

## Naval Ophthalmic Support & Training Activity staff Model Fashionable Frames of Choice



Active duty and reserve military members now have a new set of eyewear frames to select from that were made available Oct. 17. Previously, all Armed Forces initial entry training sites transitioned from the male and female, brown S9 spectacles, commonly referred to as BCs to the unisex black 5A frames. Today, military members have a much larger selection from which to choose. The Frames of Choice Spectacle Program is a collection of civilian style frames offered to permanent party active duty Army, Navy, Air Force, Marine Corps, and eligible National Guard and Reserve Service members after completion of the first 30 days of continuous service. The Frames of Choice will not be issued to Reserve Component personnel who are on active duty orders until after the first 30 days of current, continuous obligated active duty for training, not covered under 10 USC 10147. Military retirees, including retired general and or flag officers, are not eligible for the Frames of Choice Spectacle Program. To view pictures of the new spectacles, go to [http://www.navy.mil/submit/display.asp?story\\_id=97516](http://www.navy.mil/submit/display.asp?story_id=97516).

## Naval Medical Logistics Command Website

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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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Naval Medical Logistics Command Sailor of the Year week culminated with an escorted tour of the White House. Pictured from left to right are HM1 Aaron Swan NOSTRA, HMC Neville Facey, NMLC, HMCS Aaron Zale, NMLC, HMC Keith Watford, NMLC, HM1 Veronica Burlison, NMLC, HMC Chantelle Byrd, NMLC Command Master Chief HMCM Patrick West, HM1 Brandon Sabala, NOSTRA and HMCS Lateesha Mazyck, NEMSCOM.

**Your Resource to All Things Naval Medical Logistics Command**

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 (NMLC) website.

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**On The Cover**—Naval Ophthalmic Support and Training Activity (NOSTRA) is the Program Executive Office for the Department of Defense Optical Fabrication Enterprise and charged with oversight of military optical fabrication worldwide. NOSTRA is the largest Department of Defense Optical Fabrication Lab and home of the Department of Defense’s only training program for Opticians and Optical Fabrication Specialists at its Tri-Services Optician School. NOSTRA provides optical fabrication support by fabricating military eyewear, prescription gas mask inserts and combat protective eyewear inserts. Pictured are PO3 Gary Ellick, PFC Steven Sims, Ms. Angela Howell, Ms. Carla Smith, Jim Darrah, NOSTRA Commanding Officer Capt. Paul Andre, Executive Officer, Cmdr. Brian Hatch, Senior Enlisted Advisor Senior Chief Richard Laxa, SGT Thomas Salazar, SFC Autumn Rodriguez and PO2 Jessica Fox, in front of the highest technical ophthalmic fabrication equipment used in the industry, according to NOSTRA.

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## From the Commanding Officer



Capt. Mary S. Seymour, NMLC CO

Command Master Chief Patrick West discusses the peaceful transition of power in his column. It comes at a very fitting time considering the Presidential Inauguration Jan. 20, 2017. In it, he mentions the historical aspects of power changing from one administration to the next. But it's also timely because Naval Medical Logistics Command personnel recently participated in a multifaceted field trip that highlighted the historic connection between the command and one of America's most historic battles. In this issue of *Logistically Speaking*, you will get to relive how battlefield medicine was managed during the Civil War and specifically during the Battle at Antietam.

Keeping with the theme of education and professional development, our team methodically planned and executed a first time mentorship program for the benefit of command personnel. In the mentorship program article, you may gain ideas for how you might put together a mentorship program for your own staff. We were fortunate enough to have highly successful senior Government Civilian employees, including a member of the Senior Executive Service, to serve as mentors.

In November, the Department of Defense offered a refreshed Frame of Choice through our Naval Ophthalmic Support and Training Activity, Yorktown, Virginia. This new look is now available to selected service members. You'll have to read the article on page 14 for specifics and to ensure that you are able to receive your pair right now.

Just up the street from NOSTRA is the Navy Expeditionary Medical Support Command, another of our subordinate commands, which 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 (EMF). Our Small Business Professional shared with the NEMSCOM executive team the Five Choices to Extraordinary Productivity. You'll learn about the five choices and may decide to take a closer look at the course yourself.

For our logisticians, I think you will enjoy reading about the Joint Medical Asset Repository (JMAR), a system that serves as an enterprise asset visibility and business intelligence tool of the Defense Medical Logistics Enterprise Solution. This article is packed with information that tells you exactly what JMAR is and what it isn't.

In September, our Comptroller, Cmdr. Diana Garcia was promoted to her current rank. The ceremony was well attended and many who witnessed the proceedings traveled quite the distance to share in her special day. Read about how Cmdr. Garcia walked back down memory lane with the audience and how she recognized those who were in attendance.

You already know Naval Medical Logistics Command delivers patient centered logistics solutions for military medicine. On page 24, read about how we put in place the contracts for practically all mammography equipment that land-based Medical Treatment Facilities around the world use to provide life-saving screenings. October may be breast cancer awareness month, but there's never a bad time for military members to be screened. It should be comforting to know that when they go, world-class medical equipment is available to support the medical needs of patients.

Rounding out this issue, I got a chance to meritoriously promote two Sailors through the Navy's newly expanded Meritorious Advancement Program. Read about them on page 26. As always, we encourage your comments, feedback and suggestions. If you would like to contribute an article to *Logistically Speaking*, submit it to our Public Affairs Officer. **LS**

**Naval Medical Logistics Command**  
**Capt. Mary S. Seymour**  
Commanding Officer  
**Cmdr. Steve T. Aboona**  
Executive Officer  
**MCPO(SS/SW/FMF) Patrick 'Blake' West**  
Command Master Chief  
**Dr. Darin L. 'Cal' Callahan**  
Chief of Operations  
**Mrs. Julia P. Hatch**  
Counsel  
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*Logistically speaking* is published by Naval Medical Logistics Command. Articles reflect the views of the authors and do not necessarily represent the views of the Department of the Defense or the Department of the Navy.

**Articles should be submitted to:**  
The Public Affairs Officer

# LOGISTICALLY *speaking*

## From the Command Master Chief

The peaceful transition of power is a mainstay of our republic. The transfer of executive power from the outgoing president to the president-elect between election and inauguration day completes this transition. In 1796, George Washington created a solid government for the new Republic and was committed to a government where power changed hands frequently and peacefully. This peaceful transfer of power was probably one of his greatest achievements;

as we have seen it repeated every four years when we elect, then inaugurate, a new president. On inauguration day, Washington, Adams, and Jefferson entered Congress Hall in Philadelphia then the nation's capital. John Adams took the oath of office as the new president of the United States. After the oath, Adams stepped aside at the door to allow Washington to go through first. Washington was aware of the historic significance in that moment. He stopped and asked Ad-



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

## The Triad



Executive Officer Cmdr. Steve Aboona, Commanding Officer Capt. Mary Seymour  
and Command Master Chief Patrick West.

ams to leave first. After all, he said, Adams was now president of the United States, and Washington was now just a private citizen. Adams led, followed by Jefferson, and then Washington. This was the first time in human political history that power was transferred between two common citizens without the death or violent overthrow of the person losing power. The Constitution had passed its first crucial test primarily because of George Washington's commitment to it into the spirit of the American Revolution. Post-election, political parties should come together and respect the important contributions that all Americans make to our country in order to build a stronger future for America. Department of Defense Directive 1344.10 states that members on active duty should not engage in partisan political activity. This helps to ensure a non-partisan military and ensure smooth and peaceful transitions of power. As military members, we must remember to put our differences aside in supporting our new Commander-in-Chief. **LS**



The Pry House Field Hospital Museum is a living exhibit situated on the Antietam Battlefield. The property was made U.S. Army Headquarters in 1862. As an exhibit, it helps visitors discover the early concepts of emergency medical care.

