

# LOGISTICALLY *speaking*

Oct-Dec 2017 Issue



## NAVAL MEDICAL LOGISTICS COMMAND



Please welcome aboard Capt. Tim Richardson, NMLC's Commanding Officer and Orientation Class Aug. 30, 2017. From left to right, Andrea Pakhomkin, Jesse Nisley, Niraj Mehta, Thomas Guba, Jacqueline Vitale, Dominica Gay, Earl Watson, Shellie Walters, Donald Biebel, Capt. Tim Richardson, Roderick Bryan, Lt. David Guajardo, Lt. Robert Barragan II, YNC(SW/AW) Tillie Martinez, HM1(FMF) Joshua Scherrer and HM1 Keith Fox. (Photo by Julius L. Evans, NMLC Public Affairs).

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



**On the Cover:** Capt. Tim Richardson assumed command of Naval Medical Logistics Command (NMLC), relieving Capt. Mary Seymour in a ceremony held on Fort Detrick, Maryland on Aug. 25. Richardson comes aboard just in time to complete the end of the Fiscal Year closeout. Seymour leaves in her wake a legacy that dates back to 2009, when she served as NMLC’s executive officer. Read about the tenure she leaves as the incoming commanding officer begins a new chapter in patient-centered, logistics support for military medicine. (Photo by Julius L. Evans, NMLC Public Affairs).

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**Capt. Tim Richardson**

## From the Commanding Officer

**T**he pace has been fast and furious since the change of command ceremony in August. I want to personally thank everyone who attended the ceremony and especially thank all those who participated. I reported aboard at a time when the command was at its busiest with contract closeout and the end of the Fiscal Year. Now that we have crossed those hurdles, we are aggressively moving forward. I couldn't have asked for a smoother transition.

Capt. Seymour left me in good hands with a strong command. I can't thank her enough for all she has done here. It's admirable what she has accomplished and our working relationship will continue over the years as she transitions to a lead-

ership role at the Navy Bureau of Medicine and Surgery (BUMED) in Falls Church, Virginia. I look forward to how our paths will cross in the future.

Coming aboard, I realized how we are a *'ready medical force,'* recognizing the important work of the men and women who serve at Naval Medical Logistics Command and how everything we do contributes to a *'medically ready force.'* I've adopted this phraseology and made it part of my command philosophy because delivering patient-centered logistics solutions for military medicine is what makes Naval Medical Logistics Command the premier medical logistics support activity -- a description of the readiness reputation we enjoy today.

I have asked my staff to adopt this philosophy going forward and to make it a part of their personal mission. My philosophy, in summary is: **Mission first** – everything we do directly impacts readiness and the mission. **Communication** – I will communicate openly and honestly. I expect the same from you. **Trust** – Everything is based on relationships and all relationships are based on trust. **Access** – You have unfettered access to me. I believe there is 'no bad day in leadership,' so always expect my personal issues to be secondary to yours. **Develop the next leaders** – Every Sailor and Civilian Sailor is a leader. Take the time to train and educate your future replacements. While this is a summary of my full philosophy, I think you get an idea of how we are driving forward.

In this issue of *Logistically Speaking*, we introduce our four new directors. Lt. Cmdr. Kathleen Colter is the Director for Medical Equipment and Logistics Solutions; Lt. Robert Barragan II is the Director for Resources; Mr. Leonard Morrissey is the Navy Senior Service Representative & Program Manager, Logistics Business Systems; and Mr. James Watkins is the Director of Acquisition and Analytics. There's an article that describes the role they play in contributing to a *'medically ready force.'*

Shortly after I arrived, I had the honor of promoting one of our young petty officers to the next higher paygrade. While there's a story in this issue that speaks to the promotion, I want to point out that this follows my philosophy of *developing the next leaders.* It's a tremendous testament to those who have prepared Logistics Specialist 1<sup>st</sup> Class Jossani Josiah and it clearly illustrates his commitment to excellence.

You will read about these and other stories that give you more insight into Naval Medical Logistics Command, how we achieve our mission and more importantly, the people who help us achieve our mission.

As you can see, this issue is packed with articles we believe will be entertaining and loaded with information. I want to take this opportunity to encourage to share your article ideas on topics you would like to see covered in an upcoming issue. If you have an article you would like to submit for publishing consideration, feel free to contact Naval Medical Logistics Command Public Affairs directly.

For now, please enjoy this issue of *Logistically Speaking*. **LS**

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

**Lt. Robert Y. Barragan II**  
Dir, Resource Management  
**Lt. Cmdr. Kathleen A. Colter**  
Dir, Medical Equipment/Logistics Support  
**Lt. Cmdr. Matthew W. DeShazo**  
Director for Administration  
**Mr. Julius L. Evans**  
Public Affairs Officer  
**Mrs. Julia P. Hatch**  
Counsel

**Ms. Marianna 'Mimi' McReal**  
Small Business Programs Officer  
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**Articles should be submitted to:**  
The Public Affairs Officer

## From the Command Master Chief

I had the privilege of serving as an FY-18 CPO Selection Board member. It was a great experience that I will never forget. I would like to share some words of wisdom that can help increase your chances of promotion. First of all, make board. If you do not make board, the rest of what I am about to tell you does not matter.

Second, ensure your service record items available to the board are accurate. Official Military Personnel File (OMPF), Performance Summary Record (PSR) and the Letter to the Board (LTB) are the three items that the board members will review. Accuracy of these



**Chief Hospital Corpsman Dametrius Mannings was promoted to his current rank in a ceremony earlier this year. Command Master Chief West provided counsel that helped guide him on his successful journey.**

items may make the difference in selection/non-selection status.

Ensure your LTB includes pertinent items that are not listed in the OMPF/PSR such as: missing evaluations, professional military and civilian education, awards and professional certifications. Review the Selection Board NAV-ADMIN to ensure the LTB is submitted by

the deadline. I just gave you the basics, now for the advanced information. If you are a Hospital Corpsman, know that the HM rating promotes as a rate, not by NEC. Candidates all compete against each other regardless of technical background. Compare yourself against what the Navy needs you to do and not what your peers are doing.

The Hospital Corpsman Career Roadmap can provide additional information. Ensure that you are “fully qualified” by demonstrating an advanced level of leadership, technical expertise, communication skills, obtaining advanced/technical education and adherence to physical fitness standards as well as the CPO Mission, Vision and Guiding Principles. Of the “fully qualified,” only the “best qualified” will be selected. Take on challenging assignments.

Excelling in hard jobs (arduous



**HMCN(SS/SW/FMF) Patrick West  
NMLC Command Master Chief**

consider. The board members only know who you are on paper, so make it count. Ask a Senior Enlisted mentor to review your evaluations prior to submitting for commanding officer’s signature. In closing, I want to let you know that I am available for any ques-



**Logistics Specialist 1st Class Jossani Josiah is meritoriously promoted to his current rank by Capt. Richardson and Command Master Chief West. (Photograph by Julius L. Evans, NMLC Public Affairs).**

sea duty) or taking duty stations out of your comfort zone (special programs) can enhance your service record. Evaluations are the single most important document to

tions you may have and want to wish you all the best of luck in the future. **LS**

## Richardson Assumes Command Naval Medical Logistics Command Welcomes New Commanding Officer

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

Capt. Tim Richardson assumed command of Naval Medical Logistics Command (NMLC), relieving Capt. Mary Seymour in a ceremony held on Fort Detrick, Maryland on Aug. 25.

The ceremony was well attended by friends and family members from as far away as Italy and Alaska to Tennessee and elsewhere from around the United States. Richardson said he had more than 40 friends and family members in the audience to watch him assume command. The auditorium was at capacity as guests were seated and the official party was piped in by the honor Bos'n.

Seymour leaves in her wake a legacy that dates back to 2009, when she served as NMLC's executive officer. In 2012, she departed to complete a year in the grueling National War College, earning her second master's degree, this one in national security strategy. She then returned to NMLC in 2013 as commanding officer. Now, at the conclusion of her tenure, the command is ripe with pristine successes and measurable accomplishments.



Capt. Tim Richardson addresses the audience that attended the change of command on August 25, 2017 on Fort Detrick, Maryland. (Courtesy photo by Fort Detrick).

Seymour steered the command

through periods of financial austerity with such skill and precision that NMLC's reputation was elevated to that which it enjoys today. She led an unprecedented medical equipment initiative that remains unmatched. With the most unique role in the United States Navy, according to a senior Bureau of Medicine and Surgery flag officer, NMLC ensures that all forces afloat and Military Treatment Facilities around the globe have on-hand the world-class medical equipment necessary to treat the nation's warfighters and their family members. Seymour made sure of that.

The ceremony was solemn, as one might expect, since the command was losing its long-time champion



Some audience members traveled from various locations around the nation while some traveled internationally to witness Capt. Tim Richardson assume command of Naval Medical Logistics Command. (Photo by Julius L. Evans, NMLC Public Affairs).

and its biggest cheerleader. The first speaker punctuated that atmosphere when she gave her opening remarks. Rear Adm. Rebecca J. McCormick-Boyle, Commander, Navy Medicine Education Training, and Logistics Command, San Antonio, Texas, was the ceremony's presiding officer. Prior to her comments, she asked that the audience pause for a moment of silence in honor of the 10 fallen Sailors of *USS John S. McCain* (DDG 56), the guided-missile destroyer that collided with a merchant vessel in waters near Singapore while approaching the city for a routine port visit.

