



FY-15 Personal Property Annual Inventories

An annual inventory is a process most agencies and organizations complete with diligence and vigor. It's no different in the Bureau of Medicine and Surgery. Each year, Medical Treatment Facilities and support activities around the globe go through the tedious task of ensuring all the equipment and material that are supposed to be on hand are in fact present and accounted for. In this issue of Logistically Speaking, we take an in-depth look at annual inventories.

Naval Medical Logistics Command Website

<http://www.med.navy.mil/sites/nmlc/Pages/default.aspx>

Home (Public)	<h3>Welcome to the Naval Medical Logistics Command</h3>  <p>CAPT Seymour, CO</p> <p>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.</p> <p>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.</p> <p>Mission Vision Guiding Principles Quality Policy</p> <p>News!</p> <p>NMLC on NAVY.mil</p> <p> Follow NMLC on Facebook!</p> <p>Click here to find out more about what we do</p>  <p>Recent Accomplishments & News</p> 	 <p>Doing Business With Us Current Contracting Opportunities</p>
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Cmdr. Michael J. Kemper presides as Commanding Officer during command quarters. Pictured are Michael Correll, Edward Doorn, Maria Gregorio and Teresa Lamb.

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: ***To become DoD's premier medical logistics support activity.*** You can find all the timely information you need through the Naval Medical Logistics Command (NMLC) website.



On The Cover—Annual inventories are a major part of tracking goods and materials. Managing how organizations purchase parts and equipment, and how that material is managed, maintained and distributed throughout an organization, is a critical role in maintaining positive workflow. Without knowing what’s available, supply representatives would have a difficult time in managing required deliverables. In this issue of *Logistically Speaking*, the BUMED Property Management Office takes an in-depth look at The Good, the Bad and the Ugly of annual inventories.

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From the Commanding Officer



Capt. Mary S. Seymour, NMLC CO

For those of us who serve now and those who have served in the past, we have all faced personnel departures. It's one of the things about military life that makes our time in the workforce unique. While civilian employees have an opportunity to remain in a location for a set timeframe, military members ultimately face tour rotations. We are now faced with the departure of one of our own. I am saddened that we must say goodbye to our beloved Command Master Chief Hospital Corpsman David Hall.

After serving four years as our Command Master Chief, our head cheerleader, our disc jockey and our master of ceremonies for nu-

merous command functions, Master Chief Hall now heads for deeper blue waters. In October, he leaves us and reports to Navy Medicine Support Element, Bethesda, Md. Fair winds and following seas Master Chief.

This issue of Logistically Speaking features several informative articles that we believe will benefit our readership. The first article, entitled "FY-15 Annual Inventory of Personal Property," by Elizabeth Erdman, takes a look at the status of the past equipment inventories and offers expectations for future inventories.

Keeping with the same theme, the next article discusses the criteria for equipment life expectancy and is entitled as such. Short in length but heavy in information, I believe you will learn a few helpful tips that may be useful in making equipment replacement decisions.

This year marked the Medical Service Corps' 68th Birthday. We acknowledged this birthday during a recognition celebration that featured guest speaker Capt. Bernie Poindexter. In addition, we were honored to have a member of the Royal Navy in attendance during the ceremony. You can read about the ceremony in this issue as well.

Our Small Business Advisor attended the 2015 Department of Defense Small Business Innovation Training Week in Phoenix, Ariz. This training brought a renewed sense of purpose to the Department of Defense's commitment to maximizing successful opportunities between DoD and the small business community in Federal acquisitions.

Closing out this issue, we provide the second and final article in a two-part series discussing medical technology cybersecurity.

As always, we welcome your feedback and your suggestions. Feel free to contact our public affairs office. **LS**

Naval Medical Logistics Command

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Commanding Officer

Cmdr. Michael J. Kemper

Executive Officer

HMCM(FMF) David L. Hall

Command Master Chief

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Chief of Operations

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Articles should be submitted to:

The Public Affairs Officer

From the Command Master Chief

As I sit here thinking of what to write, I realized that this will be my last article for Logistically Speaking. I will detach in October 2015 and will report to the Navy Medicine Support Element, Bethesda, Md., in November 2015. I will have been at the command for four years and I must say that I have and will always be impressed with the work, professionalism and determination for success the staff at Naval Medical Logistics Command have displayed throughout the years here.