# Naval Medical Logistics Command Examines Early Battlefield Medicine

Story and Photos by Julius L. Evans, Naval Medical Logistics Command Public Affairs

On a warm fall day in October 2016, civilian and military leaders of the Naval Medical Logistics Command (NMLC) came together to retrace the footsteps of confederate and union soldiers that fought in the Maryland Campaign of 1862 culminating at the Battle of Antietam in Sharpsburg, Maryland on Sept. 17, 1862. The intent of this professional development event, what the planners of the event call a “Medical Staff Ride,” was to provide an opportunity for NMLC leaders to reconnect with local civil war history while learning some historical lessons from the Maryland Campaign of 1862 regarding military medical logistics.

The battlefield trip was part of a

program collaboratively developed by NMLC and the Letterman Institute, headquartered in historic Frederick, Maryland. NMLC co-planner for the event, Lt. Cmdr. Matthew Deshazo, NMLC’s Director for Administration, described his inspiration for planning this event as having participated in a similar program that is conducted annually for first year medical students at the Uniform Services University of Health Sciences (USUHS) located in Bethesda, Maryland. The NMLC program was designed to include three separate phases including an initial lecture conducted at NMLC, the medical staff ride of the Antietam Battlefield and surrounding related civil war sites, and a final cap-

stone visit to the National Civil War Medical Museum located in Frederick. Each phase of the program was conducted with an underlying learning objective of lessons learned from military medical logistics successes and failures of the campaign.

“The goal for this program was to provide our NMLC leaders at all levels of the organization with an opportunity to study an important civil war campaign and battle which has proven to be a birthplace for modern military medicine as we know it today. The military medicine innovations introduced by Army Maj. Dr. Jonathan Letterman in the civil war, and in some cases locally here in the Maryland Campaign of 1862, are still being

deployed today in support of our current military operations. By studying the many difficulties Dr. Letterman faced in 1862 in trying to supply his battle aid stations and field hospitals, we have a better appreciation for the importance of medical logistics. It reinvigorates those of us charged with maintaining medical logistics support for today's Sailors and Marines deployed around the world," DeShazo said.

### **Tour of Battlefield**

Retracing the route Union Army Soldiers traveled during the Battle of Antietam was an enlightening experience during the excursion. Then, two weeks after the initial tour, the group visited the National Museum of Civil War Medicine, Frederick, Maryland, Nov. 2, rounding out an experience of what it was like to care for troops 155 years ago in 1862.

Imagine the crackling of twigs succumbing to the weight of hundreds of soldiers leaving footprints through every step of the 20-miles-per-day or more treks they would have made from one war fortress or battle campaign to the next. If they were able, they were walking. For troops that were wounded, if their feet were in good repair, they had to walk to the hospital if further medical attention was required. That was until Letterman was given the latitude to make changes to enhance the battlefield medical effort. Once Letterman's changes were instituted, medical staff commandeered buildings suitable for field hospitals before the battle began, focusing on the areas around Keedysville, Boonsboro and Sharpsburg, all in Maryland. These locations are approximately 20 to 30 miles away from NMLC. This high-

*Could you withstand the march and be a soldier?*

**T**wenty miles per day, through heat or cold, rain or snow, over mountains or through swampland, muddy roads in the spring, dusty in the summer, iced-over in the winter, all while wearing a heavy wool uniform and likely ill-fitting shoes.

lights one of the significant facets of the Battle of Antietam.

These and other fascinating facts brought together two separate days of the journey that educated medical logistics personnel who, at NMLC, are responsible for everything from medical expeditionary logistics, to medical equipment and logistics solutions, to fleet forces assemblage management or in other words, Author-

*Continued on next page.*



**Naval Medical Logistics Command personnel are taught the lessons of the American Civil War fought at Antietam. The National Museum of Civil War Medicine teaches the challenges faced by doctors and surgeons of the Civil War era.**

ized Medical Allowance Lists, today's version of the medical equipment surgeons and other medical personnel would have had available to them during the Civil War timeframe.

With the plethora of information written and published on the distinct personalities leading the American Civil War, and the various battles that spanned those infamous years of American history, one might be curious to understand how NMLC, the Department of Defense's premier medical logistics support activity, shares a connection to the bloodiest one-day battle of the American Civil War.

Many of those who participated in the trip shared what interested them in gaining first-hand knowledge of the Battle of Antietam, the medical logistics aspects surrounding the war and its connection to NMLC.

"I've been an avid student of The American Civil War since the 5th grade. I've been to Antietam many times, always focusing on the actions

of the commanders and the ebb and flow of the battle itself. This was the first time I studied the battle as a medical logistics problem instead of a tactical problem," said Bert Hovermale, Director, Acquisition Management and Analytics Directorate. "It was fascinating. It was as if a hidden, or at least previously unseen aspect of the battle, was just revealed to me."

Another person explained the connection he surmised between early battlefield medicine at Antietam and Naval Medical Logistics Command today. He explained that to him, it was a great opportunity to see a representation of current battlefield medicine in its infancy.

"The concept of triage in a form reversed from that in a traditional hospital setting is something that has proven critical in the conflicts since then and is a driving force in the continuously improving state of battlefield medicine today," said Hospital Corpsman Petty Officer 1<sup>st</sup> Class Eric Czech, NMLC's Assemblage Manag-

er, Operational Forces Support Directorate. "This method of triage devised during the Civil War is arguably one of the greatest innovations in combat medicine. By treating the walking wounded first, Union soldiers were able to get more firepower back in the fight. Today, we are taught that the best preventive medicine on the field is superior firepower."

### A Look Back

Dr. Letterman was the medical visionary who instituted those innovative changes. Letterman became the Medical Director of the Army of the Potomac on July 4, 1862. According to historical records, it was around the time of the Battle of Antietam when he instituted sweeping procedural changes in the Medical Department concerning the evacuation of the wounded from the battlefield. He also brought changes to how medical supplies were procured, the organization of field hospitals and the use of triage. According to published documents,

many of these changes remain the basis of military medicine today.

The educational value of NMLC's field trip was significantly enhanced because the Historical society incorporated the assistance of a civil war tour guide who provided great insight during the bus trip. He also explained the significance at all stopping points and shared insight to key locations, sites and monuments. In addition, he identified the parallels with Navy Medicine, NMLC



**National Museum of Civil War Medicine guide Bob Hartman (with the cane) points out the location of the barn that belonged to Phillip Pry, which was part of the Pry House Field Hospital and is today a living museum that hosts tours for visitors from around the nation.**



and American Civil War battlefield medicine.

“This was among the most fascinating parts of the whole tour, from my perspective. In detailing the experiences of the medical personnel present at the Battle of Antietam and hearing feedback from NMLC personnel, it became clear that there are significant parallels between your work and the work of organizations like yours.

“The circumstances present on the battlefield that were seemingly minor would have had a massive impacts in ways that may have seemed insignificant at the time.