During McCormick-Boyle's comments, she reflected on the command's many successes under Seymour's leadership.

"NMLC's footprint and responsibilities touch all aspects of the Navy Medicine enterprise at home, abroad, in clinics, in hospitals, on ships, on planes, on submarines and on land. From making eyeglasses to ensuring Sailors can see what lays ahead, to procuring and managing large equipment sets so that Sailors might be ready for what lays ahead. Members of the NMLC Team – and the AOR team, are where it matters when it matters," she said. "The scope of your responsibilities and fiduciary stewardship is amazing. And your commitment to service and the agility with which you execute your mission is nothing short of breathtaking."

She continued to praise Seymour and the command, and then she invited the keynote speaker to greet the



(From left to right) - Rear Adm. Terry Moulton, Rear Adm. Rebecca J. McCormick-Boyle, Capt. Mary Seymour and Capt. Tim Richardson at the change of command ceremony in the Fort Detrick auditorium. (Courtesy photo by Fort Detrick).

guests and provide his comments.

Rear Adm. Terry Moulton, deputy surgeon general and deputy chief, Bureau of Medicine and Surgery, Falls Church, Virginia, welcomed the distinguished guest as well as family members and the NMLC workforce. He then described some of the significant successes for which Seymour

was recognized as having achieved.

"Your leadership led to the execution and procurement of more than \$2 billion in personal service and non-personal service contracts, providing more than 15,000 full-time equivalent health care workers," he said. "NMLC has been the face of Navy Medicine during the transition of shared services to the Defense Health Agency. This liaison has saved the Defense Department millions of dollars."

Moulton continued to share key milestones in Seymour's time as commanding officer and assured her



The U.S. Navy Band Ceremonial Brass Ensemble from the Washington Navy Yard provided musical support. (Photo by Julius L. Evans, Naval Medical Logistics Command Public Affairs).

that her services will be welcomed when she reports to work the following Monday, he said jokingly. He then welcomed Capt. Richardson and reassured the command that it would be in good hands.

“Today, the mantle of command will be given to Capt. Richardson. He is well prepared for this assignment,” Moulton said. “He has had a successful career that led him to today. Capt. Richardson, you are inheriting an experienced, knowledgeable and capable crew. I have every confidence that with your outstanding leadership skills, your passion and stellar track record, you will be able to take on the task of command and continue to push Naval Medical Logistics Command to even greater heights.”

As the attention returned to Seymour, she took the podium and prepared to say her final goodbye to her crew, her officers and to the civilian workforce, some of whom had supported her throughout the entire time she was at NMLC. Many have served from the time she was the executive officer until the closing moments of the ceremony, when she would depart for the final time. While she stood steady during the majority of her speech, at one point, it was evident that saying goodbye carried an emotional weight that could not be hidden.

She acknowledged the three executive officers who served under her command and quipped, “It’s not because I go through them quickly. It’s just that I’ve been here a long time.” She acknowledged Capt. Edward Sullivan, Capt. Michael Kemper and Cmdr. Steve Aboona, and said they were amongst the finest officers with which she had ever served. She recognized her family and the support they have given her over the years. And she praised the staff that has served with her, ensuring Navy Medicine achieved its role of ensuring patients are first.

Seymour routinely touted the importance of knowing the ‘why,’ and she asked her staff to answer that question. When you can answer why you do what you do, she would say,



**Sandi Richardson affixes her husband’s command pin in place when he assumed the head role at the change of command ceremony in Fort Detrick, Maryland. (Courtesy photo by Fort Detrick).**

it’s easier to remain focused on the mission of providing patient-centered logistics solutions for military medicine.

After reminiscing about the journey she had traveled throughout the years, she prepared to turn the reigns over to Capt. Richardson by reading her orders.

With that, Richardson greeted the audience and shared a few brief comments, then each captain faced one another and offered a crisp salute. “I stand ready to be relieved, sir,” Seymour said. Richardson replied, “Capt. Seymour, you are relieved.”

With those words, Richardson assumed the duties as commanding of-





Honor Bos'n Lt. Nathan Wedwick pipes Capt. Tim Richardson aboard as NMLC's newest commanding officer. The side boys render a crisp hand salute and the captain aimfully assumes his role in delivering patient-centered, logistics solutions for military medicine. (Photo by Fort Detrick).



ficer, Naval Medical Logistics Command.

At the conclusion of the ceremony, the United States Navy Ceremonial Brass Ensemble softly played the Navy Hymn, Eternal Father while Lt. Cmdr. Matthew DeShazo gave a poignant benediction that resonated with everyone there. **LS**



Capt. Richardson expresses his appreciation to those who attended the change of command ceremony and has an opportunity to meet many of the workforce up close and personal. (Photo by Julius L. Evans, NMLC PAO).

# Carter Promoted to Lieutenant Commander



Lt. Cmdr. Audrey Carter, is admired by his daughters and his wife, as Capt. Tim Richardson, Commanding Officer, Naval Medical Logistics Command (NMLC) looks on after having just promoted Carter to his current rank. Relatively new to NMLC, Carter was appointed as Navy Medical Education, Training and Logistics Command's (NMETLC) first Regional Logistics Officer in April 2017. (Photo by Alicia Godbold, NMLC).

During All-Hands quarters on Sept. 7, 2017, Capt. Tim Richardson, NMLC's commanding officer, read the officer's oath of promotion in a ceremony announcing Lt. Cmdr. Audrey Carter's new rank. Co-workers, colleagues and the entire workforce was on hand during the proceedings.

Along with his promotion, Carter also spearheads a unique role in Navy Medicine.

With the introduction of the Navy Medical Education, Training and Logistics Command (NMETLC), Regional Logistician, now commands under the NMETLC umbrella have an additional resource to address logistics related concerns. Since April 2017, NMETLC has begun tracking, trending and focusing on Aged Due-in Re-

ceipts, reconciling disbursement transactions, completed annual inventory on accountable property and completed a services requirements review board. Regional Logistics audits and pre-audits are now being conducted on NMETLC activities to better prepare the sites for upcoming Procurement Performance Management Assessment Program (PPMAP) reviews.

The PPMAP is an in-depth review of the Government Purchase Card program, and ordering and contracting transactions. The assessors ensure that processes and files are complete, fully documented and in compliance with all applicable regulations, instructions and policies.

Aged Due-ins are any outstanding orders placed in Defense Medical Logistics Standard Support (DMLSS)

that supplies and/or services have not been properly receipted or cancelled in a timely manner. Failure to receipt items in a timely manner could be indicative of inefficient asset management and could cause a loss in investment revenue and unbalanced accounting records. To improve logistic practices and strengthen Navy Medicine's fiscal health, Navy Bureau of Medicine and Surgery (BUMED) requires Regional Logisticians to monitor each Budget Submitting Office (BSO-18) activity's management of Aged Due-Ins.

## Carter's Experience

Carter enlisted in the United States Navy in December 1999 and attended Recruit Training, Great Lakes, Illinois. Upon graduation from Hospital Corps-

man “A” School, he reported to Field Medical Service School, Camp Pendleton, California. His first assignment was 1st Marine Division, 7th Marine Regiment, Twenty-nine Palms, California, where he completed two unit deployments to Okinawa and to Iraq in support of Operation Iraqi Freedom.

He transferred to Bethesda Naval Medical Center after attending Physical Therapy “C” School in April 2004. While stationed at Bethesda, Carter deployed on the USNS Comfort in support of Hurricane Katrina. In December 2006, he finished his Bachelor’s Degree in Healthcare Administration from Southern Illinois University at Carbondale and was

subsequently selected into the Health Service Collegiate Program (HSCP). Under the HSCP, Carter attended graduate school at Texas State University. He worked at Tricare Region South for his graduate project. He subsequently received a Commission at a lieutenant junior grade.

His first assignment as an officer was at Naval Hospital Oak Harbor, Washington. At Oak Harbor, Carter was the department head for business operations. He also volunteered for an Individual Augment to Afghanistan while stationed at Oak Harbor in May 2010. Following this deployment, Carter was transferred to U.S. Naval Dental Center Okinawa, Japan in October 2011. There, he was dual

hatted as the Director of Resources and the Material Manager. Carter was then selected to attend the Naval Post Graduate School in July 2014. Following the Naval Post Graduate School, Carter was assigned to Navy Medicine Logistics Command, where he was promoted to Lieutenant Commander.

Carter holds a Master’s Degree in Healthcare Administration and a Master’s Degree in Business Administration – Supply Chain Management. His personal awards include the Defense Meritorious Service Medal, the Navy and Marine Corps Commendation Medal and the Navy and Marine Corps Achievement Medal (4 awards). **LS**



Proud mom, (wife) and daughters congratulate pops as he sports his new shoulders bars that they replaced during the ceremony. (Photo by Alicia Godbold, NMLC special contributor to the edition).

## The Service Requirements Review Board (SRRB)

By Marilisse González, Services Naval Medical Logistics Command's Requirements Review Board Program Manager

It's that time of year again... the time of year where you think it's safe to kick back and relax after the end-of-year mayhem. For some members of the Bureau of Medicine and Surgery's acquisition and financial communities, it is the calm before the storm; the Service Requirement Review Board (SRRB) storm. Five years after the start of this program, many are still experiencing difficulties navigating through the tedious nuances of SRRB.

