



(141030-N-EW716-001 - Pascagoula, Miss. Oct. 30, 2014, U.S. Navy photo courtesy of Huntington Ingalls Industries/Released).

**N**aval Medical Logistics Command directly supports fleet operational forces and other stakeholders ashore and afloat in managing the medical capability of each operational unit or platform through the logistics and technical data management of materiel contained within their respective Authorized Medical Allowance Lists (AMALs) and Authorized Dental Allowance Lists (ADALs). The AMALs and ADALs identify the minimum quantity of equipment and consumables a platform is required to maintain to support approximately 60 days of sustainment and contingency materiel requirements. The amphibious transport dock ship Pre-Commissioning Unit John P. Murtha (LPD-26), pictured above, is scheduled for delivery to the Navy in 2016. Murtha served as an NMLC test platform for outfitting and supplying equipment requirements, an initiative that will encompass future littoral combat ships and amphibious assault ships. Read more about this innovative practice on page 20.

## Naval Medical Logistics Command Website

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

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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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### Recent Accomplishments & News



After 25 years of service, Acquisition Directorate Deputy Director Rebecca Tama said goodbye to director Gilbert 'Bert' Hovermale and the rest of the directorate at a ceremony held in her honor. The first floor conference was filled to capacity with well wishers.

**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 through the Naval Medical Logistics Command (NMLC) website.



**On The Cover** — Pre-Commissioning Unit John P. Murtha (LPD-26) is the Navy's 10th San Antonio-class amphibious transport dock ship. Also known as a landing platform/dock (LPD), this amphibious warfare platform embarks and transports landing forces for expeditionary warfare missions. Naval Medical Logistics Command is leaning forward to compress the ship outfitting time and reduce Authorized Medical Allowance List (AMAL) and Authorized Dental Allowance List (ADAL) shortages by way of procurement and kitting through Indefinite Delivery Indefinite Quantity contracts. Murtha is the first “test” platform. The initiative will be expanded to encompass future littoral combat ships and amphibious assault ships outfitting and equipment requirements throughout 2016 and 2017.

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Capt. Mary S. Seymour, NMLC CO

## From the Commanding Officer

This February, Naval Medical Logistics Command was realigned under Navy Medicine Education and Training Command (NMETC). Rear Adm. Rebecca J. McCormick-Boyle, and CMDCM (SW/AW) Mitchell A. Sepulveda, Sr., visited Fort Detrick on March 2.

We are committed to continue delivering patient-centered logistics solutions for military medicine and to becoming the Department of Defense's premier medical logistics support activity.

In this issue of *Logistically Speaking*, we say goodbye to a loyal and trusted Shipmate and welcome several others. Capt. Michael J.

Kemper, my former executive officer, was recently frocked to his present rank on the *USS Constellation* in the Baltimore Inner Harbor. Navy frocking ceremonies are common throughout enlisted ranks, but not so in the officer corps. How fitting was it to have this rare ceremony on a naval vessel that stands for Navy tradition by its mere presence in the Baltimore Harbor. The day was brisk and the air chilled by the breeze coming off the Patapsco River. Read about the ceremony and Capt. Kemper's next duty assignment on page 12.

We also welcome aboard our new executive officer, Cmdr. Steve T. Aboona. He completed a tour as the Department Chief, Logistics in a joint environment at the Walter Reed National Military Medical Center executing over \$500M in operating requirements to directly support patient care for the National Capital Region to include the Pentagon and White House. Welcome aboard, Steve.

Hospital Corpsmen have long served side-by-side on the battlefield with their brothers-in-arms in the fighting forces. In fact, no less than 22 Hospital Corpsmen have been bestowed the Medal of Honor dating back to pre-World War I. Yet, so many more Corpsmen have served with honor and distinction since then. Just over a year ago, we welcomed one of those Sailors to our command. Take a moment to read his fascinating story that outlines his service, his duties and his responsibilities while he served in Afghanistan and now that he is here.

The Naval Ophthalmic Support Training Activity (NOSTRA) in Yorktown, Virginia was selected as the 2015 VersAbility Business Partner of the Year. This award was created in 2013 to recognize businesses that have partnered with VersAbility to create ongoing employment opportunities for people with disabilities. Since more than 70 percent of this working class across the country are unemployed, it's vitally important businesses create jobs that provide opportunities to earn viable, sustainable employment and to use skills to help businesses succeed. We are very proud of NOSTRA's partnering relationships and hope you enjoy reading about its recognition.

In January, we sent a team of experts to Naval Medical Center San Diego to facilitate vendor product demonstrations for a cardiology Picture Archive and Communication System (PACS) project, which is an open system network of digital medical devices designed to enhance the effective acquisition, transmission, display and management of diagnostic imaging studies. Read about their trip and the success they are helping bring to our enterprise partners throughout the nation.

As always, we feature our small business professional. In this issue, she enlightens us about the Navy Medicine East and Navy Medicine West dedicated small business professionals who are available to assist the acquisition team in several areas of the acquisition process.

I truly hope you enjoy this issue and I again encourage all our readers to contribute ideas and suggested articles to our public affairs office.

### Naval Medical Logistics Command

**Capt. Mary S. Seymour**

Commanding Officer

**Cmdr. Steve T. Aboona**

Executive Officer

**HMCM(SS/SW/FMF) Patrick 'Blake' West**

Command Master Chief

**Dr. Darin L. 'Cal' Callahan**

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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

## From the Command Master Chief

**M**aster Chief West enlisted in the United States Navy July 1991 and attended Recruit Training, Great Lakes, Illinois. Upon graduation from Hospital Corpsman “A” School, he reported to Field Medical Service School, Camp Johnson, NC. His first assignment was 2D Marine Division, Camp Lejeune, NC where he completed a Mediterranean deployment onboard USS Iwo Jima (LPH-2) and two deployments to Central and South America onboard USS Whidbey Island (LSD-41), USS Ashland (LSD-48) and USS Lamoure County (LST-1194).