How a blown railroad bridge 30-miles away from the front became a life or death obstacle to the Union Army’s Medical Department was directly related to obstacles faced on the modern battlefield when it came to supplying those at the front lines,” explained Jake Wynn, a Civil War Museum historian and NMLC’s tour guide. “Additionally, the work of officers like Maj. Letterman in seeking to reform medicine and medical logistics within the U.S. Army from the ground up is applicable to our military today. How do you provide medical personnel with what they need faster and more efficiently? By utilizing new technology and organizational techniques, Letterman strove to do this to the best of his abilities: using the railroad, coordinating schedules of ambulance trains with railroad schedules, and amassing supplies at centrally located depots where they could be easily accessed.”

He went on to explain that although the Civil War occurred more than 150+ years ago, the lessons that were learned on and off the battlefield by those who participated are

incredibly relevant to the world today.

“In an age driven by rapid technological progress, we have the ability to rapidly evolve the way in which we care for wounded on the battlefield; how we supply those tasked with treating the wounded and the sick, and the speed with which we evacuate patients from an ever-changing battlefield,” Wynn said. “These were issues being dealt with by those on the ground during the American Civil War. Although their knowledge of medicine was well behind our own understanding, they were forced to adapt to horrific conditions at the front. This adaptation to the modern battlefield gave us the forerunners to many of our own systems and techniques today.”

In closing out the trip, Czech identified what he gathered from the tour and explained how the pieces of history came together for him as it related to past and current medical experiences.

“In my ignorance, I expected Civil War medicine to be akin to medicine of the 1700s. Granted, the surgeons

and stewards of the Civil War didn’t know what we know now. But the basic principles remain the same; triage where the walking wounded are treated first and the concept of echelons of care are still in practice today,” he said. “With significant research, the military today has expanded upon these ideas and instituted a process in which the vast majority of treatable battlefield casualties make it back home alive. This time in history truly was a foundation for the model of combat medicine and trauma management that we practice today.” **LS**



**Belonging to the National Park Service, U.S. Department of the Interior, the Antietam National Battlefield, Maryland, gives visitors a stoic recount of the battle that is considered the bloodiest one day battle during the Civil War.**



**NMLC personnel with tour guide Jake Wynn. (far right).**

# Naval Medical Logistics Command Creates Mentorship Program in Response to Workforce Request

Story and photos by Julius L. Evans, Naval Medical Logistics Command Public Affairs

Navy commands are mandated to “create, shape and maintain a positive equal opportunity environment,” and are assessed annually on the cohesiveness of their organization by employing a command climate assessment. The assessment does more than just gather information about the state of the workforce; it also allows the workforce to communicate with leadership in a meaningful and impactful manner.

In 2016, Naval Medical Logistics Command (NMLC), Fort Detrick, Maryland, conducted its annual Command Managed Equal Opportunity Command Climate Assessment, administered by Lt. Kei Tate, NMLC’s Command Assessment Team Officer. When the numbers were tallied, the results left room for discussion in determining whether a mentorship program was truly warranted. After a subsequent, independent survey, conducted by NMLC public affairs, the results were clear that enough people were interested in a mentorship program.

Mentoring is not a new endeavor at NMLC. The Analytics and Acquisition Directorate previously initiated two mentorship programs. The Procurement Performance Management Assessment Program (PPMAP) Fellowship was initiated to help Navy Medicine regionals offices gain access to locally based professionals who would mentor them prior to an official assessment of business practices. By providing this mentorship, offices could take advantage of the PPMAP team’s expertise in organizing, and racking and stacking material prior to an assessment. (Read ‘NMLC’s New PPMAP Fellowship Bridges MFT Capability Gaps’ on

## *Mentorship Morning*



*Lewis Brown*



*Thomas Starkoski*



*Kathleen Borst*



*Barbara McFadden*



*Michael Jewett*



*SES Sean Kelley*

NMLC Presents:  
**‘MENTORSHIP MORNING’**  
Location: 1E200/1E212  
Event: All Hands are *encouraged* to hear these dynamic Senior Leaders share how Mentoring has impacted their career and how it may impact YOURS.  
Enjoy a Flash Mentoring and a Speed Mentoring session.  
Special Introduction by Dr. Darin L. Callahan  
Naval Medical Logistics Command  
Chief of Operations  
Presented by the NMLC Command Assessment Team

NMLC’s website).

The NMLC Acquisition and Analytics Directorate also created an additional internal contracting mentorship program to facilitate local professionals as they rotate internally from one position to another.

The newest effort was a direct result of the 2016 Command Managed Equal Opportunity Command Climate Assessment and the follow-on

survey to validate responses. Respondents were asked to express their level of interest in two forms of interaction: Flash and Speed mentoring. Flash Mentoring is a one-time meeting that enables an individual to learn and seek guidance from a more experienced person who can pass on relevant knowledge. Speed Mentoring is a method for individuals to receive information from one or more men-



Dr. Darin L. Callahan, Naval Medical Logistics Command's Chief of Operations gives opening remarks as he clarifies the event's context, purpose and the anticipated outcome. Seated to his right are the panel of experts who volunteered to participate in the successful event.

tors in a time-controlled environment. Modeled after the 'Speed Dating' concept, the mentor and the mentee are provided the opportunity to share knowledge and experiences. Mentees benefit from the wisdom of their mentors, who in turn, benefit from the

fresh perspectives their mentees bring. After gathering this information, the path for developing a workforce related, direct mentorship program was clear. Experts from the National Capital Region were queried to participate. Ultimately, five senior-level

Government Civilian employees from the United States Army Fort Detrick Garrison accepted the invitation to participate. In addition, a Senior Executive Service member from the U. S. Department of Veteran Affairs coordinated his schedule to participate in what turned out to be a highly successful interaction.

NMLC's Public Affairs Officer, who organized, coordinated and served as the Master of Ceremonies for the event dubbed 'Mentorship Morning,' opened with introductions, administrative remarks and guidance for the day. Then, NMLC Chief of Operations, Dr. Darin L. Callahan, explained the 'why' – as he clarified the event's context, purpose and the anticipated outcome.

“At least once a year, commanders administer a climate survey for their staffs. Beyond the opportunity to describe experiences over the last year regarding equal opportunity matters, teammates also have the chance to provide comment regarding what they think is missing or



Ms. Barbara McFadden is the Deputy Chief of Staff for Information Management and the Chief Information Officer for the U.S. Army Medical Research and Materiel Command, Fort Detrick, Maryland. She gave a memorable Flash Mentoring which opened the exchange of information and ideas during the Speed Mentoring session.

Continued on next page.



Mr. Jewett is the Senior Interagency Liaison for the National Institute for Allergy and Infectious Diseases (NIAID) and the Associate Director for Program Integration at NIAID's Integrated Research Facility at Fort Detrick.

what they believe can be done to enhance the staff's work lives and environment. Mentoring was a topic mentioned in the survey, as well as part of discussions during focus group sessions," he explained. "Our guests today are experienced professionals who possess a thorough understanding of guiding, coaching and leading people. They possess a keen awareness of what people need to succeed and to thrive. We hope many of you will seek to establish relationships with people you believe can guide you and that you might build a strong appetite for mentoring as a mechanism for meaningful change. We hope participants walk away with the knowledge that your comments offered as part of climate surveys matter; gain an awareness that mentoring can illuminate a path for real change—career, self, and family; and understand that mentoring can help people build fulfilling lives and establish or restore a healthy work-life balance."

After roundtable introductions of the invited guests, each mentor was directed to his or her area from which participants would rotate from one table to another after a designated amount of time. At the onset, it ap-

peared that the number of people who attended was an overall low count. Because each mentor could only engage with about six people at a time, the attendance turned out to be the exact right number.

