel, U.S. Bureau of Medicine and Surgery, addressed audience members while at the podium during the 2017 Navy Medicine Business Operations Training Symposium, held May 22-25 in Leesburg, Virginia. As he prepared to make presentations to the awardees for this year's event, he used humor to keep the award ceremony flowing.**

were: What is Electronic Catalog (eCAT) Ordering and Why Should I Use It; How to Understand and Properly Complete the Quarterly Verification and Validation (IV&V) Review, Ad Hoc and Anomaly reports; How to Process a Termination for Default/Cause and What is the Proper Protocol for Reporting; How Impro-

cated; and the Future of Navy Medicine.

Aside from the subject matter experts who discussed specific topics, there were additional opportunities for participants to meet and greet contracting/purchasing representatives from other MTF's and a few NMLC contracting officers, contract specialists and analysts. One of the great aspects of attending an NMBOTS is that NMLC personnel may be assigned to work on requirements for the MTF associated with many of the participants, presenting a great opportunity to meet and touch base in person. Supplementary subject matter experts in the fields of SPS, acquisition data, policy, PPMAP and contracting were also at the symposium and sharing information with personnel from throughout the Navy Medicine enterprise.

This year's NMBOTS exceeded its expectation of being a great opportunity for the procurement community to grow stronger in their knowledge of GSA buys, sole source open market buys and associated procurement topics.

Procurement participants should also take note, DAWIA continuous learning points may be earned for symposium participation. Check with NMBOTS organizers for more details. **LS**



**Capt. Mary Seymour, NMLC's Commanding Officer, Mark Meeter, Navy Expeditionary Medical Support Command's Civilian Equipment Manager of the Year, HM1 Eric Czech, Melinda Scruggs, Tanzy Logue, Valerie Taylor, Jayme Fletcher, Shannon Lertora, Heather Baldwin and Richard Schlegel, Code 4 Director, accepted their awards at NMBOTS. The NMLC Team was recognized as Operational Forces Support Directorate and the Acquisition Management & Analytics Directorate best team award.**

each quarter and will soon be available to view on the SCO webpage.

Other areas included on day two

erly Completing a Contract Action Report (CAR) Affects the Navy Medicine Metrics and Money Allo-

## **Managing Biomedical Equipment Technicians (BMET) using Efficiency and Utilization Rates using the DMLSS Maintenance Activity (MA) Timesheet**

**By Mario Brito, Medical Equipment and Logistics Solutions Biomedical Equipment Technician Specialist and NMLC's 2016 Senior Civilian of the Year**

**G**enerations of Biomedical Engineering Division (Biomed) Maintenance Managers have lived by the philosophy of getting the job done as quickly as possible. Their slogan — “Work Hard, Play Hard.” Although this philosophy gets the job done, it sometimes is at the expense Navy Biomedical Equipment Technicians. While technicians focused on getting the job done, they neglect to properly account for the time and effort necessary to put the equipment back in service. Technicians with hours of unaccounted time give the appearance that the command is inefficient and over-staffed.

The management of medical devices has taken on a new level of complexity in recent years, due in part to the increased sophistication and specialization of equipment. The Biomedical Equipment Technicians (BMET) staffing model traditionally relied on a formula of a simple ratio of one BMET for every 1100 pieces of maintenance significant equipment. Managing BMET staffing this way has resulted in disproportionate numbers across the enterprise leaving some Military Treatment Facilities (MTF) flush, while others have less than adequate BMET support. Calculating the adequate number of biomedical staff is never straightforward. It depends on several factors, including the type, location, and size of the health care facility; the type of medical equipment; and the availability of resources. The notion of inefficiency and equitable distribution of resources is driving change in the management of our BMET assets. Instead of a simple ratio, BMET resource decisions should be based on data analysis. Facilities should start by asking the questions of where time seems to be wasted and what equipment is failing most often.

Maintenance Managers can do this by capturing and analyzing BMET Efficiency Rates (time to perform Biomed work) and Utilization Rates (time available to perform Biomed work, how much of that time was applied toward Scheduled/Unscheduled work orders) benchmarking staffing levels based on workload. Further, with the additional data fields, organizations have information to improve efficiency and reduce failures. Maintenance Managers can analyze the techniques they are using in managing programs and resources and determine if an MTF is appropriately staffed to support and manage workload as well as improve efficiency and compliance while decreasing costs. The allocation of BMET resources can be made based on the value of quantifiable data and data-driven metrics.