The Office of the Deputy Assistant Secretary of the Navy for Acquisition and Procurement (DASN (AP)) directed, by memorandum dated April 13, 2012, all Navy Echelon II commands to establish a SRRB process. This memorandum outlined nine directed focus areas to be used by the SRRB's reviewing members to scrutinize requirements (**Figure 1**). This review process is intended to validate requirements, and optimize and reduce current service acquisitions while seeking and exporting best business practices.

SRRB is a review of all services requirements with a total value that will meet or exceed \$150,000 over the span of the requirement life. Keep in mind, SRRB looks at requirements, not contracts. For example, if an activity has a service requirement that is going to be re-competed, SRRB views this as the same requirement, not a new requirement. All service requirements are reviewed at the SRRB annually. There are exceptions to services that are required to be reviewed, and those can be found in the "FY 2018 Contractual Services Guidance," signed by the Assistant Secretaries of the Navy for Financial Management/Comptroller and Research, Development and Acquisition.

Every year, the Bureau of Medi-

cine and Surgery (BUMED) hosts four SRRBs for non-personal services. Kicking off the season is the BUMED Headquarters review, traditionally held at the beginning of the calendar year. Soon thereafter, the Navy Medicine Education, Training and Logistics Command (NMETLC) review board is held, followed by the review boards for Navy Medicine East and Navy Medicine West activities to close out the year.

It is the responsibility of the SRRB Program Manager to collect the requirements data to be reviewed, assign a Unique Identification (UID) number to each requirement record (**see Fig 2**), and to facilitate scheduling of the review boards.

It is the responsibility of the regional logistician, in cooperation with the regional comptroller, to provide all of their region's service requirements and an agenda order for each activity to participate in the board.

The activities are responsible for providing all services requirements that meet the SRRB criteria to their respective regional logistician.

Comptrollers and budget officers are responsible for ensuring that each funding document has an approved

**Figure 1. Reviewing members of the SRRB have nine DASN (AP) directed focus areas required to be scrutinized. These include:**

- Requirement Definition - Has the requirement been clearly defined?
- Requirements Validation - Is this a valid requirement?
- Market Research - Did the government conduct market research and consult with industry experts to determine best practices?
- Contract Administration - How is contract performance being monitored?
- Competition - What is the extent of competition?
- Contract Type - Is the contract type risk appropriate for the services needed?
- Spend - How much is being spent on each element of the contract (labor, ODCs, etc.) and what is the highest labor rate stated in the contract?
- Trip Wires – Are there elements in the contract that warrant a closer look?
- Contracting Activity - Does the contracting activity have the proper authority to make the procurement for the requiring activity?

UID.

Personal service requirements are reviewed and approved by the regional commander (must be a flag officer). This information is submitted to the SRRB Program Manager by the Regional Logistician's office.

Some major challenges that have arisen as a result of these SRRBs are being addressed by pre-set "trip wires." Some examples of these trip wires include questions addressing Contracting Officer Representatives (COR(s)), Other Direct Costs (ODCs), and identifying requirements whose supporting contracts are executed outside of the Department of the Navy (DON). Other challenges include streamlining the data submission process, assignment of UIDs, and responsibilities of the comptrollers and requirement owners. These

hurdles are continuously being addressed by the BUMED Senior Contracting Official, BUMED, and the regional logisticians in order to facilitate a more fluid execution of the SRRB process.

Each year, DON, through DASN AP, publishes its contractual services guidance. This year, BUMED is tasked with focusing on COR Enter-

prise Contractor Manpower Reporting Application (ECMRA) enrollment and accuracy of contract coding, e.g., Product Service Codes, Appropriation Codes and North American Industry Classification System.

BUMED continues to conduct prospective annual reviews of their services requirements, helping to ensure contracting officers and budg-

et officers check for SRRB approval prior to award, and to improve the number of requirements required to go through the emergent or “Out of Cycle” process (see Fig 3). **LS**

Fig 2. Unique Identifier (UID) is a tracking number assigned to each service requirement reviewed by SRRB. The UID will follow the requirement for its entire life cycle, and must be included on all documentation pertaining to the respective requirement. If there is an increase in the scope of the requirement, the UID would change to include a variant. A requirement may have a UID assigned but still not have board approval. It is up to the comptroller/budget office to determine if a requirement is board approved.

Fig 3. Emergent or “Out of Cycle” requirements are requirements that arise after the board has met for the year. These requirements need board approval in order to be executed and will go through their respective regional “Out of Cycle” approval process. Each region’s commanding officer has final approval authority for Out of Cycle requests.

# The Contract Administration Tool

By Lauren Hamre, Naval Medical Logistics Command Logistics Business Systems

The purpose of the Contract Administration Tool (CAT) is to provide a comprehensive, web-based solution for contract administration, providing visibility of key data from various Department of Defense (DoD) Information Technology platforms utilized during the contracting life-cycle. Through nightly data pulls from Standard Procurement System, Wide Area Workflow, Standard Accounting and Reporting System, and Kronos, CAT will offer a near real-time common operating picture. This will afford a more streamlined contract administration, which will result in better use of Navy funds and improved services provided at healthcare facilities.

CAT is nearing completion of the risk management framework process through the Defense Health Agency and is anticipated to go-live at the Naval Medical Logistics Command in the second quarter of FY18. This

tool will then be available for use by the larger Navy Medicine contracting community, with command leadership, financial personnel, resource managers, and healthcare analysts able to utilize the tool for accurate understanding of contract performance.

As a tool developed with input from key stakeholders throughout the Military Health System, CAT will offer better management of contracts and related funding streams. The tool will generate both standard and customized reports for various levels of the organization, ranging from aggregate reports at the headquarters level, to reports by hospital, contracting officers, contracting officer representatives, vendors or other dimensions as necessary. This will result in the availability of actionable information at the appropriate stakeholder levels.

For sites that employ the Kronos

timekeeping system, CAT will provide the means to automate timesheet accounting. This process has historically been prone to discrepancies due to the reliance on manual timesheet reconciliation. Biometric timesheet accounting data allows contracting personnel visibility into Sub Line Item Number (SLIN)-level accounting data, as well as advanced financial projections up to 45 days ahead of existing DoD invoicing systems. A fill rate tracking tool within CAT will also use Kronos data to track current and historical vendor fill rates for more accurate past performance measures.

CAT will offer a more efficient contract management process and an integrated data model for all aspects of contract execution including invoicing, burn rate, workload, exception reporting and full life-cycle management of contract execution. **LS**

# The New Faces of Leadership at Naval Medical Logistics Command



Capt. Tim Richardson assumed command of Naval Medical Logistics Command (NMLC), on Aug. 25. In addition, several new directors also assumed leadership roles. From left to right, James Watkins, Director, Acquisition Management and Analytics, Lt. Cmdr. Kathleen Colter, Director, Medical Logistics and Equipment Solutions, Capt. Tim Richardson, NMLC Commanding Officer, Lt. Robert Barragan II, Director, Resource Management and Leonard Morrisey, Logistics Business Systems & Program Manager and Navy Senior Service Representative. (Photo by Julius L. Evans, NMLC Public Affairs).

## Director, Acquisition Management & Analytics Directorate (Code 05)

Mr. James Watkins is the Director, Acquisition Management & Analytics at the Naval Medical Logistics Command as of 16 September 2017. On 5 October 2017 he was designated as the Senior Contracting Official (SCO) for the Navy Bureau of Medicine and Surgery.

His previous contracting positions include the Division Chief of Contracting Operations Division (COD) 54 at NMLC, responsible for the exe-



cution of requirements in support of the Operational and Expeditionary Forces; Research & Development activities within Navy Medicine; and the Navy Medicine Education, Training, and Logistics Command (NMETLC) and all of its subordinate commands. Prior to his arrival at NMLC in 2009, Mr. Watkins worked as a Contracting Officer and Grants Officer for the U.S. Army Medical Research Acquisition Activity (USAMRAA), responsible for the support of a variety of customers to include the Telemedicine & Ad-

vanced Technology Research Center (TATRC), the U.S. Army Medical Institute of Surgical Research (USAISR), and the U.S. Army Medical Information Technology Center (USAMITC). Prior to that, Watkins served as a Contract Specialist for the Naval Sea Systems Command. He is a member of the Acquisition Corps and is DAWIA Level III Certified in Contracting and Level I Certified in Program Management.

Watkins earned a Bachelor of Science degree from Mount Saint Mary's University in 1998, majoring in Business/Marketing. He earned a Master of Arts degree in Business Administration (E-Commerce) from Johns Hopkins University in 2002.

**Acquisition Management and Analytics Directorate** is responsible for the execution, award and administration of contracts for healthcare personal services and non-personal services contracts. This includes assisting in requirements definition, needs determination, and cost estimates, medical support services, medical equipment and supplies for military treatment facilities and operational forces, enterprise medical informatics, contracts in support of the DoD Drug Demand Reduction Program, and research and development contracts, grants, and cooperative agreements in support of Navy Medicine research objectives. Code 05 is also responsible for the following the conduct of Contracting Officer's Representative (COR) training, customer assist visits, and virtual acquisition resources. In addition, Code 05 conducts acquisition measurement and spend analysis for the enterprise as well as strategic sourcing analysis. Finally, Code 05 serves in an oversight role as BUMED's Senior Contracting Official (SCO) (BUMED M46); manages and executes BUMED's Services Requirements Review Board (SRRB) function; and is responsible for the execution of the Procurement Performance Management Assessment Program



(PPMAP) for CONUS Navy Medicine Activities.