When asked how they would categorize the event one person said, "In my opinion this was a successful event, even though there weren't a large number of people who attended. Getting to hear the mentors' story is something I believe we all need to hear and reflect upon," said Jennifer Love, an NMLC Financial Technician. "None of them had it easy. None of them had success served to them on a silver platter. They all had to roll up their sleeves, work for it and study for it. We were fortunate to have a smaller group because we were able to hold more personal conversations with them." Another

person also described the event as a success. "I've been asked by several people about the event. I told them it was a very good use of my time. The mentors genuinely seemed to care about each person's development and made sure to address them individually. I certainly categorized this event as a success," said J. C. Starkrey, NMLC's Management Information Department supervisor. "Judging from the turnout, I would expect the command to see that the workforce values this type of event and would schedule many

more of them in the near future." One of the mentors was asked, "What did you learn about NMLC through your interaction with our command personnel?" The mentor was gracious with her reply as she made a comparison between her organization and NMLC. She also explained what she gained from participating.

"I learned that the NMLC is willing to not only listen to its staff, but the command is also willing to take actions that help to support career growth. I learned that NMLC has some of the same personnel and resource challenges that my organization has experienced over the past



Ms. Kathleen Berst is the Deputy Commander of Acquisition and the Acting Director of the Clinical Services Support Division, U.S. Army Medical Materiel Development Activity, Fort Detrick, Maryland.

few years. Ensuring that your staff feels valued and that management is listening is important to all of us,” said Barbara McFadden, Deputy Chief of Staff for Information Management and the Chief Information Officer for the U.S. Army Medical Research and Materiel Command, Fort Detrick, Maryland. When asked what makes her believe the participants found value in the time they spent together, she said, “the mentees appeared to be motivated and eager to obtain information from the mentors and they were also willing to share information about themselves, which helped us to better guide and coach them on the next steps. They were also engaging with us. They asked specific questions related to their situation. Many took notes and had written down questions during our ‘Flash’ introductions to ask us during the ‘Speed’ mentoring section.”

As it turned out, many of the mentees subsequently inquired about the possibility of NMLC having a follow-up to the mentor session and made recommendations for how it might be patterned if the event were held again.

“I went to the meeting thinking I would only stay for a bit. But as soon as it started, I was mesmerized! I took



Mr. Lewis Brown is the Program Manager and the Contracting Officers Representative for the National Biodefense Analysis and Countermeasures Center. Based on surveys after Mentorship Morning, most participants replied that Mr. Brown’s remarks left a lasting impression.

great interest in the various backgrounds, personal histories and the current positions the participants held. The event had great diversity as well, and I don’t mean socio-economic-race but backgrounds and agencies.

“I told my work colleagues, the mentorship meeting was very much

worth my time,” said Rachel Pardo, Management and Program Analyst Naval Medical Logistics Command Research and Services Contract Division. “If a person at the SES level has time to attend, we all have time to attend. Each of the six speakers took time out of their busy days to come to speak, interact and advise us, so it was definitely worth the time I invested. This event was an absolute success! I would like to see this redone exactly the same way as it was today.”

While NMLC continues to pursue its vision to become the Department of Defense’s premier medical logistics support activity and its mission to deliver patient-centered logistics solutions for military medicine, 2017 promises to be another year of interesting and rewarding external engagements. It may also be reasonable to expect one of the opportunities ahead for the command could be another round of enlightening mentorship. **LS**



SES Sean Kelley was officially appointed as the Deputy Chief Information Officer, Account Management for Benefits and Veteran Experience effective April 2016. He enlisted in the Navy in 1991, then received a direct commission as an MSC who specialized in Healthcare IT and Cyber Security in 2001.



## Department of Defense offers a Refreshed ‘Frame of Choice’ Eyewear Program

By Julius L. Evans, NMLC Public Affairs

**N**aval Ophthalmic Support and Training Activity (NOSTRA), Yorktown, Virginia, has announced that active duty military members have a newly refreshed selection of eyewear frames to choose from. The Frame of Choice updates were made and are now available, Oct. 17.

James Darrah, Director, Quality Operational Support Naval Ophthalmic Support and Training Activity (NOSTRA), Yorktown, Virginia noted, “The new frames come in a variety of plastics and metals, and reflect current styles in today’s commercial market. With the exception of the ‘Elite’ frame, all other old Frame of Choice from the 2004 program has been removed.”

The Frame of Choice Spectacle Program is a collection of civilian style frames offered to permanent party active duty Army, Navy, Air Force, Marine Corps, and Coast Guard members. Reserve Components on active duty for 31 days or more, and members of the National Guard who are called to active Federal service for 31 days or more are also eligible. Military retirees, including retired general and/or flag officers, are not eligible for the Frame of Choice Spectacle Program.

Previously, the standard issue frame, which is not part of the Frame of Choice program, transitioned from the male and female brown S9 frames to the unisex black 5A and 5AM frames for eligible activity duty personnel and retirees.

“The Ophthalmic Services instruction delineates which beneficiaries are authorized to receive the new Frames of Choice. While we want to get this information out to the masses we need everyone to be clear on eligibility,” said Cmdr. Brian Hatch, executive officer. “The complexities of ophthalmic product authorizations are well circumscribed in the current Ophthalmic Services Instruction. Interested personnel should consult the services’ regulations: Army Regulation 40-63, SECNAV Inst. 6810.1 or Air Force Instruction 44-121.”

Capt. Paul Andre is the Commanding Officer of NOSTRA and the Program Executor for the Department of Defense Optical Fabrication Enterprise, and charged with oversight of military optical fabrication worldwide. NOSTRA is the largest Department of Defense Optical Fabrication Lab and the home



**NOSTRA and the Program Executor for the Department of Defense Optical Fabrication Enterprise, and charged with oversight of military optical fabrication worldwide.**

of the Department of Defense’s only training program for Opticians and Optical Fabrication Specialists at its Tri-Services Optician School. **LS**

## The Five Choices to Extraordinary Productivity comes to NEMSCOM

By Mimi McReal, NMLC Small Business Advisor



Mimi McReal facilitates a workshop, “The 5 Choices to Extraordinary Productivity” held for senior leaders at the NEMSCOM Sept. 8.

Capt. Michael Kemper, Commanding Officer of the Naval Expeditionary Medical Support Command (NEMSCOM), invited Ms. Mimi McReal, from Naval Medical Logistics Command (NMLC), to facilitate the Franklin Covey workshop, ‘The 5 Choices to Extraordinary Productivity’ to NEMSCOM’s senior leaders on 8 Sept. 2016. McReal completed the Franklin Covey facilitator training required to conduct the subject workshop, where she has facilitated workshops previously at NMLC.

The 5 Choices to Extraordinary Productivity is a one-day workshop where participants are presented with a methodical approach to manage tasks and responsibilities in a more efficient and organized manner in order to achieve extraordinary outcomes. The 5 Choices emphasizes the principle of discernment and related behaviors designed to discriminate the important from the unimportant.

The workshop illustrates how each of the five choices is designed to build upon another and work in concert to enable participants to more effectively prioritize their tasks. Through a practice of Pause, Clarify & Decide, participants are guided to create a moment of choice, where they can determine which priorities are most important now. At this point, they can also ask themselves if they can eliminate things that are wasteful, needless, or unproductive, in order to achieve extraordinary results. One of the five choices covers critical time needed to refuel and achieve a solid and healthy work-life balance. The 5 Choices are: Act on the Important, Go for the Extraordi-

nary, Schedule the Big Rocks, Rule Your Technology and Fuel Your Fire.