Master Chief West transferred to Beaufort Naval Hospital, SC in May 1995 as the Assistant BEQ Manager for the hospital and LPO for Podia-

try/Admin Departments, Branch Medical Clinic, Parris Island, SC. In May 1998 he reported to Naval School of Health Sciences, San Diego, CA and attended Preventive Medicine “C” School. In January 1999, he transferred to 3D Marine Division, Okinawa, Japan deploying to several nations throughout South East Asia onboard USS Comstock (LSD-45). In January 2000, he transferred to the USS Ponce (LPD-15) in Norfolk, VA as the Medical Department LPO completing various operations to include a deployment to the Mediterranean Sea.

Master Chief West’s next tour of duty took him to Naval Hospital Jacksonville, FL. After promotion to Chief Petty Officer in



**HMCM(SS/SW/FMF) Patrick ‘Blake’ West  
NMLC Command Master Chief**



**NMETC’s CMDCM Mitchell A. Sepulveda, Sr, and Naval Medical Logistics Command’s Master Chief Patrick West prepare to board the elevator to NMLC spaces.**

2003, he became the LCPO for Preventive Medicine Division. In June 2004, he transferred to Submarine Force Independent Duty Corpsman (IDC) School, Naval Undersea Medical Institute, Groton, CT. Upon graduation in October 2005, he transferred to the USS Louisiana (SSBN -743) (BLUE), Bangor, WA where he completed

seven strategic deterrent patrols and was awarded the SUBRON 17 Medical “M” for 2007 and 2009.

In September 2010, Master Chief West graduated from the Navy Senior Enlisted Academy and transferred to Naval Submarine Support Center, Bangor, WA as the Medical Department LCPO supervising the medical operations for 20 ballistic and cruise missile submarine crews. In January 2013, he transferred to the Bureau of Medicine and Surgery, Falls Church, VA where he served as the Command Master Chief and IDC Program Manager. He reported to Naval Medical Logistics Command, Fort Detrick, MD in January 2016 as the Command Master Chief.

Master Chief West holds a Master of Science degree in Health Sciences. His personal awards include the Meritorious Service Medal, the Navy and Marine Corps Commendation Medal (two awards) and the Navy and Marine Corps Achievement Medal (five awards).

# Rear Adm. Rebecca J. McCormick-Boyle visits Naval Medical Logistics Command

Rear Adm. Rebecca J. McCormick-Boyle, Commander, Navy Medicine Education and Training Command (NMETC), San Antonio, Texas, and NMETC Command Master Chief, CMDCM (SW/AW) Mitchell A. Sepulveda, Sr., visited Naval Medical Logistics Command (NMLC), Fort Detrick, Maryland, March 2. NMLC was realigned under NMETC, its new Immediate Superior in Command 15 February.



NMLC's HMC Keith Watford and Lt. Cmdr. Christopher Barnes greet Rear Adm. McCormick-Boyle and Command Master Chief, CMDCM (SW/AW) Mitchell A. Sepulveda, Sr., at their arrival 15 February.



Capt. Mary Seymour, Commanding Officer, Naval Medical Logistics Command leads Command Master Chief Patrick West and CMDCM Mitchell A. Sepulveda, Sr., through NMLC spaces March 2 during the NMETC visit to Fort Detrick. While here, the NMETC team met with command personnel, greeted civilian employees and some of the contract workforce, and discussed the newly formed partnership of the two commands.



Rear Adm. Rebecca J. McCormick-Boyle greets Hospital Corpsmen Petty Officers 1st Class Keith Skelly and Michael Danis upon her visit to Naval Medical Logistics Command.



In December 1948, the Chief of Naval Operations directed that flag officers not eligible for command at sea be authorized to use white flags with blue stars. Such flags had previously been used for the junior flag officer of a given grade present at any particular location. By article 1001 of Navy Regulations, only line officers who are not restricted in the performance of duty, and limited duty officers designated for duty in line technical fields, may exercise command at sea. Those not eligible for command at sea include officers of the staff corps

(medical, supply, chaplain, civil engineer, judge advocate general, dental, medical service and nurse corps) as well as line officers restricted to engineering or special duties, such as cryptography, intelligence, public affairs and oceanography. These flags are never flown aboard ship, but may be flown in boats and are used ashore to designate the headquarters of such entities as the Bureau of Medicine and Surgery, the Naval Supply Systems Command, Naval Medical Centers, the Naval Construction Brigade and the Naval Security Group Command.

# NMLC Operational Forces Support Directorate Assemblage Management Corpsman Describes Duty with Marines

By Julius L. Evans, NMLC Public Affairs

**H**ospital Corpsmen have long served side-by-side on the battlefield with their brothers in arms in the fighting forces. In fact, no less than 22 Hospital Corpsmen have been bestowed the Medal of Honor dating back to pre-World War I. Yet, so many more Corpsmen have served with honor and distinction since then.

Of course, the name of the rating has changed over the years, as most Navy ratings do. In no certain order, the rating name has changed from Hospital Apprentice (First Class), to Hospital Steward to Pharmacists Mate to Hospitalman to Hospital Corpsman. However, the one thing they all have in common is the uncommon valor among those who have served.

Just over a year ago, one of those

Sailors reported for duty at Naval Medical Logistics Command, Fort Detrick, Maryland.

Recently promoted to Petty Officer 1<sup>st</sup> Class, Eric J. Czech is assigned to the Naval Medical Logistics Command (NMLC) Operational Forces Support Directorate as an assemblage management representative. In that role, he and a team of highly technical professionals manage the Authorized Medical Allowance Lists (AMALs) and the Authorized Dental Allowance Lists (ADALs).

“We directly support Fleet Forces, Type Commanders and other stakeholders ashore and afloat in managing the medical capability of each operational unit or platform through the logistics and technical data management of materiel contained within their



Hospital Corpsman Petty Officer 3rd Class Eric Czech following a vehicle-mounted operation to the Kahn Neshin district in support of Marine Explosive Ordnance Disposal operations.