In October 2016, Code 05 realigned from a portfolio-based service delivery model to a customer-based service delivery model. Each customer is assigned to a Contracting Division, and that division executes all of the customer's requirements – medical personal services, medical/medical support non-personal services, and medical equipment and supplies. Research and Development (R&D) acquisition is specialized and is still being executed in a portfolio-based model. The Contracting Operations Divisions (CODs) consist of the following: COD 51 supports the Northeast region; COD 52 supports the Southeast region and OCONUS activities; and COD 53 supports the West region (to include USNH Guam). COD 54 support non-MTF programs, to include Operational Forces/Fleet customers, Research & Development activities within Navy Medicine, and the Navy Medicine Education, Training, and Logistics Command (NMETLC) and all of its subordinate commands. COD 55 executes enterprise-level requirements, to include IDIQ contracts for medical services and medical equipment in support of the MTFs, supports the DoD Drug Demand Reduction Program (DDRP), and handles the Con-

tract Closeout function. Code 05 also has the benefit of two support Divisions: the Contract Support Division (CSD), responsible for policy, authority issues, FOIA, UACs, the PPMAP review function and support for BUMED purchasing offices; and the Analytics Support Division (ASD), responsible for data capture, data/performance quality, data systems, training, performance metrics, root cause analysis, process mapping and documentation, SRRB program management, BUMED services program management, DHA support, and the SCO role.

### **Director, Medical Equipment and Logistics Solutions (Code 03)**

Lt. Cmdr. Kathleen A. Colter, MSC, USN, is the Director of Code 03. A native of St. Thomas, U.S. Virgin Island, she completed her undergraduate degree at Tulane University, New Orleans, Louisiana and received her Master of Business Administration from the Naval Postgraduate School, Monterey, California.

Colter enlisted in the Navy on May 22, 1989 and attended basic training at Recruit Training Command Orlando, Florida followed by Hospital Corpsman "A" School in Great Lakes, Illinois. After graduation, she reported to her first duty assignment at Naval Hospital Charleston, South Carolina in



December 1989.

Colter's enlisted assignments include: Naval Hospital Roosevelt Roads, Puerto Rico; Naval Branch Clinic Quantico, Virginia; Field Medical Service School Marine Corps Base Camp Pendleton, California; Medical Department Administrative Technician "C" School Naval School of Dental Assisting and Technology San Diego, California; Commander, U.S. Naval Forces Korea; and United States Marine Corps 8<sup>th</sup> Marine Corps District New Orleans, Louisiana.

She received her commission in December 2001 as a Medical Service Corps Officer in the United States Navy.

Colter's officer assignments include: Risk Manager and Family Practice Business Manager, Naval Hospital Cherry Point, Havelock, North Carolina; Medical Administrative Officer and Division Officer, *USS Harry S. Truman CVN 75*, Norfolk, Virginia; Administrative Officer, Naval Branch Health Clinic, Manama, Bahrain; Graduate Student, Naval Postgraduate School, Monterey, California; Head, Materiel Management Department, Naval Hospital Camp Lejeune, North Carolina; and Director, TRICARE Financial Management Executive Program Course, Instructor Financial & Materiel Management Training Course, and Head, Educational Support Services Department at Navy Medicine Professional Development Center, Bethesda,

Maryland.

In August 2017, Lieutenant Commander Colter reported to her current assignment as the Director of Medical Equipment & Logistics Solutions at Naval Medical Logistics Command, Fort Detrick, Maryland.

Colter's personal awards include the, Meritorious Service Medal, Navy and Marine Corps Commendation Medal (two awards), Army Commendation Medal, Navy and Marine Corps Achievement Medal (six awards), Good Conduct Medal (three awards) and various service and campaign awards.

**Medical Equipment & Logistics Solutions (MELS)**, serves as Navy's medical and dental technical experts for medical sustainment planning, requirements development, supply chain integration and the management of the acquisition process to synchronize medical logistics in support of worldwide operations. Its mission is to provide medical and dental logis-

ensures the enterprise has the most up-to-date and advanced medical technologies to support patient-centered care at the best value while preserving health and maintaining warfighter readiness.

At the field level MELS ensures total equipment life-cycle management, asset visibility, safe medical devices, accurate accounting and financial reporting through logistics assessments, management of internal controls and Material Support. Managing multiple programs under BUMED M46: Pharmacy/Medical Surgical Prime Vendor, Pandemic Pharmaceutical Inventory/Personal Protective Equipment (PPI/PPE) Program, Navy's Field Operating Agency (FOA) for Pandemic Influenza and Vaccination Programs, Shelf-Life Extension Program (SLEP), Medical Materiel Quality Control (MMQC) Program, and the Government Purchase Card Program (GPCP). As BSO-18 Program Manager plans, inte-



Medical Equipment and Logistics Solutions ensures the enterprise has the most up-to-date and advanced medical technologies to support patient-centered care at the best value while preserving health and maintaining warfighter readiness. Pictured is a new operating table in an expeditionary medical facility, readily deployable for its upcoming Continuing Promise 2018 mission. (Photograph by Julius L. Evans, NMLC Public Affairs).

tics support to the Navy Medicine Enterprise and our mission partners.

MELS' management of Navy Medicines' equipment programs

grates, deploys, and provides life-cycle management for Navy Medicine's Digital Imaging/ Picture Archive and Communications System





Expeditionary Medical Facilities receive top of the line medical equipment, inclusive of the LED operating room lighting system. (Photograph by Julius L. Evans, NMLC PAO).

(DIN-PACS). Serves as Navy Medicine's Medical Device Cybersecurity Program Manager (BUMED M46). Provides all Clinical Engineering support for the Navy, implementing medical equipment in any environment. Provides central budgeting and program management for capital and investment medical/dental equipment for BSO-18.

**Clinical Engineering Division:** Provides all Clinical Engineering support for the Navy, implementing medical equipment in any environment. Provides central budgeting and program management for clinical and investment equipment for the Bureau of Medicine and Surgery.

**Equipment Technology/ Material Support Division:** Ensures Total Equipment Life Cycle Management, Total Asset Visibility, Safe Medical Devices and Accurate Property Accounting and Financial Reporting through logistics assessment and management of internal controls. At the field level, assists in managing multiple programs to Material Managers such as: Pharmacy / Medical Surgical Prime Vendor Program, Government Purchase Card Program, Pandemic Influenza and Vaccination

Programs.

**Imaging Informatics:** Plans, deploys, integrates, sustains and provides life-cycle management for the Imaging Informatics programs for Navy Medicine. This primarily utilizes a "forward leaning" approach by managing the Navy Picture Archive and Communication System (PACS) program for all BSO-18 Medical Treatment Facilities.

**Director, Resource Management Directorate, (Code 08)**

Lt. Robert Barragan II enlisted on October 13, 1992, as a Hospital Corpsman Seaman Recruit. After completion of Boot Camp in Recruit Training Command San Diego, California, and Hospital Corps "A" School, Naval School of Health Sciences, San Diego in (1993), he attended Basic Medical Laboratory School at Fort Sam Houston, Texas, and then Field Medical Service School at Camp Pendleton, California. His first tour was with "C" Co., 3<sup>rd</sup> Medical Battalion, 3<sup>rd</sup> FSSG, Okinawa, Japan (1993-1995). During this time he deployed with the 3<sup>rd</sup> MEU to Thailand in support of Operation Cobra Gold. Lt. Barragan

attended Advanced Medical Laboratory School at Naval School of Health Sciences, San Diego. Upon completion of his training, he was assigned to Naval Medical Center Portsmouth, Virginia (1997-2000), and then to Naval Air Station Joint Reserve Base, New Orleans in (2000-2004) where he was promoted to Chief Petty Officer. He completed his last enlisted tour at Navy Medicine Education and Training Command, Bethesda, Maryland in (2004-2007).

He was commissioned in 2007 as an Ensign, Medical Service Corps, United States Navy, through the Navy's MSC In-Service Procurement Program. After completion of Officer Indoctrination School, he was assigned to Naval Health Clinic Great Lakes, IL (2007-2009), as the Plans Operations and Medical Intelligence Officer and then Head of Patient Administration. Selected to be the Finance and Materials Management Officer, his next assignment was at Naval Hospital Corps School Great Lakes, IL (2009-2011), where he was handpicked to execute BRAC initiative for the successful disestablishment of the Naval Hospital Corps School. His next assignment was to Naval Hospital Pensacola where he was the Head of TRICARE Operations in the Directorate of Healthcare Business. His previous assignment



was U.S. Naval Hospital Guam where he served as the Director for Resources Management/Comptroller. He is currently assigned as the Comptroller at Naval Medical Logistics Command, Fort Detrick, Maryland.

Barragan earned a Bachelor of Science in Management from University of Maryland and a Master of Business Administration from Webster University. He attended the POMI Course, Patient Administration Course and the Financial and Materials Management Training Course at NMPDC, Bethesda, Maryland.

Personal decorations include the Meritorious Service Medal, Navy/Marine Corps Commendation Medal (4), Navy/Marine Corps Achievement Medal (2), Air Force Achievement Medal, Good Conduct (4), Military Outstanding Volunteer Service Medal, and numerous campaign and service awards.

Barragan is a member of the American College of Healthcare Executives and of the American Society of Military Comptrollers as a Certified Defense Financial Manager (CDFM).