The course content uses a combination of group discussion, class exercises, and is interspersed with several brief videos from various subject matter experts on brain science, psychology, and business management. This combination illustrates how participants can re-train their brains to organize and act on what’s important and prioritize through deliberate planning and the creation of a “Q2 culture” to become more efficient in their roles. Because the work-life balance is so important, the material is not solely focused on the role we have as working professionals, but also incorporates practices that can easily carry over to one’s personal roles as well.

Prior to the workshop, participants take a benchmark assessment. This assessment shows how they currently prioritize, manage, and react to tasks they receive. Over decades of research conducted by Franklin Covey, 60 percent of peoples’ time and energy are typically taken up by tasks that are considered important, while 40 percent of their time and energy goes to unimportant tasks. Approximately five to six weeks after the September workshop, the participants are invited to retake this assessment and reconvene. They can then measure the effectiveness of employing the skills and tools presented during workshop and review its impact.

The workshop was well-received and several of the attendees thought it was worthwhile. When asked ‘what was the most interesting or most powerful part of the workshop,’ the majori-

ty of the participants said the ‘Q2 planning’ and ‘acting on the important’ stood out. Most of the attendees felt that the material presented will be very helpful in their professional lives and are interested in implementing a Q2 culture within their command. One of the attendees, Lt. David Crain, Head, Medical Design at NEMSCOM stated, “I was really glad to have had the opportunity to attend this great training. It went hand-in-hand with other training and seminars that I had attended in the past. One prime example and parallel is ‘The Seven Habits of Highly Effective People’ [another Franklin Covey course]. I drew a lot of similarities. It was also a confirmation for habits I already did plus it complemented those habits especially with the ‘Acting on the Important,’ ‘Scheduling the Big Rocks,’ and ‘Q2 Planning,’ both for daily and weekly [planning].”

NEMSCOM is considering rolling out the 5 Choices training to more staff and may look at hosting future workshops. From the attendees’ perspective, they also see value in bringing the training to the deck plates.

NEMSCOM provides standardized, modular, scalable combat service support and medical/dental capabilities to an advanced base environment across the entire range of joint military operations. It’s mission is to support Combatant Commanders (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. **LS**

## Joint Medical Asset Repository:

### *Supporting Defense Medical Logistics Enterprise Business Intelligence and Decision Support Needs*

By Jennifer L. Tisch, JMAR Application Manager, DHA/Solution Delivery Division (SDD)/Joint Medical Logistics Functional Development Center

Whether you're a senior logistician, manager or planner, the Joint Medical Asset Repository (JMAR) with all of its robust reporting flexibility provides military leadership with the decision support capabilities required for overseeing key logistics metrics, asset visibility, equipment inventory, maintenance and materiel readiness. The JMAR system serves in the distinct role of the Enterprise asset visibility and business intelligence tool of the Defense Medical Logistics (DML)-Enterprise Solution (DML-ES).

Designated as the Department of Defense (DoD) authoritative source for aggregated joint medical logistics information, JMAR is a one stop shop that provides extensive visibility into medical logistics information at more than 400 disparate locations worldwide. JMAR does not create data. It receives data feeds from multiple medical logistics applications such as the Defense Medical Logistics Standard Support (DMLSS) system, Theater Enterprise Wide Logistics System (TEWLS), Force Inventory Management Analysis Reporting System (FIMARS) and Defense Logistics Agency- Troop Support. The JMAR system makes this information available in one central place giving the end user visibility to robust, aggregate medical logistics information. The system has more than 3,000 users from all Services, Joint Staff, Health Affairs and DHA to assist in oversight, management and analysis as well as providing a valuable tool for quickly answering various medical logistics data calls. JMAR is a web based application and can be accessed by authorized users with a CAC at <https://jmar.detrick.army.mil> from a .mil address.

The JMAR system consists of modules with capabilities designed to provide visibility of enterprise-wide supply and equipment inventory and data with historical trending of transactional data, enterprise metrics and equipment maintenance to aid in planning, benchmarking and oversight. Modules include Asset Visibility, Decision Support System (DSS), Key Performance Indicators (KPIs) and Ad Hoc Reporting.

The Asset Visibility module is used to access medical logistics inventories including Assemblage Management, Equipment, Facilities, Due-In/Due-Out, and Inventory.

\* The Equipment Module is normally the most used module in JMAR. It includes extensive reporting tied to productivity, inventory and patient safety. The Equipment Maintenance Dashboards are useful for Maintenance Managers to monitor the biomed efficiency while the Equipment Inventory Dashboard and reports are useful for equipment managers for equipment acquisition and replacement planning. Equipment Smart Search capability was recently delivered to assist users in quickly finding 100% of equipment inventory potentially affected by product recalls or patient safety alerts. The Top Devices Prototype report was built to assist managers in identifying what equipment is breaking and why as well as average maintenance costs by medical device class, equipment nomenclature, manufacturer and model.

\* The Due-In/Due-Out module reports on orders due-in to facilities as well as due-out to customers. The module also includes the Navy specific Due-In Metrics report of over aged orders.

\* The Inventory module includes all inventory reported to include War Reserve, Customer, Retail, Wholesale, Vendor Management Inventory and Contingency stock. It is the only module that includes all inventory reported to JMAR regardless of category as well as orders due-in or due-out. This module quickly becomes the most used module during contingencies such as Operation Tomadachi that warranted immediate need for visibility of material required to treat potential radiation exposure.



Assemblage Management reports extensively on assemblage inventory and quality assurance data and includes an Assemblage Readiness Dashboard to monitor material and critical material availability as well as predictive dashboards for forecasting the replacement of pharmaceutical inventories and other expiration dated material.

The Facility module includes Medical Treatment Facility property data to include installations, buildings, rooms, real property installed equipment, projects and requirements. This module contains data related to several standards identified by the Joint Commission Accreditation for Hospital Organizations (JCAHO)

The DSS Module is designed to provide insight to potential or existing problems for the purpose of guiding business and organizational decision making activities. Within the DSS module are the Item Receipts Dashboard and Item Receipt Reports that provide a set of graphical indicators of summary Item Receipts data in either aggregate charts showing overall totals or trend charts showing totals over a period of time. Item Receipt details, summary and other reports allow you to measure and improve procurement and methods by providing visibility to Item Receipts, Prime Vendor usage, contract data, Source of Supply data, and Government Purchase Card (GPC) usage. This module is also available to support standardization activities.

The KPI Module includes several measures of performance as related to enterprise strategy goals or high profile inventories. KPIs are frequently used to place value on activities that are difficult to measure and facilitates the evaluation of an organization's progress toward its vision and long-term organizational goals. KPIs help organizations assess their present state of business and assist in a prescribed course of action to improve. In JMAR, the KPI module provides progress measures for 3 Health Affairs programs as well as Enterprise Metrics for strategic sourcing goals.

\* The Program Readiness Dashboard includes measures of material readiness to support a Pandemic Influenza or Ebola event. Each view provides line item and program readiness status for the critical material such as Personal Protective Equipment, Antibiotics, Antivirals and Vaccines. Quality Assurance views support the proactive management of expiring inventories and the dollars required to sustain readiness status over time. Users have the flexibility to view data by Service, Combatant Command, FEMA Region or Tricare Region.

\* The Chemical, Biological, Radiological, Nuclear (CBRN) Dashboard is similar to the Program readiness but is for the high profile inventories stored to respond to a CBRN event. In the future this dashboard will be moved to the Program Readiness Dashboard.