The process begins with Maintenance Managers ensuring all BMET hours are entered into the Defense Medical Logistics Standard Support – Maintenance Activity Timesheet (DMLSS-MA) by close of business on the last working day of each month. The DMLSS-MA Timesheet is a tool for Maintenance Managers to account for and manage BMET workload. The DMLSS-MA Timesheet provides various indicators to measure how Technicians hours are being applied.

To assist BMETs with accurately accounting for their time, monthly hours are categorized into two groups “Biomed Work” and “Non-Biomed Work.”

Biomed Work hours are automatically captured by DMLSS-MA when a BMET enters the time expended on services performed on DMLSS-MA work orders.

Non-Biomed hours are a bit more challenging, due to the manual effort of each BMET to capture and enter their

Non-Biomed time. It is important to identify all Non-Biomed time, the “Ash-n-Trash,” and subtract this from Total Work Hours each month.

There are six categories of Non-Biomed hours:

1. Non-Duty Absence: Annual leave, sick leave, sick call, medical appointments, hospitalization, personnel affairs, absent without leave, leave without pay and/or imprisonment.
2. Duty Absence: Command Duty such as Officer of the Day (OOD) or BIOMED Duty, Physical Readiness Test (PRT), routine Physical Training (PT), any mandatory Command training and manufacturer training.
3. Admin/Support: Labor towards repair parts, research on technology/parts not associated with a work order, loaned to the command for non-BIOMED related duties.
4. Technical Training: Only BIOMED specific in-house or on-installation technical training. Mandatory non-technical (Command) training for military and civilian will be entered as duty absence.
5. Supervisory Hours: Supervisory hours are expended time by direct labor personnel only. This should be minimal; an exception may be a junior enlisted filling in for the Leading Chief Petty Officer for a set/temporary period of time.
6. Travel Hours: Enter travel time in excess of 18 minutes (0.3 DMLSS work order time) for direct labor personnel traveling to and from scheduled and unscheduled maintenance visits. Time of 0.3 hours or less can be charged to the specific work order. Examples are external Medical/Dental Clinic, ship and other external runs.

To assist with documenting Non-Biomed hours, NMLC has developed the “BMET Time Sheet Template” which is available on the NMLC website.

Each facility has unique responsibilities that could lead to different staffing needs and no single indicator can provide the perfect solution. However, almost every facility can find savings and increase efficiency by performing a complete biomedical timecard audit and inputting pertinent data to the establish database.

The Navy invests significant dollars on the training and educating of BMETs. Keeping these highly trained technical experts in Biomed maintaining equipment enables Navy Medicines to provide the best care our nation can offer to Sailors, Marines, and their families. Properly accounting for BMET time gives Maintenance Managers the quantifiable data necessary to ensure appropriate resource allocation and supports short- and long-term strategic planning.

# Navy Medicine Highlights Influenza Vaccination

Influenza, or flu, has the potential to significantly impact Navy force readiness and missions. It is much more than just the common cold and is extremely contagious. It is a virus that attacks the respiratory system and has the potential to become severe and life-threatening. Getting an annual flu vaccine protects us from getting the virus or becoming seriously ill. The seasonal flu vaccine not only helps protect vaccinated individuals, but also helps protect entire communities by pre-

venting and reducing the spread of the virus. In the United States, influenza results in more than 25 million reported cases, more than 150,000 hospitalizations due to serious complications and more than an estimated 30,000 deaths annually.

Navy Medicine uses a very user-friendly system for Influenza Vaccine requisitions. The Navy online Vaccine Information and Logistics System (VIALS) is the requisition system tool for seasonal Influenza vaccines. VIALS is used to individu-

ally track requisitioned vaccines via military standard requisitioning and issuing procedures and simplify vaccine requisitions to enable electronic tracking of vaccine orders from requisition to receipt. The VIALS website is Common Access Card (CAC) enabled. Please visit: [https://gov\\_only.nmlc.med.navy.mil/int\\_code03/vials/](https://gov_only.nmlc.med.navy.mil/int_code03/vials/).