**Resource Management Directorate (Code 8)** manages the day to day financial operations of the command. As like any Navy Medicine command, Resource Management is responsible for ensuring proper management and execution of funds in support of the mission as well as functioning within policies and procedures by adhering to internal controls that help maintain audit readiness. The daily operations of Code 8 include the administration of Budget, Accounting, Civilian Payroll, Travel Management, Support Agreements, the coordination Manager's Internal Control Program and provides financial management oversight to NMLC's echelon 5 commands, Navy Expeditionary Medical Support Command (NEMSCOM) and Naval Ophthalmic Support Training Activity (NOSTRA).

Additionally, Code 8 supports the

Navy Medicine Enterprise in many ways by tracking funding that is allotted towards mission requirements and/or mandated through Congressional special interests. This funding may be for the purpose of Operation and Maintenance (O&M), Procurement, Research, Development, Test and Evaluation (RDTE), or to outfit Navy ships with medical equipment. They also meet the requirements of Expeditionary Medicine by ensuring the funds are available to be used to procure supplies and equipment needed to continue ongoing missions supporting the warfighters around the globe.

Supporting the Fleet's needs, Code 8 executes many centrally funded programs to include the procurement of Vaccines, Medical Coding, Contract Closeout, Occupational Health, Pain Management and many other contracts to ensure continuity of services throughout Navy Medicine.

### **Navy Senior Service Representative and Program Manager, Logistics Business Systems**

Mr. Leonard Morrisey is the Navy Senior Service Representative and the Program Manager for Logistics Business Systems, assuming this position on December 29, 2016.

Morrisey began his logistics career in the United States Marine Corp as a Supply Chain and Materiel Management Specialist, Military Occupational Specialty 3043. He was introduced to many supply systems and classes of supply during his time in the Marine Corp. His introduction to Defense Medical Logistics Standard Support (DMLSS) and Class VIII Medical Logistics heightened his interests while he was stationed at the 1st Medical Logistics Company, Camp Pendleton, California.

Morrisey was honorably discharged after almost 10 years of distinguished service in the Marine Corps. He then accepted a position as a Logistics Management Specialist at Naval Medical Center San Diego. The experience gained at the Medical

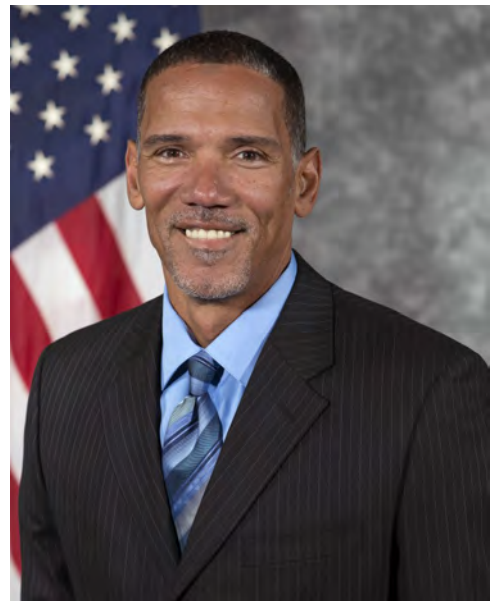
Center afforded him the opportunity to perform the role of Assistant DMLSS System Administrator and further indoctrinated him in Medical Logistics. His Medical Logistics interests ultimately led him to the Naval Medical Logistics Command, Fort Detrick, Maryland where he accepted a position with General Dynamics as a Logistics Support Specialist.

Morrisey accepted the position of Deputy Director, Logistics Business Systems, Naval Medical Logistics Command, Fort Detrick, MD after many successful years with General Dynamics.

Morrisey holds a Bachelor of Science degree from the University of Maryland University College.

### **Logistics Business Systems**

The mission of Logistics Business Systems (LBS) is to manage Infor-



mation Technology Systems required for Navy Medicine's business needs.

The systems managed by LBS are Defense Medical Logistics Standard Support (DMLSS), Standard Procurement System (SPS), Contract Administration Tool (CAT) and Wide Area Workflow (WAWF). LBS serves as the functional proponent for DMLSS, SPS, CAT and WAWF. They also represent and make recommendations on behalf of Navy Medicine for all



The Logistics Business Systems team are pictured from left to right; Michael Rowley, Rebecca Bushy, Kelby Conley, Dave Hamblett, Lauren Hamre, Jason Garruto, Kathryn Stansbery and Leonard Morrissey. (Photograph by Julius L. Evans, NMLC Public Affairs).

logistics matters pertaining to the integration of logistics systems into Naval Activities, and functionality applicable to these systems for the Fleet, Fleet Marine Force, Expeditionary Medical and hospital automated information systems. As part of their daily tasks LBS is responsible for coordinating, communicating and representing Navy Medicines logistics input, position and policies execution pertaining to logistical and financial system support.

The LBS mission is multifaceted but three of the core components of Information Technology support provided are Program Management, System Administration and Analytics support. As the Program Manager for DMLSS, SPS, CAT and WAWF LBS

is responsible for the development and coordination of strategic plans and implementation of changes as they relate to these systems.

In addition to Program Management LBS also provides System Administration support as they develop, test and deploy upgrades for their systems. Furthermore, they provide database administration, preform application and software testing, provide onsite customer support and project management for their systems. The final core area of support provided is analytic support. LBS collects, analyzes, and reports Navy Medicine Enterprise Medical Logistics Metrics. Based on data analysis and trends, LBS recommends best practices and corrective courses of action.

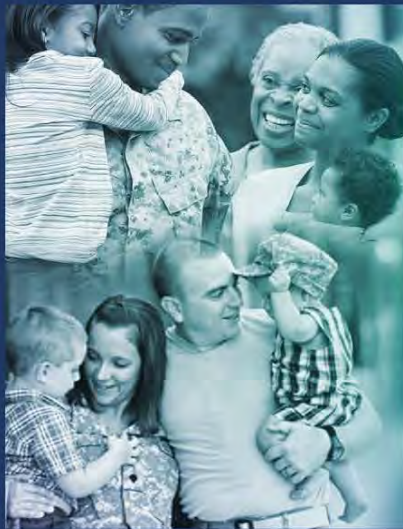
LBS's major contributions to the enterprise can be seen in the IT support provided, but another area of significant involvement is in the collaborative support provided. LBS is in constant collaboration across the enterprise providing input on many topics and projects. Some examples include Subject Matter Expertise (SME) support of SOP develop and sustainment, R&A training support, audit assertion and support, policy development and a number of other numerous committee's and working groups. LBS main focus is to manage Information Technology Systems required for Navy Medicine's business needs but through collaboration their impact can be seen in many other areas of the enterprise. **LS**



# The Uniformed Services Blended Retirement System

*for Military Spouses*

## MILITARY SPOUSE?



*What You Should Know About the New Blended Retirement System...*



### Does this affect my spouse?

- Perhaps. First, no one will be automatically moved to the new Blended Retirement System; AND
- If your spouse is serving as of Dec. 31, 2017, they are grandfathered in the current retirement system.
- HOWEVER, if your spouse is in the active component with fewer than 12 years of total service or in the Reserve component with fewer than 4,320 retirement points as of Dec. 31, 2017, they will have the choice to opt into the new Blended Retirement System.

### What is my role?

- This is an important decision for eligible service members. You should discuss the decision with your spouse and a Personal Financial Manager.
- Know what resources are available to help make an informed decision.

### When is the decision made?

- Service members have all of calendar year 2018 to make a decision.
- Once a decision is made to opt into the Blended Retirement System that decision is irrevocable.

## EDUCATION IS KEY!

Installation Personal Financial Managers

[www.militaryinstallations.dod.mil](http://www.militaryinstallations.dod.mil)

Military OneSource

[www.militaryonesource.mil](http://www.militaryonesource.mil)

Thrift Savings Plan

[www.tsp.gov](http://www.tsp.gov)

Blended Retirement Website

[http://militarypay.defense.gov/Blended Retirement](http://militarypay.defense.gov/Blended%20Retirement)

# Operation Homefront Opens 2018 Military Child of the Year Award Competition

Applications are now being accepted for Operation Homefront's 2018 Military Child of the Year Award and the 2018 Military Child of the Year Innovation Award. Military Child of the Year Awards are presented to one outstanding military child from each branch of service: Army, Navy, Air Force, Marine Corps, Coast Guard and National Guard. The awards recognize the recipients for their:

- **Resiliency:** Overcoming hardships and working through challenging circumstances.
- **Leadership:** Modeling leadership in their home, school and/or community.
- **Achievement:** Exhibiting excellence in activities and daily life.

The seventh award is the Military Child of the Year Innovation Award. This award goes to a military child who has designed a creative solution to a local, regional or global challenge.

## ELIGIBILITY

Nominees must meet each of the following eligibility criteria:

- Be a legal dependent child of a service member or military retiree (finalists must provide their DEERS enrollment form).
- Be between the ages of 13-18 at time of nomination.
- Be able to travel to Washington, D.C., to attend the Awards Gala on April 19, 2018.
- Agree to a background check (if selected as finalist).
- Provide letters of recommendation (if selected as a finalist).



For more information visit [www.militarychildoftheyear.org](http://www.militarychildoftheyear.org).

# House of Representatives Wounded Warrior Fellowship Program

The House of Representatives Wounded Warrior Program was established in 2008 to provide veterans employment opportunities in the U.S. House of Representatives. These two-year fellowships enable veterans to gain experience to help them qualify for career opportunities within the federal government.

Fellowship recipients can work with participating members of Congress at their district offices. Participants will be directly involved with policy casework on veteran-related issues within their districts. Qualified applicants must have served on active duty since September 11, 2001, have an honorable discharge, have 30% or greater service-connected disability rating and fewer than 20 years of military service.