\* The Enterprise Metrics Dashboard is used to monitor progress towards meeting DHA goals related to strategic sourcing and effectiveness. Some key goals such as reducing GPC usage and increasing eCommerce usage are measured with both customer and supplier measures and with trending capabilities. Also included are measures for pricing efficiency and effectiveness, standardization compliance and Medical Master Catalog synchronization.

\* The Ad Hoc module provides query, reporting, and an analysis suite of tools that allow users to conduct customized inquiry for each of the areas inside of JMAR in order to obtain information not otherwise attainable from standard predefined queries.

The JMAR team's mission is to support DML's information needs of medical logisticians, managers and planners by capturing and reporting accurate, complete, and timely medical logistics asset data, and developing relevant medical logistics business intelligence solutions. In doing so, our goal is to also make JMAR intuitive for users with focus on near real-time data, data relevance, completeness and integrity. Future efforts will include several technical enhancements to support a fully integrated solution of JMAR capabilities into a DML-ES service oriented architecture with greater use of tools to secure improved performance, interoperability and availability. If there are suggestions or comments, please send emails to [usarmy.detrick.medcom-jmlfdc.mbx.jmar@mail.mil](mailto:usarmy.detrick.medcom-jmlfdc.mbx.jmar@mail.mil).

## 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.

**D**o you know what the small business program is all about, how it originated, what's behind the role of the small business professional (SBP), and what the SBP does to ensure the program runs as it should? What is the future for the small business program? Let's find out!

The small business program is firmly grounded in legislation and got its start during World War II, with the Small Business Mobilization Act of 1942.

The essence of this Act was to recognize that business concerns op-

erating small plants may not have the "economies of scale" necessary to compete with large plants, and that a price differential might be required to keep such plants mobilized – but only for war efforts.

The Small Business Mobilization Act was followed by two others, the Armed Services Procurement Act of 1947 and the Defense Production Act of 1950. In 1953, Congress enacted Public Law (PL) 83-163, the Small Business Act, which legislates that the Federal Government aid, counsel, assist, and protect the interest of small business concerns in its acqui-



sitions.

There was subsequent legislation after that, and in 1958, the Small



As the United States entered World War II, the Small Business Mobilization Act of 1942 was created to recognize the value of small business concerns, to support them and to keep plants mobilized and operational to support the war.

# LOGISTICALLY *speaking*



In 1958, the Small Business Administration became a permanent Federal agency to recognize and support small businesses.

Business Administration became a permanent Federal agency. Since that time, several pieces of legislation have been established to provide recognition and support for specific socio-economic categories of small businesses: small disadvantaged businesses; service-disabled veteran-owned small businesses; veteran-owned small businesses; woman-owned small businesses; and small

businesses that are located in historically urban, economically disadvantaged areas (based on U.S. census data) – designated as HUBzone small businesses.

Over the next several decades, further legislation was passed that kept the small business program viable and has resulted in continued success for numerous small companies, as well as shared successes among their Depart-

ment of Defense partners.

The role of the small SBP is a varied one. Beyond an advocate for small businesses, the SBP is a researcher, an educator, an advisor, an ambassador, an evaluator, a student, and a resource to both government colleagues and industry.

The SBP is the initial conduit to the contracting office for industry and serves as a valuable resource to both. Within their organization, the SBP assists the acquisition office by participating in acquisition planning, market research, and reviewing acquisition strategies to maximize opportunities for small businesses.

Externally, the SBP is the chief interface to industry and the contracting office. The SBP meets with small businesses regularly on an individual basis, attends outreach events, and becomes familiar with what the market offers.

The SBP then shares these capabilities with the contracting office as a part of the market research process.

The SBP must maintain their skills and stay well-informed of new legislation and policy as it relates to federal contracting and the small business program. As a member of the DoD acquisition workforce, SBPs attend annual training and are required to complete 80 hours of continuing education credits

bi-annually, in accordance with the Defense Acquisition Workforce Improvement Act (DAWIA). SBPs also provide training to the contracting office, annually, and on an ad-hoc basis throughout the fiscal year. **LS**

# NMLC's Comptroller Promoted to Commander, Witnessed by Family and Friends

Story and Photos by Julius L. Evans, Naval Medical Logistics Command Public Affairs

Often, the significance of an event can be based on how well it was attended and by the distance people have traveled to be present. At a ceremony held on Fort Detrick, Maryland, Sept. 1, travel not only spanned distances, it spanned time as well.

Cmdr. Diana Garcia, Naval Medical Logistics Command's (NMLC) Director for Resource Management and Comptroller, was promoted to her current rank, in a ceremony that held special meaning by virtue of the guest who attended. The morning was filled with well received speeches but more importantly, the people who attended made the event that much more unique.

NMLC's Commanding Officer, Capt. Mary Seymour, administered the oath of office. Then, Garcia's mother and youngest son removed the shoulder boards from her uniform blouse, her husband and daughter replaced them with new shoulder boards, and her oldest son helped



Garcia put on her uniform jacket with the new commander stripes on its sleeves. Finally, her daughter also placed on her, the new hat with the golden oak leaves or "scrambled eggs" on its visor.

Sporting her new rank, Garcia passed on her 04 shoulder boards to her colleague and friend, Lt.

Vivienne Galasso-Alexander, while sharing some wise words with her. Alexander was visibly touched and surprised by what she later described as an 'honor.'

After that portion of the ceremony, Garcia shared the story of what was in-

cluded in her initial enlistment into the military. "I consider today a defining milestone in my 28-year journey that started when a 20-something year-old-girl walked into a recruiting station, after having a fight with her boyfriend and not wanting to see him again," Garcia explained. "I was on delayed entry for a year. During that time my boyfriend and I made up, so I spent the rest of the year trying to get out of the contract I had signed with the Navy."

Today, after 26 years of marriage – to her then boyfriend – and three children, she acknowledged the Navy was the right decision for her.

"I truly believe it was my destiny to join the Navy. I am grateful for the benefits and the opportunities the Navy has offered me and my family. Today's promotion would not be possible if it weren't for the support of my family and friends, past and present, and the outstanding leaders that have surrounded me over the years, some of which are here today," Garcia said.



Family and friends from around the nation joined the celebration as Lt. Cmdr. Diana Garcia was promoted to commander. Heather Clipson and her father, CMDCM FMF/DV (Ret). Lee Larson also enjoyed the ceremony.



**NMLC Commanding Officer, Capt. Mary Seymour, greets guests at the ceremony. Below, Lt. Cmdr. Garcia takes the Navy officer promotion oath of office. Right, son and mother remove the lieutenant commander shoulder boards to make room for the three solid gold bar insignias that represent the rank of commander.**



Garcia started her comments by acknowledging her mother who migrated from Colombia to the United States with three children. During an intimate and meaningful moment, Garcia expressed her gratitude to her mother in

her native language. She also commented that her mom had attended each and every promotion ceremony.

Next, she thanked her husband, Rudy, for executing the roles of mom and dad at various times throughout her career. "Rudy was a stay-at-home dad for a couple of years when our



**Kye and mother, replace the shoulder boards.**

son Kevin was born. He has supported every crazy idea I ever came up with, whether it was going back to school for the 10th time, moving to another country or running a half marathon. Thank you, Rudy, for your support. I love you."

She acknowledged her three chil-

Continued on next page.



**Cmdr. Garcia is adorned with shoulder bars bearing her new rank by daughter and husband at her promotion ceremony.**

dren, Kevin, Keanna and Kye, and their successes, before she highlighted a phrase she asked the audience to keep in mind. She exclaimed, “We don’t meet people by accident. They are meant to cross our paths for a reason.” She said she felt that phrase was true and important because of the people she has met throughout her life. “I truly believe I met the following people so that I could become a better version of me.”