AMALs and ADALs. We conduct bi-annual reviews of each platform with representatives Fleet Forces sends from each of the various communities, including submarines, cruisers, destroyers, frigates, amphibious assault ships and carriers,” Czech explained. “We hash out what items will be on the platforms as well as the ships being overhauled.”

The group determines which items are obsolete, need replacement or can remain on the allowance list. This gives them a snapshot of what materiel will remain or be supplied to the platforms. Once Fleet Forces approves the suggested changes, the recommendations are processed.

“Most of the changes impact ships that will be commissioned in the future. But if a ship comes in for overhaul, we can ensure they have the right equipment and items to support their requirements.”

Czech joined the Navy in November 2010. He attended Hospital Corpsman “A” School in San Antonio, Texas and Field Medical Training



Czech, bottom row, 2nd from the right, pictured with 3rd Battalion 9th Marines, Scout Sniper Team 1 at Combat Outpost Taghaz, Helmand Province, Afghanistan, January 2013.



Battalion in Camp Johnson, North Carolina. He was then assigned to K Co., and Scout Sniper Platoon, Weapons Co., 3rd Battalion 9th Marines, Camp Lejeune, North Carolina. He completed one deployment to Helmand Province, Afghanistan (2012-2013), and was then reassigned to 2d Reconnaissance Battalion, Camp Lejeune. The Navy provides all the field medical services for Marines and the transition from Sailor to Marine isn't run of the mill.

"Expectations and discipline are enforced differently in the Marine Corps and that could be a culture shock for some Sailors. Field Medical Training Battalion is more of a transition period from the general medical skills Corpsmen learn at school. At Field Med, we learned more job-specific skills; combat trauma, field preventative medicine and basic Marine Corps principles. It indoctrinates you into the culture of the Marine Corps," Czech said. "We learn things like needle thoracostomy for tension pneumothorax and emergency cricothyrotomy for airway obstruction, whereas in Hospital Corpsman basic school, we learned about patient movement and splinting, etc. Field Medical Training Battalion is absolutely critical – without it, you're just not prepared to go into the field with Marines, but the on the job training is just as important."

Exceptionally well-versed with the tools of an infantry company, Czech explained how he learned about fire teams, patrols, tactics and 'doing the grunt thing.' Sailors get a basic crash-course on 9mm Berettas in boot camp. But in infantry units, one is responsible to know the M4/M16, M249, M240G and M203 inside and out.

"Once you are immersed in an infantry company, you learn to disassemble, reassemble and disassemble again. It becomes paramount to not only learn weapons handling skills, but immediate and remedial action with your weapons have to become second nature. On top of that, you are

not only responsible to know *your* weapon or role, you must know *all* the weapons and roles within your platoon in case you have to take another man's place," Czech expressed with emphasis. "In addition, you are also responsible to be the subject matter expert for whatever type of medical needs your team requires. Corpsmen have to be a jack-of-all-trades and must master multiple skill sets; weapons is one of them, combat tactics is another and of course, you have to come with a medical aptitude. Unfortunately, we all can't come with these skills. That's where the mentors come in to play – those team leaders and Corpsmen within the battalions – that's where the on the job training really comes in," he said.

Adapting well to the life of an Infantry Marine, Czech faced another challenging opportunity when he received a chance to apply for Scout Sniper Platoon.

"I was fortunate enough to try out for and be accepted into the Scout Sniper Platoon. Working with these guys and the other Corpsmen is where I really learned combat planning and preparation, the finer points of the job as a Field Medical Technician. I believe I learned as much there as I had my entire career prior to that point," Czech expressed.

A Scout Sniper is a Marine, highly skilled in marksmanship and field craft, (the tactical skills to operate stealthily and the methods used to do so, which can differ during day or night and due to weather or terrain), who can deliver long-range precision fire on selected targets from concealed positions.

Scout Sniper Platoon provided a new set of tactics. They were required to still maintain the patrolling, assaulting, and basic raids and all the other

tactics they previously mastered, but once accepted, they had to maintain observation, camouflage, reconnaissance and long range shooting skills, which is a whole new beast. They are the guys who wait to take 'the one shot.' According to him, it's an honor to be selected to serve with them.

Czech then explained the 3rd Battalion 9th Marines headquarters structure to identify where Navy Corpsmen are stationed when assigned to a Marine battalion. The Navy does all the Marine Corps medicine and they are all field medical technicians. They all have the 8404 Navy Enlistment Classification Code.

"You have to earn your way into the snipers," he said. "They don't just send Corpsmen there. (Con't on next pg.)



**HM3 Czech on foot patrol outside of Forward Operating Base Payne, Helmand Province Afghanistan.**



**Capt. Mary Seymour, NMLC's commanding officer, presides over Hospital Corpsmen Petty Officer 1st Class Czech's promotion ceremony while wife Maria, pins his new collar devise in place.**

During his tour in Afghanistan, he said he definitely received the hands-on experience that shaped him into the person he is today. Now, he has reported to NMLC and this is unlike anything else he has ever done.

“My only experience with supplies before was trying to haggle with other Corpsmen to get what I needed. And now, as an assemblage manager, I get to see what each ship will take to sea with them as far as medical gear - equipment, consumables, whatever it might need,” he said.

You don't just sign up. It is definitely a much desired assignment within the battalion, so it is very competitive.”

The Scout Sniper Platoon needed two more Corpsmen so they opened the request to all Corpsmen in infantry companies. Czech applied and said he was lucky enough to be one of the two selected amongst all those who tried-out. Czech then explained, with a profound sense of dignity and pride, what he learned from his tour with the Marine Corps and Scout Sniper Platoon.

“I learned planning and organizational skills because there are so many things for which you are accountable on each patrol - whether that's medicine or your tactical responsibilities - and all those skills I mentioned earlier. Along with that comes specific equipment you have to take care of, or things you have to prepare for. If we take contact and I have to care for a specific personnel injury, I have to be prepared. At the same time, I can't neglect any other types of injuries. There's not a lot of space to carry the equipment so you

learn good organizational skills quickly,” he said.