I have never seen a command receive so many accolades and recognition for its work. I was impressed that they succeeded in deploying two Magnetic Radiographic Imaging machines with personnel and lifecycle support to NATO Role 3 Multinational Medical Unit in Kandahar and Role 3 trauma hospital in Camp Bastion in Afghanistan. This was truly a

coordinated effort with all three Services' medical departments.

Naval Medical Logistics Command was recognized in the three major annual logistics award competitions for 2011. In December, NMLC earned an honorable mention in the Defense Logistics Award, presented in National Harbor, Md.

In March 2012, NMLC won the Rear Adm. Lewis E. Angelo Professional Symposium (LEAPS) Award, presented in Chicago, IL, for its contributions to military medical logistics, supporting the warfighters, the beneficiaries and medical facilities throughout Navy Medicine.

In May 2012, NMLC won the Admiral Stan Arthur Award. The award was presented during a June 2012 ceremony in Washington, D.C., at the Navy Memorial.



HMCM(FMF) David L. Hall, NMLC CMC

I can go on to brag about all we have accomplished. I know that I will miss the staff, especially those that I have built a strong relationship with. It was truly a privilege and a pleasure in serving the staff in the capacity as the Command Master Chief. Thank you all for your support these last four years. "Semper Fortis!" **LS**



Fair Winds & Following Seas Master Chief Hall

FY-15 Annual Inventory of Personal Property

By Elizabeth Erdman, Bureau of Medicine and Surgery Property Management Office

Each year, Bureau of Medicine and Surgery (BUMED) commands are tasked with completing an Annual Inventory of personal property. This inventory includes, at a minimum, all assets valued at over \$100K, sensitive and classified property, Government Furnished Equipment (GFE) issued to contractors, and Automated Data Processing (ADP) equipment (e.g., computers, servers and blackberries). Commands undergoing a change of command ceremony or move to a replacement facility are required to complete a wall-to-wall inventory of all of the command's accountable equipment, down to each infusion pump, thermometer and patient bed. This requirement helps BUMED to maintain the Department of Defense (DoD) inventory accuracy requirement of 98 percent.

By getting an accurate count of the equipment existing at the facility, and making timely updates to inventory locations, equipment is less likely to be missing by the next inventory cycle. This year, commands inventoried a total of 156,000 equipment records, throughout Navy Medicine, valued at over \$1 billion. This undertaking entailed a tremendous amount of



hard work. Every one of those assets had to be requested, ordered, approved, received and accepted in the Defense Medical Logistics Standard Support (DMLSS) system. These assets were then barcoded, delivered to the customer, signed for by the responsible officer, and all applicable medical devices were examined by the BioMedical department.

In addition, all 156,000 of these assets were physically located, and their inventory was recorded in DMLSS. Kudos to our exceptional logistics community who do this job every day in support of Navy Medicine.

In FY15, Navy Medicine had an overall inventory accuracy rate of 98.2 percent. This exceeded the DoD requirement of 98 percent. In addition, 40 of the commands individually met the 98 percent threshold. Of those 40 commands, 14 commands reported no missing assets. BZ Shipmates.

We are glad 40 of the commands received a passing score. Thirteen of our commands did not meet 98 percent inventory accuracy due to existence errors (book to floor), completeness errors (floor to book), or a combination of both.

Each of these commands had to

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a tall stack of DD Form 200's to your commanding officer, but they will appreciate your candor and hard work to correct the discrepancies. Second, accurate documentation of ALL steps in the property accounting process is key. Many equipment items were suspected to be turned in to DLA Disposition Services but had to be reported as lost because no valid (signed) paperwork could be found. Third, accurate and timely updates to the

submit a summary statement for not meeting the inventory standard. The most commonly cited reason for non-conformance was failure to document equipment being turned in to Defense Logistics Agency (DLA) Disposition Services.