The VIALS system makes Influenza Vaccine ordering an extremely user-friendly and easy



030106-N-4142G-005—At sea aboard USS Constellation (CV 64) Jan. 6, 2003 -- A syringe is filled with Bacillus anthracis as crew-members wait their turn in line to receive the shot. The first injection will help build the crews immune system to Anthrax. Constellation is on a regularly scheduled six-month deployment conducting combat missions in support of Operation Enduring Freedom. U.S. Navy photo by Photographers Mate 2nd Class Felix Garza Jr. (RELEASED).

# Readiness for the Upcoming Vaccination Season 2017

process. Navy influenza vaccine is batch-ordered by Naval Medical Logistics Command (NMLC) from the Defense Logistics Agency (DLA) using command requirements in VIALS.

Preparations for the 2017-2018 season are underway. Influenza vaccination is mandatory for all Active Duty, Guard, and Reserve component personnel and will be administered in accordance with Service- specific guidelines and immunization regulation. All Navy operational units and Military Treatment Facilities will administer the flu vaccination to meet 90 percent vaccination by mid December 2017 for active and reserve component, and 100 percent vaccine access total for Navy family (includes dependents, other beneficiaries and Department of the Navy civilians). Active coordination between command leadership, public affairs officers, and medical personnel is necessary to achieve success.

There are many simple preventive measures people can take to protect themselves against the virus. Navy Medicine follows the CDC recommendations:

- ⇒ Vaccination is the primary method to reduce the risk of Influenza
- ⇒ Take everyday actions to stay healthy
- ⇒ Maintaining a clean work environment
- ⇒ Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick as well.
- ⇒ If possible, stay home from work, school, or errands, when you are sick.
- ⇒ Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
- ⇒ Avoid touching your eyes, nose, and mouth. Germs are often spread when someone touches something that is contaminated and then touches their eyes, nose, or mouth.
- ⇒ Lastly, and most important of all, wash your hands often with soap and hot water.

Navy Medicine is a global health care network that provides health care support to the U.S. Navy, Marine Corps, their families and veterans in high operational tempo environments at expeditionary medical facilities, medical treatment facilities, hospitals, clinics, hospital ships and research units around the world. For more information on the seasonal flu and how to protect yourself and your family, visit the Navy and Marine Corps Public Health Center Influenza webpage here: [www.med.navy.mil/sites/nmcphc/epi-data-center/influenza/Pages/default.aspx](http://www.med.navy.mil/sites/nmcphc/epi-data-center/influenza/Pages/default.aspx)

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# Family Connection

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Visit us online at:



Family Connection is a publication of the Fleet and Family Support Program.

The Navy's Fleet and Family Support Program promotes the self-reliance and resilience of Sailors and their families. We provide information that can help you meet the unique challenges of the military lifestyle.

The appearance of external links in this newsletter does not constitute official endorsement on behalf of the U.S. Navy or Department of Defense.

If you have questions or comments, contact the Fleet and Family Support Program, [cnic.ffsp.fct@navy.mil](mailto:cnic.ffsp.fct@navy.mil).

## Let's Celebrate Fatherhood

For many adults, their most memorable childhood experiences are of times spent with their fathers. This is the primary reason why every year, during the month of June, we designate a special day to show our appreciation for fathers' commitment to their families.

In recent years, the traditional role of fatherhood has evolved. Unlike previous generations, fathers are no longer seen as the primary economic provider. Their role has progressed to include daily decision-making and essential child-rearing responsibilities.

However, military careers sometimes disrupt fathers' involvement in their children's lives. Separations due to deployment and other mission-essential assignments never occur at good times. Consequently, fathers (and father surrogates) should make the most of their time with their children by committing to healthy parenting practices.



Research has shown that children thrive when fathers are active in their lives with healthy parenting practices such as:

- **Displaying respect** for the child's mother or other primary caretaker. This behavior affects children's self-esteem.
- **Actively playing with their children.** This helps young children develop emotional self-control and help them learn how to recognize the emotional cues of others.
- **Showing affection** makes children feel safe, secure and loved.
- **Using age-appropriate discipline.** Discipline is a respectful way to teach appropriate behavior and help children set safe and healthy boundaries.
- **Sharing mealtimes.** The optimal time to talk with and listen to your children is at the table.