Positions are available in congressional district offices nationwide. Wherever possible, those selected for the program are given the opportunity to transition into full-time employment.

For more information visit the program website at: <https://cao.house.gov/wounded-warrior>.



JSS Dial-in Access 24/7?  
1-877-JSS-NOW1  
(5R77-6691)  
[joinservicesupport.org](http://joinservicesupport.org)

## U.S. NAVY INDIVIDUAL AUGMENTEES

**IA Discussion Group Schedule**  
[View the Fleet-wide list of classes, support groups and events.](#)

### Returning Warrior Workshops (RWW)

Returning Warrior Workshop Schedule and IA Family Events —  
[www.ia.navy.mil](http://www.ia.navy.mil).

Click "Resources" then "IA Services."

## RAP QUICK TIP

Free Books!

Keeping a supply of books on hand for your children can be challenging. Books may get left behind during PCS moves or the family budget may not allow for purchasing books. Follow the link to learn about three ways military children can get books for free! [3 ways milkids can get books free](#)



## 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?*



NMLC Small Business Program Officer, Ms. Mimi McReal (left), NAVSUP HQ's Small Business Director, Ms. Carol Decker (center), and NAVSUP HQ's Small Business Innovation Research Program Manager, Ms. Heather Audet-Auxt (right), at the September MHS Vendor Day held at Fort Detrick, Maryland. (Photo by Alicia Godbold, NMLC special contributor to the edition).

**W**hat's the Buzz? Collaboration and opportunities!

NMLC hosted a visit with the Naval Supply Systems Command Headquarters (NAVSUP HQ) Small Business Director, Carol Decker, and NAVSUP HQ's Small Business Innovation Research (SBIR) Program Manager, Heather Audet-Auxt. As a part of their visit to NMLC, Decker and Audet-Auxt attended the September Military Health System (MHS) Vendor Day, joined by NMLC's Small Business Program Officer, Mimi McReal.

The MHS Vendor Day events are held about seven times each year and are organized by the Defense Health Agency Medical Logistics (DHA MEDLOG) office at Fort Detrick, Maryland. Vendor Day features firms whose medical supplies and equipment are mainly suited for an austere, operational environment. A majority of the vendors attending are small businesses and they are eager to learn everything they can to maximize opportunities to support military medicine. In addition, this venue provides an excellent opportunity for

government personnel to network with small business firms, develop new sources of supply and augment market research in acquisition planning. It is a win-win for industry and government.

The companies participating in vendor day events range from newly established firms with less than a dozen employees to the large firms who have been doing business with the military for many years. For those new small business firms, in particular, they seek guidance from the government for further information and

# LOGISTICALLY *speaking*

advice to maximize business opportunities. This event included many service-disabled veteran-owned small business (SDVOSB) and woman-owned small business (WOSB) firms. These firms are passionate about their companies and products, as well as learning how they can support the warfighter. Thus, they are eager to understand how they can more effectively market their products and reach the appropriate government program offices. These companies look to the government small business advisors for that support and direction. In fact, several of the vendors who participated in this Vendor Day had already made some initial contact with government personnel and took advantage of their advice to register and attend September's Vendor Day.

Of the approximately 30 firms present, a number of the small businesses were very interested to learn more about the Navy's SBIR program. As NAVSUP HQ's SBIR Program Manager, the timing of Audet-Auxt's visit and participation at Vendor Day was perfect and her expert guidance and insight were invaluable.

One of the vendors, a WOSB, had several questions. She explained that her company was just getting started and that she was very excited to attend Vendor Day. The company provides medical equipment used in transporting injured personnel and their products have already been in use for humanitarian and disaster relief missions. The company had several questions about how to get their products before the appropriate Navy audiences, as well as questions aimed at maximizing resources available to them. In particular, the WOSB wanted more information about organizations who assist small businesses with further development. McReal and Decker were able to provide contact information about several organizations that specialize in assisting small businesses. Decker's previous experience working at the Small

Business Administration (SBA) was also immensely helpful in addressing similar questions from other small businesses.

As a part of the day's visit, Decker and Audet-Auxt met with NMLC's commanding officer, Capt. Tim Richardson. The meeting highlighted the successful performance of Navy medicine's (NAVMED) small business program. Based on NMLC's role as the Senior Contracting Office for Navy Medicine East (NME) and Navy Medicine West (NMW), NMLC's small business office manages NME's and NMW's small business offices. Contracts awarded by NMLC, NME, and NMW are grouped together, with an emphasis on which ones were awarded to small business firms. Those awarded to small businesses make up NAVMED's small business spend. NAVSUP HQ examines NAVMED's small business spend and uses that data to negotiate the coming fiscal year's small business targets and goals. Historically, NAVMED's small business spend has exceeded projected goals and contributes significantly to NAVSUP HQ's and Navy OSBP's overall small business goal attainment.

The day's visit also included a meeting with NMLC's new Acquisition Director, James Watkins to discuss pertinent small business topics affecting NAVSUP and NMLC. It was very beneficial to sit down together and know that there is a great



**Vendor Day features firms whose medical supplies and equipment are mainly suited for an austere, operational environment. (Photo by Alicia Godbold, NMLC special contributor to the edition).**

sense of mutual support between the two organizations.

The day concluded with a teleconferences with the Navy OSBP Director, Emily Harman, and the Navy OSBP Associate Directors. During this discussion, Harman provided the status of several Navy small business program initiatives, to include policy changes, updates for FY18, and upcoming program and training requirements.

All too often the volume of daily work limits the ability to have face-to-face meetings with external work colleagues and customers. The importance of face-to-face meetings with our NAVSUP partners is evident as we see the value in continued, mutual support and the ability to leverage best practices and knowledge-sharing, for the overall betterment of the Navy's small business program.

**LS**

## Dametrius Mannings Promoted to Chief Hospital Corpsman



HMC Dametrius Mannings (Photo by Julius L. Evans, Naval Medical Logistics Command Public Affairs).

Chief Hospital Corpsman Dametrius L. Mannings was born in June 1980 in Birmingham, Alabama. He graduated from Hardin County High School in Elizabethtown, Kentucky, in 1998. He enlisted in the Army National Guard March 31<sup>st</sup> 1998 as an Automated Logistical Specialist (92A). Upon Graduation from Army Boot Camp and AIT; he served with B BTRY 2/138<sup>th</sup> Field Artillery, BN Elizabethtown, Kentucky.

During his service, he decided to continue his service active duty and was granted an Honorable Discharge and conditional release to join the Navy. He

attend Hospital Corpsman "A" School. Mannings graduated with distinction, receiving a letter of appreciation for additional duties as the class Leading Petty Officer.

In August 2004 he reported to *USS John F. Kennedy* (CV 67), for general duty. While assigned, he earned his ESWS and EAWS and was promoted to Petty Officer Second Class. In July 2007 he was selected to attend the Advance Radiology Technologist School at the Naval School Health Sciences, Portsmouth, Virginia. After graduation he received orders to National Naval Medical

Center Bethesda Casualty Receiving Treatment Ship Forward Detachment where he was the sole military Technologist for the Orthopedics Department. During his tenure in Bethesda, HM1 was selected to deploy in support of Operation Enduring Freedom (OEF) to Expeditionary Medical Facility Djibouti, Africa as the Sick Call Division Leading Petty Officer.

Following DT "A" school, he was ordered to his initial tour of duty, reporting to Naval Branch Dental Clinic; Guantanamo bay, Cuba. There he received his qualification as an Expanded Function Dental Technician. He earned a letter of commendation for his efforts.

In September 2001, he reported to Naval Hospital Pensacola, Fleet Hospital Detachment. While attached to the command DT3 Mannings, completed On the Job Training as a Hospital Corpsman and was selected to

Center Bethesda Casualty Receiving Treatment Ship Forward Detachment where he was the sole military Technologist for the Orthopedics Department.

During his tenure in Bethesda, HM1 was selected to deploy in support of Operation Enduring Freedom (OEF) to Expeditionary Medical Facility Djibouti, Africa as the Sick Call Division Leading Petty Officer.

In December 2012 HM1 was selected for orders to Pre-commissioning Unit SOMERSET as the Advanced Radiology Technologist. Following a successful commissioning in March 2013, he was assigned to *USS Somerset* (LPD 25) as the Health Services Department Medical Division Leading Petty Officer.

He is currently assigned to Naval Medical Logistics Command Navy Picture Archiving and Communication System (PACS) Division.

His personal awards include the Navy and Marine Corps Commendation Medal, Navy Achievement Medal, Good Conduct Medal (5), the Military Outstanding Volunteer Service Medal, and various campaign and unit awards.

He is a qualified Enlisted Surface Warfare Specialist, Enlisted Aviation Warfare Specialist and Enlisted Expeditionary Warfare Specialist.

His educational accomplishments include a Bachelors in Science in Applied Science and Technology from Thomas Edison State College, completion of the Senior Non-Commissioned Officers Professional Military Education Course, Naval War College Primary Professional Military Education Course.

Mannings is also nationally licensed through the American Registry of Radiologic Technologist and has also completed his course of study in Magnetic Resonance from Montgomery College. **LS**





**Lt. Cmdr. Janine Espinal**  
**Logistician Specialty Leader**  
**U.S. Naval Hospital Okinawa, Japan**

**G**reetings to our Medical Logistics and Comptroller communities. I want to thank Capt. Mike Kemper, Commanding Officer, Navy Expeditionary Medical Support Command and the Medical Logistics Specialty Leader for the past three years (Jun 2014-Sept 2017). Capt. Kemper has provided tremendous support, mentorship and guidance to our community. I am deeply humbled to have been selected the community's next Specialty Leader.