One disappointing discovery of this year's inventory was the scope of some inventories from prior years.

Several commands reported very high, even 100 percent inventories in prior years, only to have a new, unsuspecting equipment manager take over, unable to locate more than 10 percent of the commands equipment assets during the inventory process. After investigation, some items appeared to be missing from the command for multiple years but still received a "Y" next to its line item

DMLSS system will ensure that the equipment we say we have in DMLSS is what we actually have in our facilities.

Finally, some great news. This year, we received an update to DMLSS allowing us to perform a line-item level inventory of equipment items. This will allow us to record our monthly "spot checks" of inventory via ICN. I hope this news has you excited for the coming year. We are already gearing up for the FY16 annual inventory, taking your feedback to create new and updated business objects templates, training materials and step-by-step processes.

when it came inventory time.

Way Ahead. So, what can Navy Medicine do to correct this problem? First and foremost, accurate and honest documentation of the state of your inventory is ALWAYS the best way to conduct business. It is never easy to present

Thank you again for all of your support and happy inventorying. BUMED-PMO may be contacted at usn.detrick.navmedlogcomftdmd.list.bumed-pmo@mail.mil. **LS**

DEFENSE MEDICAL LOGISTICS STANDARD SUPPORT									
DATE PREPARED: 09 SEP 2015		CUSTODIAN RECEIPT/LOCATION LIST				AS OF DATE: 09 SEP 2015			
DODAAC: N00105		UIC: N00105		ORGANIZATION NAME: NBHC GROTON		ORG ID: H61726			
CUSTOMER ID: BND001		CUSTOMER NAME: AUDIOLOGY GROTON		CUSTODIAN NAME: KBITH PROCTOR					
ITEM ID	NAMEPLATE MODEL	EQUIPMENT NOMENCLATURE	ECN	TYPE	MANUFACTURER	PERMANENT LOCATION	OWNERSHIP	ACQ	COST
DATE LAST INV.	SERIAL NUMBER	SHORT ITEM DESCRIPTION	COMMON MODEL						
65158M0000122	MI-34	ANALYZER, PHYSIOLOGIC, MIDDLE EAR	068336	IND	MAICO, DIV BERNARON/MAICO INC	RM 1163 SPARE	ORGANIZATIONAL		\$3,145.50
18 APR 2014	146826	MIDDLE EAR ANAL	MI-34						
65158M0000122	EPO-SCAN	ANALYZER, PHYSIOLOGIC, MIDDLE EAR	068337	IND	MAICO, DIV BERNARON/MAICO INC	RM 1163	ORGANIZATIONAL		\$4,495.00
18 APR 2014	5605	MIDDLE EAR ANAL	EPO-SCAN						
65158M0000019	RS-252	AUDIOMETRIC BOOTH	070206	IND	ACOUSTIC SYSTEMS	RM 1163	ORGANIZATIONAL		\$30,000.00
18 APR 2014	AS03148	AUDIOMETRIC BOO	RS-252						
65158M0000019	RS-252	AUDIOMETRIC BOOTH	070207	IND	ACOUSTIC SYSTEMS	RM 1169	ORGANIZATIONAL		\$30,000.00
18 APR 2014	30488-1	AUDIOMETRIC BOO	RS-252						
65158M0000041	119	AUDIOMETER	082535	IND	BELTONE ELECTRONICS CORP	RM 1163 CLOSET	ORGANIZATIONAL		\$675.00
18 APR 2014	1188654	AUDIOMETER	119						
65158M0000041	119	AUDIOMETER	082537	IND	BELTONE ELECTRONICS CORP	RM 1163 CLOSET	ORGANIZATIONAL		\$762.00
18 APR 2014	1184150	AUDIOMETER	119						
65158M0000041	120	AUDIOMETER	082539	IND	BELTONE ELECTRONICS CORP	RM 1163 CLOSET	ORGANIZATIONAL		\$763.00
18 APR 2014	850122	AUDIOMETER	120						
65158M0000103	Q-70	WASHER, LABWARE/SURGICAL INSTRUMENT, ULTRASONIC	083336	IND	L & R MFG CO	RM 1169 STORAGE SHEL	ORGANIZATIONAL		\$263.00
18 APR 2014	170635	ULTRASONIC CLEA	Q-70						
6172692030002	OSCAR III	CALIBRATOR, AUDIOMETER	084457	IND	TRE METRIC	RM 1163 AUDIO BOOTH	ORGANIZATIONAL		\$400.00
18 APR 2014	311294	AUDIOMETER, ANA	OSCAR III						
65158M0000041	02028	AUDIOMETER	090203	IND	BENSON MEDICAL INSTRUMENTS COMPANY	RM 1169 BOOTH	ORGANIZATIONAL		\$1,000.00
18 APR 2014	02028	AUDIOMETER	090203						