**Overall, young children whose fathers are actively involved in their lives tend to make better, longer-lasting childhood and adult friendships and live more productive lives.**

The New Parent Support Home Visitation Program (NPSHVP) is committed to easing the strain the deployment cycle can put on family integrity. Our programs have developed father-specific coaching and support for new fathers and fathers of young children.

The Fatherhood Outreach Initiative supports military fathers by enhancing their knowledge of healthy parenting practices and strengthens father and child bonding throughout the deployment cycle.



ATTENTION READERS: Make *Family Connections* interactive! Share your questions, comments, good news stories, useful resources and articles you have written or found helpful. As space allows, we will include them in future newsletters OR release on social media. Submit to [CNIC.FFSP.fct@Navy.mil](mailto:CNIC.FFSP.fct@Navy.mil)



## Building Resiliency

**Anchored for Life**, a Child and Youth Programs (CYP) initiative at the installation level, emphasizes character building, coping skills and team building in helping military children transition to new schools and communities. Anchored for Life also includes deployment support using materials from The Comfort Crew.



The Seven (7) C's of Resiliency:

1. **Competence:** Social engagement/physical and emotional health.
2. **Confidence:** Self-esteem building.
3. **Connection:** Sense of belonging, rapid integration.
4. **Character:** Developing a long-standing focus on responsibility.
5. **Contribution:** Helping peers and serving others.
6. **Coping:** Healthy strategies for handling difficult situations.
7. **Control:** Taking responsibility for making wise choices.

The Anchored for Life program is customizable to fit the specific needs of elementary, middle and high schools or CYP programs, on- and off-base.

**The Comfort Crew** is a program for military kids that provides kits with tips, comfort and strategies for dealing with deployment, reintegration, grief, divorce, wounded warrior parent(s) and relocation.

More information on the Anchored for Life and The Comfort Crew programs can be found at <https://www.comfortcrew.org/programs.html>.

## Keep Your Child Engaged During Summer

Summertime is the perfect opportunity for your children to loosen up and have some fun, but the structure of the school year does not have to stop after the final bell rings. You can use your downtime to help your children maintain their academic skills and develop healthy habits. It can also be beneficial for children with special needs to maintain a routine during the summer months as a way to ease anxieties and reduce stress levels.

Here are a few ideas to help your children have a healthy and happy summer:



Here are a few ideas to help your children have a healthy and happy summer:

- **Seek out a summer program.** Check your installation, local schools, recreation centers and other community-based organizations for programs on topics that might interest your child.
- **Crack open a book.** Whether reading with your younger children or encouraging your older children to read on their own, summer reading can help keep brains engaged and study habits fresh.
- **Take a field trip.** Visit parks, museums, zoos or nature centers for a low-cost educational opportunity for your entire family.
- **Count, track and measure.** Find fun ways to incorporate numbers into everyday tasks. Measure items around the house or track daily temperatures. Go to the grocery store and practice adding, subtracting or multiplying the prices of items.
- **Think ahead.** Download grade-level appropriate education applications or check with your child's school to see if they have summer packets of math and reading skill activities to help your children prepare for the next school year.
- **Get moving.** Outdoor activities reign supreme in the summer, so do not forget to schedule time for your children to play and burn off energy with some sunshine and exercise.
- **Snack healthy.** A healthy diet is just as important in the summer as it is during the school year. Keep plenty of fruits and vegetables on hand to encourage good snack habits.
- **Recharge.** Children need a chance to refuel, and being out of school is not a green light to stay up all night. Keep a regular summer bedtime to make sure your children are getting enough sleep.

Even while having fun in the sun, you can still find plenty of ways to put your children's health and education first. Helping your children stay engaged academically and physically throughout the summer will help set them up for success in the new school year.

## NMLC Receives 2016 Best Business Process Team Achievement Award



Pictured from left to right, Anthony Carlisi, Bert Hovermale, Richard Schlegel, HM1 Eric Czech, Melinda Scruggs, Tanzy Logue, Valerie Taylor, Jayme Fletcher, Shannon Lertora, Heather Baldwin, Commanding Officer, Capt. Mary Seymour, Executive Officer Cmdr. Steve Aboona and Command Master Chief HMCM (SS/SW/FMF) Patrick West.