First one on the list was her dear friend and big sister Senior Chief (Ret.) Indira Kozak. They became friends shortly after boot camp. “I remember when she used to schedule her Physical Readiness Test either before or after mine so she could motivate me on my run. Back then, I hated running,” Garcia explained.

She acknowledged her friend Niki

who has been a part of her family for almost 40 years and also her friend, Dr. Anne McKeague who she sponsored 14 years ago when Anne joined the Navy.

She thanked her running-mate, Vivienne Galasso-Alexander, who made the four-hour drive that morning to be present. “I will never forget our first trip to Paris with our children and the many adventures we shared in Rota, Spain.

After acknowledging other family members and friends, Garcia changed the focus to the military leaderships who had an impact on her life. Her first comments were to Master Chief (Ret.) Lee Larson.

“You were one of my first command master chiefs when I was a Corpsman. You had a huge positive impact on me. Thank you for your

service, dedication and encouragement.”

She then addressed Capt. Marvin Jones, who was her first boss when she was a newly commissioned officer.

She reminisced about her first encounter with Capt. Jones and expressed her gratitude for his mentorship throughout her career.

“Today’s ceremony would not be the same had you not been here. You have been part of all my promotion ceremonies preceding this one. Thank you.”

Garcia then turned to Capt. Michael Kemper, NMLC’s former executive officer and the commanding officer at Navy Expeditionary Medical Support Command, Williamsburg, Virginia. “When I came to this command, you immediately be-

# LOGISTICALLY *speaking*

came my mentor. You encouraged me to run my first half marathon and now, I'm running my second one. You encouraged me to apply for one of the milestone billets and I followed your advice. Thank you for your guidance, sir."

Finally, she turned again to Capt. Seymour. "This is the second time in a row I've had the honor of having you as my officiating officer. You have not only been my comptroller, my specialty leader and my commanding officer, but you have also been my friend without ever compromising our ranks or positions," Garcia said. "I remember when you checked into the Bureau of Medicine and Surgery; you sat down with the financial staff and told us what you expected of us. Then, you asked what our expectations of you were. That

made an impact with me because I've never heard that from anyone else. Thank you for your friendship and for your guidance."

The audience also had many other participants, including the NMLC Resource Management and Comptroller Directorate staff members who planned the ceremony and brought it to fruition. Garcia thanked them specifically for their vision and creativity in making her promotion ceremony a success.

The new promotion culminated a goal that had been years in the making. This is yet another milestone that Garcia has accomplished in her 28-year naval career. She's ready to tackle any challenges and welcome all the opportunities this new rank may bring. **LS.**



Kevin Garcia (son), Kye Garcia (son), Cmdr. Garcia, Keanna Garcia (daughter) and Rudy Garcia (husband).

# Naval Medical Logistics Command Ensures Life-Saving Breast Screening Equipment reaches Military Treatment Facilities Globally

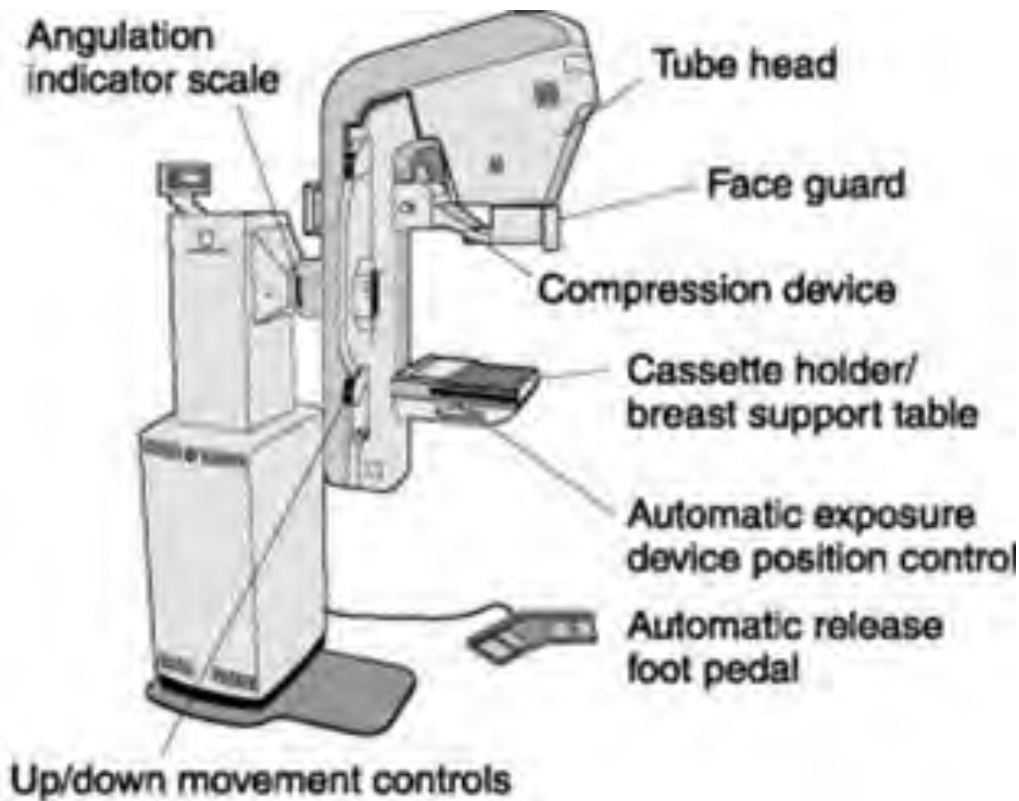
By Julius L. Evans, Naval Medical Logistics Command Public Affairs

Many know the month of October is Women's Health and Breast Cancer Awareness Month. What might not be common knowledge is how Naval Medical Logistics Command (NMLC) supports women's health and breast cancer prevention. One way NMLC helps is by ordering practically all mammography equipment that land-based Medical Treatment Facilities around the world use to provide life-saving screenings.

Stationed on Fort Detrick, Maryland, NMLC's vision is to become the Department of Defense's premier medical logistics support activity. Its mission states, 'We deliver patient-centered logistics solutions to military medicine.'

Achieving a step in realizing its vision, the Naval Diagnostic Imaging and Radiotherapy Board (NAVDIRB) was established to be the Bureau of Medicine and Surgery's agent in evaluating new and emerging medical and dental imaging equipment and radiotherapy technologies. Its role is to recommend short- and long-range planning, policy, governance and acquisition strategies for all diagnostic imaging, radiotherapy equipment modalities, and related support equipment, including military construction projects.

"Sites interested in obtaining new or replacement mammography systems initiate an equipment request on a NAVMED 6700 form. The equipment request should include cost-benefit analysis information describing the need and justification for the system at the requested location,"



An illustration of a common mammography machine.

said Anthony Angelo, Senior Clinical Engineer and Chief, Clinical Engineering Division, NMLC's Medical Equipment and Logistics Solutions Directorate.

A cost benefit analysis is a systematic approach to estimating the strengths and weaknesses of alternatives (for example in transactions, activities or functional business requirements); and is used to determine options that provide the best approach to achieve benefits. In other words, cost benefit analysis gives you a simple, quantitative approach for deciding whether to proceed with a decision, such as buying new equipment, leasing equipment, maintaining

current equipment, etc.