Equipment Life Expectancy: Not the sole criteria for replacing equipment

By Anthony Angelo, NMLC Medical Equipment and Logistics Solutions, Clinical Engineering Division Chief

Equipment Replacement Criteria

Equipment Life Expectancy (LE) should not be the sole criteria for replacing a piece of equipment and most likely will not be an acceptable reason for equipment replacement. However, commands should continue using LE information to develop the Five-Year Equipment Replacement Plan to identify equipment replacement for the out years and for budget forecasting purposes. If equipment is rarely used and does not impact patient care, it may be pushed several years past its LE. Commands should expect that equipment LEs will be extended in the coming years and that more detailed justifications will be required to replace existing equipment. Standard of care, technology obsolescence, and increased patient throughput will be recognized as more critical justifications for equipment replacement.

Technology Obsolescence

Technology Obsolescence means that older technology ceased to be used due to improvements in emerging technology that subsequently altered the current standard of care. Submission of an equipment package based on Technology Obsolescence implies that the current technology will no longer meet the current standard of care.

Out of Production

Out of Production does not mean the equipment is obsolete. Manufacturers typically provide sufficient

parts support for an additional seven years after a piece of equipment goes out of production. Additionally, end of manufacturer support or bankruptcy of manufacturer does not mean a product will be obsolete due to potential availability of parts

from third-party vendors. Consult with Naval Medical Logistics Command in cases when an equipment item is deemed Out of Production.

Uptime

Uptime is the amount of time a piece of equipment is in a condition to perform its intended function. Commands must manage clinicians' expectations regarding equipment uptime. Clinicians must be educated to expect equipment to fail (on occasion) and not to assume that equipment will be replaced because it failed. Depending on patient throughput, hours of operation, and the class and intended function of the equipment, "High Failure Rate" may mean that the equipment requires repair at least four to 12 times a year.

Commands should review failure rates prior to submitting equipment packages and not use isolated failure events as a justification for replacement. Maintenance records should be reviewed to determine if they accu-



rately depict the failure rate of the equipment vice user error or failure to address root cause during first repair. Failure rate information can be captured using the Mean-Time-Between-Failure (MTBF) Key Performance Indicator (KPI). The MTBF is the average time between equipment failures over a given period (i.e., the average time the device will function before failing). It is a reliability rating indicating the expected failure rate of equipment. For additional guidance regarding MTBF contact the local Biomedical Engineering Division (BIOMED).

For more information on using the downtime field in Defense Medical Logistics Standard Support to track MTBF, click on the following link: https://gov_only.nmlc.med.navy.mil/guidance/enclosures/Tracking%20MTBF%20in%20DMLSS.pdf. Please note that for access, this site requires a Common Access Card. **LS**

NMLC Celebrates 68th Medical Service Corps Birthday

By Story and Photo Julius L. Evans, NMLC Public Affairs

Naval Medical Logistics Command (NMLC) celebrated the Navy's 68th Medical Service Corps birthday during a ceremony held at its headquarters building on Fort Detrick, in Frederick, Md., 4 Aug.

Cmdr. Michael J. Kemper, NMLC's executive officer, opened the ceremony by reading several letters written by Navy Medicine leadership including Rear Adm. T. J. Moulton, Director, Medical Service Corps; Rear Adm. S. M. Pachuta, Chief, Dental Corps; Rear Adm. R. C. Bono, Director, Medical Corps; Rear Adm. R. J. McCormick-Boyle, Director, Nurse Corps; Hospital Corps Force Master Chief, S. E. Boss, and Vice Adm. M. L. Nathan, United States Navy Surgeon General.