In 2003, I chose a career as a Medical Logistician and it has been a tremendously rewarding experience with many challenges and triumphs. I am currently stationed at Naval Hospital Okinawa, Japan and I call this MTF the 'workhorse of the Pacific' as we serve over 55,000 beneficiaries in the PACOM AOR. While we continue to forge our community's future, I look forward to working with each and every one of you to ensure that we continue with the spirit of mentorship, milestone career progression, and continued collaboration with our 'partners at the hip'-- the Comptroller community!

If you have an idea that you would like to share, I would like to hear about any suggestions that you may have on any new and exciting marketing ideas, social media, recruitment, or anything else that will improve our community. I have always found that the best advice comes from those individuals at the deck plates. Our community formed a small tiger team of Logisticians who worked behind the scenes to most notably create a video that is currently in the production phase and will showcase what we do as Medical Logisticians, and

the places we serve. I would like to personally thank Cmdr. Chris Morrison, and Lt. Temitope Ayeni for all of their efforts in assisting with working on creating this marketing and recruitment tool for the community. I would also like to thank Cmdr. Morrison, Lt. Cmdr. Ramaud Love, Lt. Rachel Smith, and Lt. Ayeni for their recent work with the "Marketing and Branding" group that helped to produce the 1802 One Pager which summarizes our community as well as some other great initiatives. While we boost our recruitment efforts, I want to ensure that our community excels from both a career milestone and promotion perspective. We fared exceptionally well this year with over nine promotions!

Lastly, Congress continues to re-define the structure of the Military Healthcare System with the new legislation in the National Defense Authorization Act (FY17 NDAA). Although there is still much planning on the horizon at the BUMED level, one of the biggest changes is the fact that Section 702 FY17 NDAA shifts the responsibility of management and administration of Military Treatment Facilities to the Defense Health Agency (DHA) beginning October 1, 2018. Additionally, it also signifies a shift to an increased readiness posture in three critical areas as stated by Rear Adm. Moulton: (1) ensuring training of personnel meet their operational missions remains at the forefront; (2) aligning our reporting systems so that both individual and platform data supports Service-level and DoD requirements; and (3) continuing an ongoing assessment of equipment and material requirements for future agile, adaptable and responsive capabilities (Malanoski, M., 2017). One of the projects that our community is working on with Navy Medicine is to ensure that our logistics billet file structure is aligned to meet the core operational mission. I am proud of what our community accomplishes on a collective level and I know that we are ready to adapt to any changes that come our way! **LS**



Source: *Fiscal Year 2017 National Defense Authorization Act (FY17 NDAA)* [PowerPoint presentation]. Navy Bureau of Medicine and Surgery.

# Annual Inventory

## *Common Errors & Best Practices*

By George Potak III, Medical Equipment and Logistics Solutions Management/Program Analyst; & Peter Geddes Project Delivery Specialist

The end of another inventory cycle is the best time to reflect on the inventory process and consider any improvements that could be made. Let's look at some of the common inventory errors and the best practices to assist in mitigating these errors.

By far the most common error is missing documentation. As listed in the BUMED Inventory Requirements Memo, inventory submissions must include the following:

Personal Property Annual Inventory Certification Letter Inventory Reconciliation Summary Report

- ✓ Inventory Plan
- ✓ Pre- and Post-Inventory Dashboard
- ✓ Personal Property Manager (PPM) Appointment Letter
- ✓ DD Form 200 for each lost, damaged or destroyed piece of Capital or ADP equipment

A good rule of thumb is to refer back to the BUMED Inventory Requirements Memo and use it as a checklist for documentation that needs to be submitted.

The second-most common error is forms filled out incorrectly. The following mistakes are frequently seen on the Inventory Certification Letter:

- ✓ The inventory counts listed on the Inventory Certification Letter are incorrect
- ✓ The number of Responsible Officers listed on the Certification Letter does not match the number shown in DMLSS

The inventory counts on the Inventory Certification Letter should match the Post-Inventory Dashboard counts. Always remember to refresh the Dashboard reports in DMLSS in order to receive the most current data. It is also good practice to verify the number of Responsible Officers before sending out the Certification Letter.

The Inventory Reconciliation Sum-



**NMLC's Inventory Control Manager, HM2 Joseph McLaughlin demonstrates the proper usage of the barcode scanners.**

mary Report is also subject to the following chronic mistakes:

- ✓ Shortages/Overages counts are incorrect
- ✓ Transfers In/Transfers Out counts are incorrect Initial Recorded Count is incorrect
- ✓ Final Recorded Count is incorrect The Initial Recorded Count should be the same as the Pre-Inventory Dashboard count and the Final Recorded Count should be the same as the Post-Inventory Dashboard count. The counts for Shortages/Overages and Transfers In/Transfers Out should tell the story of how the inventory count changed from Pre-Inventory Dashboard to the Post-Inventory Dashboard. The best way to verify the changes in inventory is to run the Summary of Adjustments Report in DMLSS.

The DD Form 200 is another form that is frequently filled out incorrectly.

To address the DD Form 200 requirements, we provide the follow-

ing to assist with your review:

**Appointing Authority:** In Block 13, the Appointing Authority has the minimum requirement to recommend approval/disapproval and provide comments/rationale. Indicate YES or NO if a Financial Liability Officer (FLO) is appointed. If FLO is appointed, have the FLO complete the investigation and block 15 before returning the DD Form 200 to the Appointing Authority.

**Approving Authority:** In Block 14, the Approving Authority has the minimum requirement to recommend approval/disapproval and provide comments/rationale, including authorization of the PPM to adjust the property book.

**Accountable Officer:** In Block 17, the Equipment Manager must annotate the Document Number from DMLSS that was used to adjust the property record.

All DD Form 200s required digital signatures. **LS**

# Ophthalmology/Optometry Picture Archiving and Communication System—The “Other” PACS

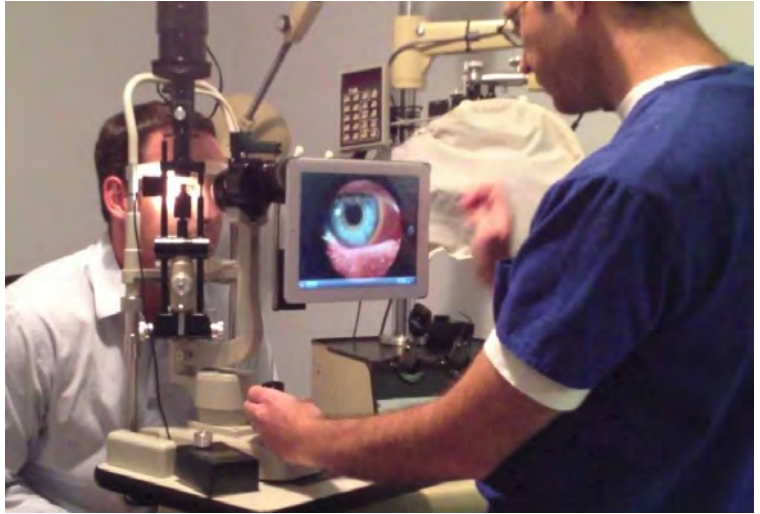
By Edwin ‘Ed’ Doorn, NMLC’s PACS Program Manager and Ali Taylor, NMLC Medical Clinical Engineer

Chances are that if you hear someone talk about a Picture Archiving and Communication System (PACS), the first thing you might think of is ‘radiology.’ That’s probably because radiology was the earliest adopter of PACS. PACS originated in the late 1980s, first in radiology and then cardiology. Only in the past decade have PACS, a generic term for image management systems, moved into other clinical specialties. The first PACS installed at a Navy Medical Treatment Facility (MTF) was in 1995 at Naval Hospital (NH) Bremerton. Since then, radiology PACS’ have been installed at every MTF across the Military Health System, including the hospital ships Comfort and Mercy. In order to properly manage these complex systems, each military service established a PACS program management office. After implementing radiology PACS at each MTF, NMLC began centrally managing dental and cardiology specific systems as well. Each of these clinical specialties have benefited from centralized management of PACS, specifically when it comes to procurement, long term image management, cybersecurity and maintenance.

There are numerous other clinical specialties that have image management requirements. Among them are ophthalmology and optometry. Eye care practitioners recognize a need to store, retrieve, manipulate and display the images acquired in their clinics. Oftentimes, ophthalmology and optometry utilize the same image acquisition devices, such as retinal cameras, optical coherence tomography (OCT), visual field perimeters, slit lamps, and visual function field analyzers. Diagnostic eye care equipment increasingly makes use of standards such as Digital Imaging and Communications in Medicine (DICOM) and Health Level Seven

(HL7), which makes it easier to implement a PACS designed specifically for eye care. There are several Ophthalmology/Optometry PACS (OPACS) that are FDA approved and on the market. By implementing OPACS at Navy MTFs, eye care practitioners will start benefiting from more efficient clinical operations, just like their radiology, cardiology, and dental counterparts have enjoyed for decades. Implementation of OPACS may also significantly reduce the cost of patient referrals. For example, if a provider at a remote clinic sees something suspicious on an image, the patient is typically referred to a specialist at a hospital or medical center. Frequently, the patient could have been spared the expense and time necessary to travel to the larger facility if the specialist had been able to review the images prior to making the decision to refer the patient. When OPACS is fully implemented, the provider at the remote clinic will be able to confer with the specialist, and together they can decide if it’s necessary to refer the patient to another facility.