As he transitioned from the operational and tactical side of Navy Medicine to the logistics end, he explained how he has adjusted to his various tours and assignments.

“This is a whole new world and I've gotten good at this new world thing,” he quipped. “I finished Corps School and went to Field Medical training. That was a new world. I went to Marine Infantry. That was a new world. I went to Scout Sniper Platoon. That was a new world. I went to Recon and became a Leading Petty Officer there and that was totally different. While at the Battalion Aid Station, I conducted Sick Call and practiced clinical medicine while working more directly with medical officers and the Independent Duty Corpsmen. That was a very good learning experience for me. That is also where I started the Bachelor of Science degree in sports and health sciences that I recently finished. When I eventually became the LPO there I learned the administrative side of the Navy,” he said.

In summarizing, Czech said he has had a lifetime of service during his time in the Navy and with Fleet Marine Force. His Navy career has been the most significant six years of his life and he is merely 26. The difference between what he has done and what he is doing now is vast since he is not dealing with the same type of forces he operated with in the past. But it's good to have medical understanding. He has a better appreciation of the logistical process.

“It's nice to see the big picture of how medical equipment gets to where it is needed and how the Navy implements changes in the medical field overall and throughout Navy Medicine. NMLC brings me to the 30,000-foot level. It's neat to see not only what happens at the end-user stage, but it's a fantastic opportunity to be able to influence how these processes are executed,” he said. **LS**

# United States Marine Corps Gen.(Ret.) A. C. Zinni visits NOSTRA



Pictured from left to right are Naval Weapons Station Yorktown Commanding Officer Capt. Paul C. Haebler, Gen. Zinni and Capt. Paul Andre, Commanding Officer, Naval Ophthalmic Support and Training Activity, Yorktown, Virginia.

Gen. Anthony Zinni, USMC (Ret.), spoke to an audience at Naval Ophthalmic Support and Training Activity, Dec. 10, 2015. The audience was comprised of active duty and civilian personnel. He discussed leadership today, personal development, communication and decision making. He reflected on his years of military service as well as his service in the United States Department of State.

A native of Conshohocken, Pennsylvania, Gen. Zinni joined the United States Marine Corps' Platoon Leader Class program in 1961 and was commissioned an infantry second lieutenant in 1965 upon graduation from Villanova University. In a military career that spanned 35 years, he held numerous command and staff assignments that included platoon, company, battalion, regimental, Marine Expeditionary Unit and Marine Expeditionary Force Command. Gen. Zinni retired from the military after commanding the U.S. Central Command from 1997 to 2000.

## NOSTRA Selected as VersAbility 2015 Business Partner of the Year

VersAbility Resources recognized the Naval Ophthalmic Support and Training Activity (NOSTRA) Lens Lab at Naval Weapons Station Yorktown as its 2015 Business Partner of the Year. This award recognizes NOSTRA's commitment to creating jobs for people with disabilities and for fully integrating that cadre into the workforce.

This award was created in 2013 to recognize businesses that have partnered with VersAbility to create ongoing employment opportunities for people with disabilities. Since more than 70 percent of this working class across the country are unemployed, various businesses create job opportunities for people with disabilities to earn viable, sustainable employment that uses their skill sets to help businesses succeed.

VersAbility Resources is formerly known as The Arc of the Virginia Peninsula. Its employees with disabilities work alongside enlisted and civilian personnel to manufacture eyeglasses for the Department of Defense, veterans and other dignitaries.

The team of employees with disabilities has been fully accepted by the entire NOSTRA team. VersAbility employees are included in all employee functions and activities, and the team from NOSTRA goes out of their way to ensure that employees from VersAbility are fully engaged. A former Lens Lab supervisor even learned sign language so she could better communicate with the VersAbility employees with hearing impairments.

Individuals with disabilities enjoy the work they do at the NOSTRA Lens Lab. They know they are giving people the "sight to fight" and they are honored to be given the chance to perform such a mission-essential function.

NOSTRA has hired several members of the VersAbility team as full-time civil servants, giving VersAbility the chance to hire additional employees.

VersAbility is proud of its strong partnership with NOSTRA and the jobs it has created for people with disabilities. It is clear that NOSTRA has set the standard for the facility and individuals with disabilities are thriving in their positions with thanks to support from all personnel. **LS**

# Kemper Promoted to Captain, to Take Command of Navy Medical Expeditionary Support Command

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

**O**n a brisk morning on the deck of the mighty warship that rests in the Baltimore Inner Harbor, family and friends gathered to witness a rare ceremony 5 March aboard USS Constellation.

Cmdr. Michael J. Kemper, Executive Officer of Naval Medical Logistics Command (NMLC), Fort Detrick, MD, and prospective commanding officer of Navy Expeditionary Medical Support Command (NEMSCOM), Williamsburg, VA, was frocked to the rank of captain.

A frocking ceremony grants officers selected for promotion and, if required, confirmed by the U.S. Senate but not yet promoted, the right to wear the insignia and uniform and assume the title of the next higher grade. Naval officers are rarely frocked.

“As long as I have been in the United States Navy, I have never witnessed a Medical Service Corps officer frocking ceremony,” said former acting director of the Defense Health Agency’s Medical Logistics Division, Capt. Bernie Poindexter who was also the previous commanding officer of NMLC and now retired.

Yet, there were many people on hand to witness this ceremony. From as far away as Alaska, relatives made the journey to see the donning of new shoulder bars and insignia.

He was flanked by his wife, Renee, and sons, Michael Kemper, Jr., from Charlotte, NC, and Patrick Kemper, a student at Florida Gulf Coast University, Fort Myers, FL. Other family members who attended included his mother, Virginia Kemper and brother Chuck Kemper, Navarre, FL; his sister and brother-in-law, Tina & Tom Collins, Chugiak, AK, his aunt, Cecelia Smith, Pensacola, FL;

and his mother-in-law, Marie Vandervort, Philadelphia, PA.

Capt. Mary Seymour, NMLC Commanding Officer presided over the ceremony. During her comments, she thanked Virginia Kemper for “doing a fine job raising a son who is one of the hardest working gentlemen she knows.” She also said, “He treats everyone with the utmost respect regardless of their rank or position.”