Two Naval Medical Logistic Command directorates were recognized jointly at the 2017 Navy Medicine Business Operations Training Symposium on May 22. Personnel formed the NMLC Ship Outfitting team. The Operational Forces Support directorate (Code 04) and the Acquisition Management & Analytics directorate (Code 05) received the Navy Bureau of Medicine and Surgery's "2016 Best Business Process Team Achievement Award."

The Team achieved numerous accomplishments during calendar year 2016 that demonstrated their profound dedication to advancing fleet medical materiel readiness through improving the effectiveness of the acquisition planning process in supporting life-cycle management.

The accomplishments were noteworthy while outfitting *USS JOHN P MURTHA* (LPD 26), using new business processes and tools within

NMLC. Successfully outfitting the ship led to the same repeatable process now being used for six additional ships at present.

Together, the team improved the acquisition planning process by improving coordination with external parties to outfit new construction ships and ships undergoing modernization with the medical and dental materiel required to meet each ship's Required Operational Capabilities and Projected Operating Environment.

The success experienced on the *USS JOHN P MURTHA*, which is now being replicated on all new construction ships and submarines, is attributable to the 75 to 90 percent transfer of requisition transactional loads to a single contract source. In the case of a San Antonio Class Amphibious Transport Dock ship, this equated to 1,950 of 2,600 line items. The *USS JOHN P MURTHA*

achieved close to 100 percent elimination of expired or soon-to-be expired shelf-life, mislabeled or non-labeled materiel and unapproved substitute materiel. This impacted supply status availability and provided NMLC the ability to control the medical materiel outfitting process.

Through the use of multiple vendors bidding on each delivery order, NMLC ensured cost competition that led to *USS JOHN P MURTHA* to be outfitted with medical and dental materiel 5 percent lower than the Independent Government Cost Estimate provided to the LPD-17 Program Office.

Because of the practices highlighted above and other innovative techniques employed by the NMLC Team, they were recognized for their contributions, further achieving NMLC's mission to deliver patient-centered logistics solutions for military medicine. **LS**

# Navy Expeditionary Medical Support Command Earns Retention Award



Enlisted Sailors assigned to Navy Expeditionary Medical Support Command pose for a photo while raising the Retention Excellence Award pennant. Photo by CMC (SCW/EXW) Ralph D. Manzie.

The Retention Excellence Award (REA) is given annually to those commands that have met or exceeded the Chief of Naval Operations' (CNO) retention goals. Command career counselors are assessed annually on their command's retention and development programs by their type commanders.

The REA is awarded to commands that passed their annual Career Information Program Review (CIPR) with a score of 90 percent or higher and have met various other benchmarks.

NEMSCOM's CIPR score was 100 percent. Retention Excellence award

winners are authorized to fly the Retention Excellence pennant.

In addition to retention, the CIPR evaluates the Career Development Team's management, training, sponsorship and completion of Career Development Boards (CDBs). Assigned Sailors have clear expectations and goals and are educated on available career progression resources and programs. This award is a direct reflection of the Command staff efforts ensuring incoming Sailors and their families have a smooth transition for career success.

"The honor of hoisting the (REA)

pennant and the success of our program boils down to the commitment of Sailors and the leadership within our Command," said Hospital Corpsman Petty Officer First Class Taylor Tamayo, the Command Career Counselor.

"The REA pennant is a visual reminder of the hard work and dedication of our Sailors and Petty Officer Tamayo," said Hospital Corpsman Petty Officer First Class Brandon Sabala, who will become the command's new CCC and will have big shoes to fill maintaining the program's future success. **LS**

# Medical Payload Shelter Exercise Commences at Navy Expeditionary Medical Support Command

By Lt. Cmdr. Neil Ebuén, CEC, USN, Navy Expeditionary Medical Support Command

**N**avy Expeditionary Medical Support Command, (NEMSCOM), production facility for the Expeditionary Medical Facility (EMF) located at Naval Weapons Station Yorktown

bled a team of subject matter experts across the spectrum: Military Sealift Command (MSC) engineers assigned to multiple sea going platforms, Navy Medicine medical and logistics specialists, U.S. Fleet Forces and Marine