This information is reviewed by NMLC Clinical Engineers and the site's respective Regional Medical Physicist. Initial recommendations from those reviews are presented at the NAVDIRB for an approval decision. Upon approval, contracting actions are authorized to commence, according to Angelo.

NMLC specifically handles the purchasing of radiology equipment, including mammography. Currently, the U.S. Food and Drug Administration (FDA) has approved three mammography tomosynthesis systems - a new dimension in breast cancer detection. Conventional digital mam-



mography produces one image of overlapping tissue, which in certain cases can make it difficult to detect a cancer, according to published reports. Performed with digital mammography using the same scanner, breast tomosynthesis takes multiple images of the entire breast.

“Mammography is a highly specialized and heavily regulated radiologic service. A facility’s mammography program receives an FDA inspection yearly and is accredited by the American College of Radiology every three years,” said Cmdr. Ryan Rockhill, MD, Radiology Staff Physician, Body and Breast Imager, Lead Interpreting Physician, Breast Imaging Academic Chief, Naval Medical Center San Diego. “This includes inspection of the imaging equipment, review of image quality and processes used for image acquisition, and an audit of the radiologists performing the exams.”

Mammography and the screenings associated with it are serious business. The standards are exceptionally high. If a facility has its Mammography Quality Standards Act (MQSA) Certificates revoked by the FDA, it cannot perform mammography until it is recertified under the MQSA and implementing regulations. Recertification could require a two-year waiting period, according to the FDA website.

‘Facility’ refers to any hospital, outpatient department, clinic, radiology practice, mobile unit, office of a physician, or other facility that conducts mammography activities, including the operation of equipment to produce a mammogram, processing the mammogram, initial interpretation of the mammogram, and maintaining viewing conditions for that interpretation.

“Mammography technologists also receive specialized training in addition to those of a diagnostic technologist. They are required to obtain a certain number of continuing education hours and to perform a minimum number of exams. Radiologists reading mammograms are required to obtain a certain number of continuing education hours and to read a mini-



**Naval Medical Logistics Command’s mission is to deliver patient centered logistics solutions for military medicine. It’s vision is to become the Department of Defense’s premier medical logistics support activity.**

imum number of mammograms as well,” Rockhill said.

“Digital Breast Tomosynthesis (DBT), also known as 3-Dimensional mammography, is an emerging technology that acquires multiple low radiation dose images of the breast and reconstructs them into thin slices for interpretation. The technology allows for improved cancer detection and reduced call back rates by reducing overlap of breast tissues, he said.

“This is especially important in women with dense breast tissue. This technology can be used as a screening and diagnostic tool, and further complements mammography, ultrasound, MRI and nuclear medicine as methods for evaluating for breast cancer.”

The American College of Radiology no longer considers DBT experimental, according to Rockhill. The American Medical Association has approved Current Procedural Terminology codes for DBT for reimburse-

ment. Naval Medical Center Portsmouth and Naval Medical Center San Diego both offer DBT. Other clinics will receive DBT soon.

“I believe that DBT will become a prominent component of breast imaging in the next few years, complementing if not outright replacing standard 2-Dimensional mammograms in most patients. As patient awareness of this technology and understanding of limitations of standard mammography in dense breasts increase, so will the demand,” said Rockhill.

While everyone recognizes October as Breast Cancer Awareness Month, and like other equally important monthly observances, awareness shouldn’t be limited to only once a year. Continuing awareness can ensure earlier detection, and where more treatment options are available, can hopefully lead to cure or elimination.

**LS**

# Naval Ophthalmic Support and Training Activity Meritoriously Promotes Two Sailors

By Julius L. Evans, NMLC Public Affairs



NMLC Commanding Officer Capt. Mary Seymour with HM2 Alvin Meads. Below, HM3 Kurtis Reid.

Naval Ophthalmic Support and Training Activity (NOSTRA), Yorktown, Virginia, a subordinate command to Naval Medical Logistics Command, held All-hands quarters at which its higher headquarters commanding officer made an unannounced visit.

“During an All-hands Muster, I was summoned in front of the command, said Hospital Corpsman 2nd Class Alvin Meads, Assistant Lead Petty Officer on the Fabrication Production Line at NOSTRA.

The second Sailor, who was also called to the front during the same All-hands Muster, explained how the news was broken to him.

“The command had just promoted the other Sailor. After his ceremony, our division command senior chief told me to come ‘Front and Center,’” said Hospital Corpsman 3rd Class Kurtis Reid, a High Energy Visible Blocking Lens Optical Fabricator at NOSTRA.

The Sailors were about to become benefactors of the Navy’s newly expanded Meritorious Advancement Program (MAP), which authorizes commanding officers to advance eligible personnel in paygrades E3, E4, and E5 to the next higher paygrade. MAP gives commands the opportunity to recognize their best Sailors, ad-



vancing them when they are ready for the next level of responsibility. In fiscal year 2016, MAP was expanding to include eligible shore commands, Pre-Commissioning Units and Professional Apprenticeship Career Tract Sailors.

Meads said after the commanding officer made a surprising announcement when she said, “For Petty Officer Meads, today is a day of celebration,” and she congratulated me on being meritoriously promoted to 2nd Class, effective immediately. “My legs were shaking the whole time.”

His naval career started upon graduation from the University of Maryland in 2003. Meads said he remembered, while in college, laughing at

other students in the military Reserve Officer Training Corps practicing marching drills on campus. Come to find out, now HE is in the military – and he has loved every moment.

Reid expressed a similar affection for military service as well. “I am an Assistant Command Fitness Leader, on the Health Promotion Committee, a Sexual Assault Prevention and Response Victim Advocate, and I specialize in making about half the volume of sunglasses here,” he said. “I’m also in charge of making the glasses for the High Energy Visible program, which creates tinted glasses that block out all blue light so the brain may produce more melatonin and promote better sleep habits.”



**Hospital Corpsman 3<sup>rd</sup> Class Kurtis Reid and family at the promotion ceremony.**

His passion for helping others may date back to before he joined the Navy when he resided in West Jordan, Utah. As a student at Copper Hills High School, Reid was honored to have the largest newspaper in Salt Lake County write a story about the sports program he instituted at a local elementary school.

“My program focused on getting students to work as team members where we played various competitive games during the recess hour,” Reid explained. “That time on the field helped reduce the number of behavior

incidents among students.”

The contributions both Reid and Meads make at NOSTRA to their fellow shipmates, the Forces Afloat and warfighters around the world have paid significant results, and not just to those who have a need for military eyewear. Effectively immediately, they will both reap the rewards of a job well done. **LS**

**Below, Command personnel congratulate Petty Officers Meads and Reid on being meritoriously promoted to their new paygrades.**



# LOGISTICALLY *speaking*

Naval Medical Logistics Command, Fort Detrick, Md.



Each year, Navy Expeditionary Medical Support Command personnel participate in the City of Williamsburg holiday parade ... and 2016 was no exception. Command leadership, officers, crew and family members all brave the weather to join in the festive event.



Lt. Cmdr. John Stage, Officer in Charge, NAVMEDLOGCOM Detachment Pirmasens, Germany receives Impact Army Commendation Medal from the United States Army Materiel Center Europe Commander, Colonel Erik Rude. Award presented by Army Capt. Calvin King - Commander, Headquarters and Headquarters Detachment and Major Jayme Hansen, Chief, Resource Management Division, USAMMCE.

Send your article submissions to the NMLC Public Affairs Officer via email to [Julius.L.Evans.civ@mail.mil](mailto:Julius.L.Evans.civ@mail.mil) or make suggestions and comments via telephone by calling 301.619.9650.