Through his written comments, the Surgeon General said, "The Medical Service Corps is truly our most diverse corps in terms of what they bring to Navy Medicine. This group of dedicated professionals encompasses our scientists, researchers, medical providers, and administrators in addition to the many subspecialties that characterize this talented corps.

"President Harry S. Truman signed the Army-Navy Medical Service Corps Act Aug. 4, 1947, establishing a permanent, commissioned corps of specialists to complement the standing medical department officer corps. Initially comprised of four specialties, including supply and administration, medical allied sciences, optometry, and pharmacy, the Navy's Medical Service Corps now has more than 3,000 active duty and reserve officers in 31 specialties."

NMLC's former commanding officer, Capt. James "Bernie" Poindexter,



Capt. Paul Brochu, Royal Navy Lt. Cmdr. Nicholas Vines, William Hartmann, Capt. Mary Seymour, Cmdr. Michael Kemper, Cmdr. Richard Zeber, Lt. Cmdr. Christopher Barnes, Capt. James "Bernie" Poindexter, Lt. Cmdr. Joe Sorcic, Lt. Cmdr. Anthony Owens, Lt. Cmdr. Timothy Henning, Cmdr. Gail Chapman, Lt. Nathan Wedwick, Cmdr. Brandon Hardin, Efrain Rosario and Alejandro Taag, Jr.

ter, Chief of Defense Health Agency's Medical Logistics Division, was the guest speaker. In his remarks, he reflected, in part, on his time as a Medical Service Corps (MSC) member and the importance of building and sustaining relationships with those who comprise the MSC.

"When I reflect upon my 32 plus years of active duty service and specifically on my time in the MSC, and all the jobs I've had, I think about how I became successful -- and that came through the relationships I have built and sustained over time."

He continued, providing comments that centered on the conclusion of his naval career.

"Whether you know it or not, you are a mentor -- be that in a formal or an informal relationship -- and I think this is absolutely critical to our development as professionals, and it is critical to where we are going as a corps. So I encourage you to continue to cultivate both formal and informal men-

toring relationships."

Capt. Mary S. Seymour, NMLC's commanding officer, closed out the ceremony by presenting Capt. Poindexter with a commander's coin.

"I gave a lot of these out when I was the commanding officer here, but I never got one of these for myself," Poindexter quipped. In closing, he directed his remarks to an audience comprised partly of MSC officers. "We must stay focused on the mission, stay purposeful, maintain our relationships and build on those relationships. That's how we become successful -- build relationships by listening, respecting and trusting. We are only as effective as the relationships we build throughout our careers."

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

SMALL BUSINESS PROGRAMS



WELCOME TO BIZ BUZZ!

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

What's the BUZZ?

By Mimi McReal, Naval Medical Logistics Command's Small Business Advisor

What's the *Buzz*?

Collaborate! Educate! Innovate!...and I might add, *Invigorate!* This three-word tagline (not including the last addition) was the theme for the 2015 Department of Defense (DoD) Small Business Innovation Training Week, held 13-17 August 2015, in Phoenix, Arizona. This training, co-sponsored with the Small Business Administration (SBA), and usually held annually, had not been held since 2012. A victim of the past few years' budget constraints, resuming this valuable joint training session was a huge success and brought a renewed sense of purpose to DoD's commitment to maximizing successful opportunities between DoD and the small business community in Federal acquisitions. The training featured several excellent general and breakout sessions with a wide variety of relevant topics on current policy and developments affecting the DoD small business program, supported with experts within the SBA. Some of the more noteworthy highlights of the training are provided below.