After the formal aspects of the ceremony, Capt. Kemper shared a few words with his guests. He regretted that his deceased father, an Air Force veteran, was unable to attend. But he continued by thanking his family for traveling considerable distances to witness the ceremony. About his brother, he said, “I am not the first captain in the Kemper family. Chuck is a charter boat captain so he holds that proud distinction.”

He also thanked Capt. Seymour and said, “It was an honor and a privilege to have served as your executive officer. In particular, I learned the importance of accountability and the value of having frank and honest discussions.” He mentioned several other valuable traits he learned from Seymour and then directed his comments toward two other fellow captains. “We would not be having this ceremony if it were not for the role Capt. James “Bernie” Poindexter and Capt. Edward Sullivan, played in guiding and mentoring me.” Sullivan will relinquish the commanding officer role of NEMSCOM to Kemper in April.

The U.S. Navy promotion time-in-grade requirements represent the time an officer must spend at a particular rank before the officer becomes eligible for promotion to the next rank. The time-in-grade requirements

are progressive, increasing with each promotion. Together with the total time an officer is in service, time-in-grade makes an officer eligible for promotion. Officers recommended for promotion are chosen by a selection board from a pool of all eligible candidates, according to the U.S. Naval Personnel Command webpage.

The paygrade of captain, (O-6), is the highest rank a naval officer can attain without congressional approval in addition to the presidential approval that’s part of commissioning and officer promotion. Before receiving a recommendation for promotion from commander to captain, the officer



Sister Tina Collins, Capt. Mike Kemper, mother Virginia Kemper and brother Chuck Kemper.

must have completed three years of service in the grade of commander, to satisfy the minimum time-in-grade requirement. In addition, the captain-selectee must have between 21 and 23 years of total military service before the O-6 selection board meets to consider the promotion. The board chooses approximately 50 percent of the recommended officers for promotion, depending partly on the needs of the service, according to the U.S. Naval Personnel Command webpage.

It has long been noted that officers pursuing the rank of captain are



Son Patrick, Capt. Kemper, wife Renee and son Michael Kemper, Jr.

encouraged to request a series of assignments that improve their promotion potential by building on their previous assignments and acquire various skill-sets.

Future value to the Navy is a major factor in selection to captain according to the Naval Personnel Command webpage. The types of commands an individual has held, being recognized as an expert in one's field, and *sustained superior performance* in a mixture of operational assignments, direct Fleet support and policy tours, and overseas and joint duty tours throughout one's career will generally enhance board competitiveness.

Kemper's career met the established requirements that allowed his service record to be reviewed and designated him as one of the few people selected for frocking.

A native of Mary Esther, FL, he enlisted in the Navy in 1983 and served as an Operating Room Technician at Naval Hospital, Portsmouth, VA; Naval School of Health Sciences, Portsmouth; and U.S. Naval Hospital, Rota, Spain. In 1994, he earned a Bachelor of Science Degree (Management Studies) from Univer-

sity of Maryland University College and was subsequently commissioned a Medical Service Corps Officer.

He reported to Naval Medical Clinic, Annapolis, MD, in late 1994 and assumed the duties and responsibilities as Head, Material Management Department. He attended the Financial and Material Management Training Course in 1995. In 2000, he completed the Army-Baylor Graduate Program in Health Care Administration and earned a Master's Degree (Health Care Administration) from Baylor University. Kemper continued to hone his skills at Naval Medical Center Portsmouth, VA, as Head, Managed Care Systems Operation Department (2000 to 2001) and Team Leader, Fleet Liaison (2001 to 2002). Afterward, he reported aboard USS Harry S. Truman (CVN 75) and served as the Medical Administrative Officer/Medical Department Division Officer (2002 to 2004) and Radiation Health Officer (2002 to 2003). He deployed with Truman in 2002 in support of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). He next served as the Head, Administrative Support Depart-

ment and Public Affairs Officer at the Armed Forces Radiobiology Research Institute in Bethesda, MD (2004 to 2006).

He then served as the Assistant Commandant and Navy Company Commander at the F. Edward Hubert School of Medicine, Uniformed Services University of the Health Sciences in Bethesda (2006 to 2009). He also held a faculty appointment in the School of Medicine as an Assistant Professor in Military/Emergency Medicine. In 2009, he performed a 7-week fellowship at the Center for Naval Analyses (CNA) in Alexandria, VA.

He then reported to the Bureau of Medicine and Surgery Contingency Support Division later in 2009 and conducted analysis and supervised the sourcing of individual augmentee personnel for all of Navy Medicine's contingency support operations. Kemper deployed to Qatar in 2011 and served as the Special Operations Command (Central) Medical Material Officer and Combined Forces Special Operations Component Command Deputy Surgeon. He then reported to NMLC, in October 2011 and assumed the duties and responsibilities as Director, Medical Equipment and Logistics Solutions. In June 2014, he became the executive officer.

Selected as the next commanding officer of the Navy Expeditionary Medical Support Command, Kemper will hold his change of command ceremony 29 Apr. 2016, in Williamsburg, VA.

As the ceremony came to a close, Kemper was mindful to thank his wife, Renee, for the tremendous impact she had in supporting him and his career, as well as in raising a loving family.

"Even though we are complete opposites, she completes me. There's no better way to acknowledge and recognize this than the fact that we will be celebrating our 30th wedding anniversary later this year," Kemper said. **LS**



John S. Moore, Jr., Lorraine Joseph and Edwin “Ed” Doorn, NMLC’s Chief, Imaging Informatics Division and Navy Picture Archive and Communication System Program Manager, traveled to Naval Medical Center San Diego to provide central programmatic support for Navy Medicine clinical image management systems.

## Naval Medical Logistics Command Supports MTF Cardiovascular Image Management Systems

By Julius L. Evans, NMLC Public Affairs

**N**aval Medical Logistics Command personnel traveled to Naval Medical Center San Diego to facilitate vendor product demonstrations for a cardiology Picture Archive and Communication System (PACS) project Jan. 4-8, 2016.