NMLC recently assisted Naval Medical Center San Diego (NMCS D) with the procurement of an OPACS for their busy eye care practice. NMCS D currently sees approximately 34,000 patients per year that require an average of three ancillary studies performed during their visit. For the most part, patients seen at Navy MTFs are transitory, typically transferring to a new duty station every few years. Another benefit of implementing PACS is that the imag-



es produced at one MTF will be accessible to practitioners at another MTF, potentially across the world. Diagnostic eye care images acquired at NMCS D will be stored in the Enterprise Clinical Imaging Archive (ECIA), which is the central DICOM archive for both the Army and the Navy. This also means that eye care images acquired at Navy MTFs can be viewed by practitioners at Army MTFs if necessary.

Leveraging on the success of the NMCS D OPACS project, and given NMLC’s vast experience managing the PACS Program for Navy Medicine, it seems a logical progression to bring OPACS into the enterprise PACS portfolio and manage it centrally. Centralized management will ensure that there is a single product being used across all MTFs and that all eye care related images and studies are stored in the ECIA along with radiology, dental and cardiology images.

NMLC is gearing up for a Navy-wide project that will provide Navy Medicine’s eye care clinics and surgical centers with a single system that collectively meets the needs of ophthalmology and optometry practitioners around the world. **LS**

# *Our Greatest Resource is our People*

Capt. Robert Fry presents Capt. Mary Seymour, exiting CO of NMLC, with an artists rendition of the Role III Military Treatment Facility in Kandahar at the Change of Command Ceremony Aug. 25, 2017.



(Williamsburg, Virginia, Nov. 16, 2017) Capt. William Scouten, USNAVSO/US FOURTH Fleet Surgeon, Pediatric Endocrinologist; Lt. Robert Girolamo, Certified Registered Nurse Anesthetist; Lt. Cmdr. Reginald Middlebrooks, Certified Registered Nurse Anesthetist; Cmdr. John Moore, Pediatric Anesthesiologist; and Lt. Cmdr. Clarence Tang, Oral and Maxillofacial Surgeon prepare for the upcoming humanitarian mission Continuing Promise 2018 (CP 18) to South America. (Photo by Julius L. Evans, NMLC Public Affairs).

When I was the Commanding Officer of the Role III in Kandahar last year, we had to reach out to our Navy support team at NMLC a couple of times on some issues we had there. As we were trying to downsize the facility and staffing, we were trying to leverage technology and tele-help for the tele ICU. In the tone of the emails, there was a caring determination to figure out how to make it happen. That came from the NMLC leadership and the men and women of the command. So I reached out to NMLC to ask how they could help us get the equipment here.

They came through on every request. The reason I want to give these mementos to the NMLC staff is because sometimes when you are sitting in your cubicle and you are wondering if what you do makes a difference, I want to tell you that as a customer, as a leader in Navy Medicine, forward deployed, I want you to know that you guys helped us save lives! You make a difference. So please take and situate this in a common area. The next time you are in your office and you are having a bad day, or if you are asking yourself if you are really making a difference, go by and look at this rendition of the original picture to remind yourselves that you really are making a difference. The brass plate says, "NMLC Staff—Thanks for Your Outstanding Operational Support. KOR III Team."



All hands on deck for the Command Uniform Inspection. (Photo by Julius L. Evans, NMLC Public Affairs).

## Happy Holidays 2017 Naval Medical Logistics Command



The officers of Naval Medical Logistics Command from left to right, Cmdr. Steve Aboona, Executive Officer; Lt. Donald Skelton; Lt. Cmdr. Matthew DeShazo, Director for Administration; Lt. Robert Barragan II, Director for Resources; Lt. Nathan Wedwick, Lt. Cmdr. Kathryn Colter, Director, Medical Equipment and Logistics Solutions, and Capt. Tim Richardson, Naval Medical Logistics Command's Commanding Officer. From all of us to all of you, please have a Happy Holiday season and a Happy New Year. (NMLC PAO).



(Yorktown, Virginia, Nov. 16, 2017) - HM2 Marshall 'Broc' Phillips, NOSTRA Stock Leading Petty Officer; HM2 Dameion Meikle, NOSTRA Module Leading Petty Officer; Sheldon 'Brett' O'Guinn; HM1 Matthew Burke, *USS HARRY S. TRUMAN* (CVN 75); NOSTRA Executive Officer, Cmdr. Brian Hatch; Curtis 'Chili' Davis, NMETLC Education Specialist; Lt. Cmdr. Joseph Osmond O.D., Department Head, Optometry, Captain James A. Lovell Federal Health Care Center, North Chicago, Illinois; HMC Jonathan Martinez, Tri-Services Optician School Enlisted Technical Leader; HM1 Aaron Swan, Finishing Department Leading Petty Officer; HMC Christopher Caro, Tri Services School Director of Training; HM2 Brandon Ponder, NMETLC, and HM2 Juan Nieto, *USNS GUAM*, Assistant Leading Petty Officer, Optometry Optician. Congratulations on a successful TRR and JDTA symposium. (Photo by Julius L. Evans, NMLC Public Affairs).



## Josiah Meritoriously Promoted to Petty Officer 1<sup>st</sup> Class

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

Capt. Tim Richardson, NMLC's Commanding Officer, meritoriously promoted Logistics Specialist 1<sup>st</sup> Class Jossani Josiah to his current rank, in an unscheduled ceremony Sept. 28.

During military quarters, Josiah was ushered to his position in the formation for a special reason, unbeknownst to him. As Command Master Chief Patrick Blake and the commanding officer addressed uniform items to the crew, Josiah was asked to model proper uniform wear for the troops. Then, without warning, Richardson noticed Josiah was out of uniform.

"When the commanding officer said I was out of uniform, I immediately reflected on what I was wearing and began checking myself over,"

Josiah said. "It all happened so quickly."

As soon as the CO mentioned Josiah was out of uniform, he said, shipmate, you've been promoted!" Executive Officer Cmdr. Steve Aboona brought the crew to attention and read the official promotion letter.

After the ceremony, Josiah reflected on his promotion.

"This is a blessing I never thought I would receive. I am extremely thankful the leadership saw me fit for a promotion," Josiah said. "We all work hard and any one of the other 2<sup>nd</sup> Class Petty Officers deserves it, but I am humbled that I got selected."

Last year, the Navy expanded its Meritorious Advancement Program (MAP), which authorizes commanding officers to advance eligible per-

sonnel in paygrades E3, E4 and E5 to the next higher paygrade. MAP gives commands the opportunity to recognize their best Sailors, advancing them when they are ready for the next level of responsibility. In fiscal year 2016, MAP was expanding to include eligible shore commands, Pre-Commissioning Units and Professional Apprenticeship Career Tract Sailors.

NMLC's command philosophy challenges the workforce to 'develop the next leaders.' By ensuring personnel are trained and appropriately educated, future leaders can be identified. Because Josiah is ready, he is now also well positioned to take on an increasing role of responsibility. **LS**



## Danis Selected NMLC's Senior Sailor of the Year

Story and photo by Julius L. Evans, NMLC Public Affairs

**H**ospital Corpsman Petty Officer 1st Class Michael Danis was selected as Naval Medical Logistics Command's (NMLC) Senior Sailor of the Year for Fiscal Year 2017. Competition was stiff among NMLC nominated Sailors who participated in the process.

Command chief petty officers or directors submitted nominations to the Command Master Chief, who then held an extensive selection board.

The board consisted of one chief petty officer from NMLC, Naval Ophthalmic Support and Training

Activity (NOSTRA), and Navy Expeditionary Medical Support Command (NEMSCOM).

During the board, each candidate's package was evaluated, their service record was reviewed and then the candidates were evaluated during a face to face interview.

Danis is one of NMLC's rising stars and his future is bright. While he was not selected to compete in the Regional Sailor of the Year board, he has wonderful opportunities for the remainder of his Navy career.

"I have the distinct pleasure of working closely with Petty Officer Danis daily. He consistently demon-

Above: Capt. Tim Richardson, NMLC's Commanding Officer, stands with HM1 (SCW) Michael Danis, NMLC's Senior Sailor of the Year. HMCS Aaron Zale and Command Master Chief Patrick West are also pictured.

strates his ability as a senior enlisted member and he shows all the traits of someone who should earn that highest measure on his annual evaluations," said Chief Yeoman Tillie Martinez, NMLC's chief administrative enlisted representative.

With an endorsement like that, it's easy to see why his leaders and his peers expect great things for Danis in the next selection cycle and quite possibly, there may be other early promotion possibilities. **LS**

# LOGISTICALLY *speaking*

Naval Medical Logistics Command , Fort Detrick, Maryland



Sailors from Naval Medical Logistics Command (NMLC), Naval Ophthalmic Support and Training Activity (NOSTRA), and Navy Expeditionary Medical Support Command (NEMSCOM) traveled to the White House in conjunction with the Sailor of the Year program. From top left to right, HMCS Richard Laxa, HMCS Aaron Zale, HM2 Joseph McLaughlin, HM2 Jason Berube, HMCM Blair West, HM1 Joseph Watkins, HM1 Brandon Sabala, HM1 Michael Danis, HM1 Alejandra McKeever, HMC Dametrius Mannings, LSCS Lateesha Mazyck, YNC Tillie Martinez, and HMC Neville Facey.