The SBA's Administrator, Ms. Maria Contreras-Sweet, gave the keynote address. She pledged her personal commitment to continued success in supporting the nation's small business community. She briefly discussed her own experiences working in the small business industry and knows firsthand what challenges are involved. Conversely, she knows the successes and how extending a hand pulls others up with you. Ms. Contreras-Sweet praised the audience, largely composed of DoD SBPs, SBA staff and other DoD acquisition professionals. She expressed her gratitude for their significant contributions that led to performance that exceeded the statutory 23 percent small business goal for DoD in 2014. Over several recent years, DoD's performance resulted in contract awards just shy of the 23 percent goal. In 2014, DoD finished just over 24 percent -- meaning that a minimum of 24 cents of every dollar awarded in DoD contracts went to a small business.

Another huge highlight of the training was the welcome address and strategic plan overview, provided by the Acting Director, Department of Defense Office of Small Business Programs (DoD OSBP), Office of the Secretary of Defense, Mr. Kenya Wesley. Mr. Wesley's remarks were inspirational and dynamic. He spoke of the guiding principles which drive the strategic plan for success of DoD's small business program; to include, leadership, innovation, responsiveness, professionalism, and collaboration. He echoed the theme of "collaboration" and emphasized the jointness of DoD and SBA in their shared successes. Mr. Wesley also emphasized "strategic communication" and the vital role the small business professional (SBP) plays in the acquisition planning process in each organization. He spoke of DoD OSBP's vision: cultivate and enhance the use of small businesses as an integral, agile, and responsive engine of innovation to recreate economic and technological advantage for the DoD and the



SBA Administrator, Ms. Maria Contreras-Sweet, addresses the audience at the 2015 DoD Small Business Innovation Training Week in Phoenix, AZ

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Navy medicine's Small Business Professionals with Mr. Kenyata Wesley, Acting Director, DoD Office of Small Business Programs. Pictured from left to right, Ms. Juliann Krogh, SBP, NAVMEDEAST, Ms. Mimi McReal, SBP, NMLC, Mr. Wesley and Ms. Sylvia Nard (SBP, NAVMEDWEST).

United States. Mr. Wesley emphasized attributes DoD's SBPs should exemplify: a strong sense of customer service, being responsive, "bringing solutions to the table", and keeping current on professional development, as keys to success.

During the training, there were several informative breakout sessions to include, utilizing the Federal Procurement Data System-Next Generation (FPDS-NG) and ad-hoc reports to analyze trends and performance; improving use of the 8(a) program; and an update on DoD's new procurement forecasting tools. Two other sessions targeted new initiatives within DoD's small business program: (1) the women-owned small business (WOSB) set-aside program, which now allows procurements to be exclusively set-aside for WOSBs; and (2) an update on DoD policy and workforce initiatives, which mandates specific training requirements and recognizes the SBP as a unique classification series within the Federal government.

This training provided the opportunity for excellent networking among the DoD SBP community and the SBA. In addition to expanding professional contacts, another highlight of the event was time spent to collaborate with Navy medicine's SBPs. The SBPs at Navy Medicine East (NME), Navy Medicine West (NMW), and Naval Medical Logistics Command (NMLC) met to discuss how to better support Navy medicine's acquisition workforce and continue to promote DoD's small business program. Ms. Juliann Krogh (NME) and Ms. Sylvia Nard (NMW) have been instrumental in ensuring that they maintain and oversee a strong small business program to support Navy medicine acquisitions. They meet with small business firms, educate the Navy medicine acquisition staff, provide assistance for market research in order to meet or exceed established FY goals for contract awards to small business firms, and report results of the Regions' small business program performance. Having these resources at the Region level is significant and ensures that Navy medicine acquisition offices receive dedicated support, which in turn supports DoD's small business program, and reflects positively on DoD's small business program.

Several attendees remarked on the informative presentations and its relevancy to today's small business program. The audience came away with a renewed sense of what it takes to be involved, supportive, and what is required to maintain a robust and successful small business program across DoD. DoD's small business program - Collaborate! Educate! Innovate! ...and...*Invigorate!* **LS**

Medical Technology Cybersecurity— Not Easy, but Not Impossible

By Walter J. Sandman, NMLC Medical Equipment and Logistics Solutions Directorate

This is the second of a two part series.