Picture Archive and Communication is an open system network of digital medical devices designed to

enhance the effective acquisition, transmission, display and management of diagnostic imaging studies. Cardiovascular systems program management is encompassed within this digital network.

The NMLC Picture Archive and Communication System team is part of the Medical Equipment and Logistics Solutions Directorate located at Fort Detrick, Maryland. It provides

central programmatic support for Navy Medicine clinical image management systems and is a resource for the Navy PACS and Digital Imaging community.

The Imaging Informatics Division manages several major cardiology projects for Navy Medicine. The first project is for the National Capital Region (NCR), which includes the Cardiology Clinics at Walter Reed

# LOGISTICALLY *speaking*

National Military Medical Center, Fort Belvoir Community Hospital, Malcolm Grow Medical Clinics and Surgery Center located on Joint Base Andrews and the DiLorenzo Tricare Health Clinic, Pentagon.

Previous projects include the Cardiovascular Image Management Solutions based in the Military Treatment Facility clinical capabilities at Naval Hospital Pensacola; the Electrocardiogram (EKG or ECG), Naval Medical Center Portsmouth with EKG and Echocardiography and Naval Hospital Camp Pendleton with EKG and Echocardiography.

“For the first time, each of these clinics will be consolidated into a single enterprise image management and information system that includes cardiology image management, such as echocardiography ultrasounds, cardiac catheterization images, vascular ultrasounds and waveform data from electrocardiogram studies,” said

Ed Doorn, NMLC’s Chief, Imaging Informatics Division and Navy Picture Archive and Communication System Program Manager, Medical Equipment and Logistics Solutions Directorate. “This system will be capable of capturing hemodynamic monitoring data and electrophysiology studies. It will also greatly enhance the clinical workflow throughout the entire NCR which benefits both staff and patients.”

As a part of the procurement process, command representatives traveled to San Diego to coordinate and oversee activities related to the demonstration to minimize potential Procurement Integrity Act violations.

“At these events, we have an opportunity to witness, first-hand, clinical applications of the equipment capabilities and facilitate vendor product demonstrations,” Doorn said. “We also oversee the planning, deployment, integration, sustainment and

life-cycle management for the Imaging Informatics programs for Navy Medicine. This primarily utilizes a ‘forward leaning’ approach by managing the Navy PACS program for all BSO-18 Medical Treatment Facilities.” BSO-18 is an office designation in Headquarters, Navy Bureau of Medicine and Surgery.

At this demonstration, the PACS team was looking for Comprehensive Cardiovascular Information Management System capabilities to be discussed and/or demonstrated. The solution needed to support Cath lab, Echo and vascular image management (adult and pediatric) Cardiac computerized tomography, electrophysiology, Stress Lab, and Holter monitoring devices, echocardiography management system, hemodynamic monitoring system Cath/Echo/Vascular reporting (adult and pediatric) and advanced visualization capabilities.

“The demonstrations we attend are part of our market research effort. The information we obtain helps us to finalize the requirements necessary to generate requests for offeror submissions,” said Lorriane Joseph, NMLC’s PACS Project Manager Imaging Informatics. “This is in an effort to streamline workflow. Sites would typically manage their own procurement, but without a program management office. Now that NMLC supports this effort, we are better able to support the needs of Military Treatment Facility patients’ cardio needs.”

As it expands its portfolio of support logistics applications, Naval Medical Logistics Command continues to prove itself as the Department of Defense premier medical logistics support activity providing cardiovascular systems and digital imaging program management. **LS**



The Picture Archiving and Communication System (PACS) is a diagnostic medical image management system for all radiological studies acquired at Military Treatment Facilities around the world.

## 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 (NMLC) Small Business Advisor

**B**iz 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? Do you know your Region Small Business Professionals? Both Navy Medicine East (NME) and Navy Medicine West (NMW) each have a full-time, dedicated small business professional (SBP) available to assist the acquisition team in several areas of the acquisition process. While each SBP is a regional asset, they support the contracting activities at the medical treatment facilities (MTFs) for NME's and NMW's respective areas of responsibility (AOR). The SBPs' job is both rewarding and challenging. NME's and NMW's SBPs review hundreds of small business coordination records (DD 2579s), support market research to locate capable small business firms, conduct outreach, and meet with, advise and educate numerous small business owners who want to learn how they can do business with the Navy. NME's and NMW's SBPs also work very closely with the SBP at Naval Medical Logistics Command to establish annual targets for contract awards made to small business firms to represent how Navy medicine acquisitions support Navy's small business program.

Further, these targets are used as a basis to assess overall performance in meeting statutory small business goals. Development of these goals, tracking of performance toward these goals, as well as additional administrative and reporting requirements,

are overseen by the Small Business Director at the Naval Supply Systems Command (NAVSUP). While the SBP's roles may seem more "behind the scenes" in the acquisition process, what they do on a daily basis has significant impact to the overall success and visibility of the small business program as it relates to Navy Medicine.

Recently, I had the opportunity to interview NME's and NMW's SBPs to ask them about their programs, their challenges, what they enjoy best about their jobs, and what recommendations can they share to further the success of the small business program within the Navy Medicine acquisition community. Here's what they had to say.

NME's SBP is Juliann Krogh and is the first full-time SBP, being in the position for just over one year. When asked what is her favorite aspect of the job or what she finds most rewarding, she said, "Small businesses are the backbone of the American economy and American innovation. As a larger number of small businesses succeed, a greater amount of innovation and competition is generated in the marketplace. So, my favorite aspect is educating and informing both the small business owners on government contracting, and our buyers on the benefits of setting aside requirements to small businesses; ...the rewards we (the Government) reap from supporting them are exponential."

When commenting on her greatest challenges, Krogh remarked, "One of my greatest challenges as a regional SBP is the education component.