NEMSCOM personnel to build the 1<sup>st</sup> iteration full-scale mockup of a medical-modular containerized asset. This was done inside one of NEMSCOM's large warehouses to demonstrate the feasibility of implementing

new operative medical care capabilities on board an existing ship. The mockup replicated the actual physical layout of the Bravo (B) Deck of the USNS Gilliland (T-AKR-298), a Gordon Class large, medium speed roll-on/roll-off (LMSR) vehicle cargo ship of the DOD's Military Sealift Command (MSC). The system provided a single operating room with two operating tables as well as the associated supporting capabilities housed in interconnected 2:1 and 3:1 expandable ISO hardened shelters: casualty receiving (CASREC) and triage, patient prep and hold, ten hospital beds (six intensive care and four acute care), pharmacy, laboratory, sterilization, and administrative functions. The design provided an important hands-on, collaborative opportunity for medical professionals,



The new innovative system provided a single operating room with two operating tables.

Cheatham Annex, hosted Phase II of the CNO (N42) sponsored initiative exploring the possibility of placing a flexible medical modular containerized capability across multipurpose afloat platforms. In Phase I, OPNAV Medical Resources, Plans and Policy (N0931) serving as the lead, assem-

bled a team of subject matter experts across the spectrum: Military Sealift Command (MSC) engineers assigned to multiple sea going platforms, Navy Medicine medical and logistics specialists, U.S. Fleet Forces and Marine Corps Amphibious Force personnel, to visit numerous non-standard platforms and identify gaps, a most likely platform and a plan to create a medical modular-containerized afloat system. The team moving forward on the project, created a conceptual design and utilized the expertise of

engineers/designers, and mariners to validate design assumptions, assess practicalities, identify shortcomings, and further refine system requirements.

The impetus for this endeavor was the medical payloads initiative, a CNO directed task to determine the

# LOGISTICALLY *speaking*



This medical payload experiment at Cheatham Annex is a realization of this requirement and is a continuation of past development efforts that were revisited during the later portion of 2016.

ability of Navy Medicine to provide a more flexible alternative in its approach for delivering Health Service Support at sea using multi-purpose platforms.

The Navy's 150-bed expeditionary medical facilities (EMF's) and hospital ships (USNS Comfort and USNS Mercy), are well suited to support major combat operations (MCO) and less suited to support limited contingency operations (LCO), such as emergent crisis response situations. The EMF's logistics footprint and the single haul use of the Navy's hospital ships have necessitated the need for scalable and adaptable force packages to support the full range of military operations.

This medical payload experiment at Cheatham Annex is an important

step in the integration of modular medical systems aboard a non-standard ship and is a continuation of past development efforts that were revisited during the latter portion of 2016. At that time, personnel from Navy Medical Logistics Command, NEMSCOM, and MSC used the USNS Gilliland as a model and assessed various design considerations: transportability and container movement between decks; availability of deck space; impacts to ship operations; patient flow; utility requirements; methods of securing the medical structure on the decks and possible shipboard modifications and so forth. NEMSCOM displayed the mockup capability during a rehearsal of concept (ROC) drill February 28 through March 1, 2017 in which sub-

ject matter experts provided feedback in order to further refine technical requirements.

Captain Michael Kemper, the Commanding Officer of NEMSCOM was very pleased with the mockup and commented, "I was very impressed with the set-up and layout. I was equally surprised at how spacious everything was (in particular the Operating Room which everything else is centered around). Our next challenge will be to devise solutions for securing everything within the shelters (beds, equipment, etc.) for a rough sea state. Once again, the NEMSCOM team did a phenomenal job in demonstrating its agility and responsiveness to meeting our warfighters' evolving medical support requirements." **LS**



Naval Medical Logistics Command , Fort Detrick, Maryland



Contributions should be submitted as follows:

Jan-Mar issue, deadline is 31 Jan

Apr-Jun, deadline is 30 Apr

Jul-Sep, deadline is 31 Jul

Oct-Dec, deadline is 31 Oct

Naval  
Medical  
Logistics  
Command  
693 Neiman Street  
Fort Detrick, Maryland  
21702  
Facebook-NMLC