An effective approach in ensuring that medical devices present an acceptable initial security baseline is to address the issue of cybersecurity directly at the source – design and engineering. Although this may seem somewhat radical, the idea behind conveying such a message in the form of a technical requirement during the initial stages of the procurement process is useful. It states, in technical terms, exactly what is required to operate in an environment where cybersecurity plays a crucial role. It also dispels claims and assumptions regarding cybersecurity compliance.

The requirement to provide such a level of technical detail in the selection process undoubtedly produces a ripple effect in our medical vendor community. Essentially, customers are willing to tell manufacturers that information security is at the forefront of everything we do, therefore it must be taken seriously. The challenge lies in the fact that customers have the responsibility of protecting medical information on systems normally developed for the commercial space, and yet achieve a level of that most are not designed for.



Not all vulnerabilities are the result of newly discovered weaknesses. Sometimes, these vulnerabilities are the result of a major cybersecurity incident. Studies have revealed that perhaps many of these incidents could have been prevented if customers had complete knowledge of the true information security baseline when the system was evaluated for selection in the procurement process.

So, is it safe to say that there is hope that someday a medical device will present a zero risk picture?

I would like to believe that as cybersecurity incidents continue to remind us of what can go wrong if in-

formation security is not in the forefront of the lifecycle of medical devices. It is our responsibility as consumers of this technology to collaborate with manufacturers by making sure cybersecurity policies and procedures are adhered to.

To this end, the Navy Picture Archiving and Communication System office developed the Medical Device Risk Assessment (MDRA) to not only assess the security baseline of a medical device under consideration for procurement, but also in a much broader sense, to clearly convey our message to the medical device industry that in our environment, cybersecurity is not only important, but also

necessary and like it or not, it is here to stay.

We understood the repercussions of establishing such a requirement as perceived by the medical device manufacturing community and vendors. The Navy now requires a complete, lengthy, very technical questionnaire in which medical devices are literally placed under a microscope and every aspect of their design and engineering is scrutinized.

Perhaps so, but, isn't that exactly the information we are entitled to obtain before making a well informed decision to buy? By way of a simple analogy; if consumers choose to buy products that are inherently risky, such as the case of a previously owned vehicle, wouldn't it be beneficial to the buyer to have the complete picture that accurately documents each and every flaw and defect that has been corrected before assuming the risk of driving such a vehicle, for example using a CARFAX report? In that regard, medical technology is not much different. Although the procurement of previously owned products does not apply to this discussion, the use of an effective tool specifically designed to accurately quantify risk is the first step toward understanding risk management.

I would ask, what good is it to the Navy when the latest and greatest medical device technology that offers all the "bells and whistles" can also, sometimes with minimal effort or skill, become an easy target of cyber-



criminals using information readily available on the public Internet?

Yes, cybersecurity is challenging, but asking all the right questions upfront not only gives us a clear picture of the level of risk inherent to a medical device, but also consequently helps us avoid last minute surprises.

The good news is that since its introduction in late 2012, the MDRA has started to gain acceptance by the medical device manufacturing community. Although technical in nature, the MDRA helps medical manufacturers bring cybersecurity into the engineering process when considering operating a medical device in our environment.

The MDRA has undergone a few revisions consistent with advances in Department of the Navy policies, Information Technology and the cybersecurity requirements associated with

these new technologies, for example the use of stronger encryption cipher algorithms.

To date, hundreds of these questionnaires have been collected. Each has been reviewed and cataloged for future reference. The information they contain becomes For Official Use Only once completed.

Although initially conceived as a procurement tool, the MDRA has evolved into an effective means of quantifying the risk introduced by medical devices. As such, it plays a key role in the selection of medical devices for procurement process.

The MDRA, currently at version 2.0 may be downloaded from the NMCL Public facing web page located at: <http://www.med.navy.mil/sites/nmlc/Pages/default.aspx>. **LS**



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Contributions should be submitted
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Jul-Sep, deadline is 31 Jul
Oct-Dec, deadline is 31 Oct

Subject to change due to operational tempo

Comments regarding this publication should be made to the Public Affairs Officer via e-mail at Julius.L.Evans.civ@mail.mil or by telephone at 301.619.9650