**Navy Medicine East's Small Business Professional is Juliann Krogh.**

Contracting is a complicated ever-changing process, so finding the time for, and execution of continuous training is critical. As NME's first full-time SBP, it is a challenge getting everyone up to speed especially with staff turnover or frequent permanent change of station transfers. Also, training requirements are challenging to meet as many NME's buyers are not located on site; they are spread across the eastern US and Europe."

When was asked, what was the most significant contribution she could make/have made to the success of the Navy small business program, Krogh replied, "there is a lot of confusion about the small business program among small business owners, buyers and supervisors. The most sig-



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**Navy Medicine West's Small Business Professional Sylvia Nard.**

nificant contribution I can make to NME contracting is to provide a "one-stop-shop" resource to clarify the program so that it is executed in accordance with the law, it is audit ready, it is easy to understand, and it fosters small business utilization to the maximum extent practicable."

One of the key aspects of the SBP's job is to be an advisor to and advocate for small businesses. As such, Krogh offers this suggestion.

"As best said by Jerry McGuire, 'help me help you.' Involving SBPs at the beginning of the acquisition process will give me insight into the acquisition process at an early stage. This allows me time to find small business firms that may be able to perform the requirement and let me actively assist in acquisition planning to prevent errors or changes at the point of the DD2579."

Finally, Krogh offered these recommendations to help make the overall program even better. "Foster the training and support among Small Business Professionals, continue to take advantage of learning opportuni-

ties, expand horizons and network with seasoned SBPs. Attending the recently held DoD Small Business Training this year has provided invaluable knowledge and resources to further NME programs and to greatly assist small business owners," Krogh added, "Whether you're a contract specialist, a doctor, a supervisor or whomever, reach out to us. Your Small Business Professional is a resource for you. Many times, we do not see a procurement until the DD2579 has landed on our desk. At that point, much of the work has been done and your acquisition is down the road. If you reach out to us in the beginning, we may not only be able to make your job easier by assisting in your acquisition planning, but we may also be able to keep you from making a wrong turn. The path to small business regulation compliance does not have to be a lonely, frustrating journey. We are here to walk with you to get you there by the fastest route."

NMW's SBP is Ms. Sylvia Nard, who has filled that role since September, 2010. When asked to describe her favorite aspect of the job or what she finds most rewarding, she said, "Attending Industry Day events or meeting with small business owners."

"During these events and meetings, I match company profiles with current or previous procurements. In addition, I like advising small business owners how to navigate the federal procurement process."

When commenting on her greatest challenges, Nard remarked, "My greatest challenge is involvement in the acquisition strategy process." When Nard was asked what was the most significant contribution she could make/have made to promote the success of the Navy small business program she replied, "My most significant contribution is to advise and advocate for small business opportunities during the procurement program, while increasing Small Busi-

ness Program awareness and participation."

One of the key aspects of the SBP's job is to be an advisor to and for small businesses. As such, Nard offers this suggestion.

"My fellow acquisition professionals can help me to help them by including me in the market research process and utilizing my expertise to identify and recommend potential small business products or service providers."

Finally, offered these recommendations to help make the overall program even better.

"Revise training plans for acquisition staff to include program managers and supply officer career fields so they are more aware of (small business) policies and what the small business program requires."

For any questions on this article or if you have any suggestions for future articles, please contact Mimi McReal at [Marianna.mcreal.civ@mail.mil](mailto:Marianna.mcreal.civ@mail.mil). **LS**

## Logistics Specialist Petty Officer 2nd Class Jossani Josiah

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

Home is Brooklyn New York. "Home Home" is a village in the small South American country of Guyana called Linden. Guyana is the only South American country where English is its official language. I left Guyana at an early age to reunite with my father who left me with my grandparents to come to America in hopes of finding a better life and to provide his family with opportunities. I attended high school in both Guyana and New York. I left Linden Foundation Secondary at age 13 to attend Samuel J. Tilden High School in Brooklyn. Only spending two years at Tilden, since I started H.S back "home home," once I graduated, I went to Brooklyn College.

**Can you briefly share the story of how you entered the military, when you entered, what were your first assignments?**

I had a full-time job working for American Airlines and I was simultaneously attending college. After witnessing most my friends, (who were

older), not getting jobs after they graduated, I saw a trend so I wanted to take a different approach. After getting my associates degree and being in debt (having a full time job helped me pay for college, which is the reason the debt I incurred was as small as it was), I started to really notice how much I didn't like working at the airport and every day I kept telling myself, "I don't want to be here." One day I called my job and took the day off. Then, I called back five minutes later and told them I'm never coming back! I took that summer off, enjoying the things 22-year-olds enjoy during the summer. Then, reality hit! I had bills and I had to pull my weight in the household. I went for a walk down Flatbush Avenue and saw an Air Force recruiting station. The posters of the airplanes really caught my attention. I walked-in and no one said anything. They looked at me and then asked if I needed anything. I sat down briefly and talked with one of the Air Force recruiters but she acted as if she was disinterested. She looked like she really didn't want to be at work that day, so I took the info she gave me and left.



LS3(SW) Jossani Josiah aboard USS Lake Champlain.

That info was in a trash can five minutes later. I walked a couple blocks and saw a Navy recruiting station. As I approached, they saw me through the glass door and waved me in!! I liked them already. I sat down with Machinist's Mate Petty Officer Second Class Mathews and told him I wanted to join the Navy. He said "easy day" and gave me the ASVAB test. After I scored a 65, I was on my way to the Military Entrance Processing Station a few days later. After boot camp, I was sent to the USS Lake Champlain (CG-57), a Ticonderoga-class cruiser which was on deployment in the Middle East. Interestingly, I went from Brooklyn to the coast of Pakistan from 0 to 100 just like that!! We visited a lot of places and made a lot of memories on deployment before going back to Naval Base San Diego where I spent the best



Pictured from left to right are BM2 Allen, LS2 Josiah, BM2 Rogers, BM3 Ray and BM3 Hughes.

# LOGISTICALLY *speaking*

five years of my life.

**When did you come aboard NMLC for duty? Where were you before you came here? What are your responsibilities here?**

After boot camp, I wanted to return overseas but was selected to report here for duty. Before here, I worked as a Depot Level repairable manager and credit card holder for the USS Lake Champlain.

**What are the most important efforts you have supported thus far and provide a brief description of your involvement, the challenges you faced in accomplishing your tasks and how you overcame them.**

By far my most important effort came on deployment. I was the sliding padeye operator ( the guy that makes sure the food/mail, etc., is secured on the lines while being transported at sea from one ship to another). You mess that up, that's someone's letters or food dumped in the sea and lost forever. You'd never hear the end of it.

**What makes you a success here?**

My ability to give respect and work effectively with different personalities. I feel a good working environment starts with morale and being a team player. It prepares you for that journey to success.

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

Yes, I'm involved in mentoring at Lincoln elementary. My mentee's name is Isyshone. He is a very smart kid. I look forward to continue mentoring and learning from him as well.

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

It means a lot to give back and teach positivity to kids. Also being in uniform it helps with the military's



Lincoln Elementary School students show off their new school supplies delivered by Naval Medical Logistics Command members who collected donations year-round.

image of being that global force and positive influence.

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

I'm a cricketer, lol. A lot of people don't know that. I played for my country at the youth level before migrating. It's that one thing in the world that I'm exceptional at doing.

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

I'm the ship, new construction procurement manager; I outfit all the new configurations with their dental and medical supply. I take a lot of pride in what I do since I was just on a ship, and I know what it feels like to not have something you're supposed to have. I enjoy going the extra

mile for the mission.

**Any final thoughts you can share?**

Just that I appreciate your interest and you reaching out to me for this. It helps me to look back and be proud of the path I've traveled. This interview process a very humbling experience. Thank you. **LS**



LS2 Josiah at Command quarters.

# Naval Medical Logistics Command Outfits PCU John P. Murtha (LPD-26)



Naval vessels that have medical facilities onboard will invariably have situations where personnel will require medical attention. Those facilities are outfitted with equipment and supplies that support medical treatments commensurate with the medical provider or clinician assigned, according to operational forces support directorate personnel.

The Navy's Authorized Medical Allowance Lists (AMALs) and Authorized Dental Allowance Lists (ADALs) identify the minimum quantity of equipment and consumables a platform is required to maintain to support approximately 60 days of sustainment and contingency materiel requirements.

Naval Medical Logistics Command manages all allowance lists data content and coordinates with the fleet headquarters, Type Commanders and stakeholders to routinely update AMALs/ADALs to accurately reflect the medical capabilities a platform is required to maintain.

Consumables and portable equipment procurements must meet customer demand, (type, quantity and schedule), and align with the published AMALs and the ADALs. These published documents identify the requirements certain ships will require prior to going to sea.

Naval Medical Logistics Command is leaning forward to compress the ship outfitting time and reduce AMALs/ADALs requirements by way of procurement and kitting through an Indefinite Delivery Indefinite Quantity contract. This initiative will increase AMALs/ADALs outfitting effectiveness from an average of 87 percent to the Naval Sea Systems Command and Naval Supply Systems Command mandated 95 percent at crew move aboard and 97 percent at "sail away" milestones. It will also reduce the number of requisition cancellations (due to shelf life and minimum order quantity issues) by five percent.

The first procurement and kitting order was placed November 2015 for Murtha with incremental deliveries planned over the course of January and February 2016. The kitting contract covered 85 percent of the total outfitting requirements.

## **Expected benefits**

- Improved material labeling consistency
- Reduced requisition lead time and receipt by the end user
- Overall reduction of delayed material

While PCU Murtha is the first "test" platform, the initiative will be expanded to encompass future Littoral Combat Ships and Amphibious Assault Ships outfitting and equipment requirements over the course of 2016 and 2017. **LS**



# DEFENSE LOGISTICS AGENCY

## Troop Support

Defense Logistics Agency-Troop Support (DLA-TS) has updated submission guidelines for Capital Equipment Requirements. These changes impact DLA-TS contracts covering Radiology/Imaging Systems, Patient Monitoring/Vital Signs/Anesthesia Units, Radiation Therapy, and Picture Archiving & Communication Systems (PACS). These changes will increase the time requirement to generate necessary paperwork for submission to DLA-TS for contract award.

The most significant change is the addition of a Request for Offers (RFO) document. This document will include nomenclature of the requirement, minimum requirements, contact information for the requesting site, will identify the method of evaluation and selection criteria, and establish when proposals are due. A Modality Matrix was created to establish which modalities each vendor has under contract as well as providing vendor contact information. The generated RFO must be submitted to every vendor listed on the Modality Matrix for the modality. The proposal due date must be reasonable considering



the requirement. Modalities which would require extended installation should allow for sufficient time for vendors to arrange a site visit and properly propose the extended installation of the system.

The second major change is to the Best Value Determination form. Previously, this document explained the rationale for vendor selection for non-Lowest Price/Technically Acceptable procurements via series of checkboxes. The updated document requires a written rationale for vendor

selection based on the method of evaluation/selection criteria listed in the RFO. The RFO itself and all quotes from responding vendors must be provided as part of the submission package as well.

Any routine, non-emergent requirement under DLA-TS contract requiring award prior to end of the Fiscal Year 2016 must be submitted by the August 1, 2016 cut-off date. Submissions after this date will be considered on a case by case basis by the Division Chief covering that modality section.

DLA-TS is currently in the process of establishing a SharePoint page which it would maintain the current version of submission guidance

and all required documentation, including the most up-to-date version of the Modality Matrix. Once established, information regarding the DLA-TS SharePoint page will be provided to the Navy Medicine Regional Commands for distribution. **LS**

*NMLC Clinical Engineering Division*



### **Navy Expeditionary Medical Support Command**

Lt. Dave Crain, NEMSCOM's Director for Administration, completed the 40th Marine Corps Marathon, Sunday, October 25, 2015. Crain, an avid Runner, has completed two marathons and seven half-marathons since 2012. This was his first Marine Corps Marathon. He finished at 4:14:47! Great job Lt.