



DJIBOUTI CITY, Djibouti (Nov. 17, 2008) Cmdr. Thomas Nelson, a general surgeon, and Lt. Robert Roadfuss, an operating room nurse, both assigned to Camp Lemonier, discuss proper procedures while performing a laparoscopic cholecystectomy surgery at Peltier Hospital. Nelson, Roadfuss and other Camp Lemonier surgeons travel to Peltier three times a week to assist Djiboutian doctors with surgeries and other complex medical procedures. (U.S. Navy photo by Mass Communication Specialist 2nd Class Marc Rockwell-Pate / Released).

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# LOGISTICALLY *speaking*

## On the Cover

DJIBOUTI CITY, Djibouti (Nov. 17, 2008) Cmdr. Thomas Nelson, a general surgeon, and Lt. Robert Roadfuss, an operating room nurse, both assigned to Camp Lemonier, discuss proper procedures while performing a laparoscopic cholecystectomy surgery at Peltier Hospital. Nelson, Roadfuss and other Camp Lemonier surgeons travel to Peltier three times a week to assist Djiboutian doctors with surgeries and other complex medical procedures. (U.S. Navy photo by Mass Communication Specialist 2nd Class Marc Rockwell-Pate /Released).



Mr. Carmine Abbondanzo, Fabrication Laboratory Production Manager at the Naval Ophthalmic Support and Training Activity, Yorktown, Va., makes the comparison of a regularly fitted lens using his eyewear to a raw, uncut lens to show the difference is size and form. The Naval Ophthalmic Support and Training Activity is a direct report activity of the Naval Medical Logistics Command. They fabricate eyewear and train students at the Tri-service Optician School (TOPS), which consists of an intensive six month course of instruction with graduates certifying as Navy opticians (HM-8463) and Army Optical Laboratory Specialists (68H). The program is accredited by the Council on Occupational Education and the Commission on Opticianry Accreditation, plus graduates receive credit toward an associate degree at J. Sergeant Reynolds Community College.

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## From the Commanding Officer



Capt. J.B. Poindexter, III, NMLC CO

In this issue of *Logistically speaking*, I would like to focus on some of the changes facing Navy Medicine as we enter the third quarter of this fiscal year. It has been said that the only thing constant is change, and Navy Medicine has certainly embraced that adage. In many ways, the issues facing the military medicine enterprise are a reflection of the budget and patient access issues being discussed at the national level in regards to the Patient Protection and Affordable Care Act. How will budget constraints affect the way Navy Medicine does business? Will the formation of the Defense Health Agency change the relationship of the logistics function to treatment facilities and how they deliver health care? These are high level changes over which few of us can exert much

control, but there are changes within our grasp. Each issue of *Logistically speaking* strives to keep you informed on the key changes that affect you and the business of medical logistics.

Previous issues have described emerging technological changes such as pharmacy automation and real-time locating systems (RTLS), and we will continue to bring you news on those initiatives and how they will change business processes. We have covered changes to background investigation requirements for contracted health care providers and potential impacts to the process of bringing them on board in a timely manner. An article covering the roll out of the Prime Vendor Generation IV contract and the changes it embodies generated plenty of discussion.

An article in this issue describes a major change coming to the way Navy Medicine exercises procurement authority. While all procurement authority in Navy Medicine will continue to flow from Naval Supply Systems Command, NMLC has been granted limited Head of Contracting Activity (HCA) authority. I will let you read the article to see what that means and how it will change things.

One last change I would like to mention is the pending departure of my Executive Officer, Cmdr. Mary Seymour, who transfers from NMLC in July 2012. Since September 2009, she has done a fantastic job. Some of her most noteworthy contributions include leading the way in pandemic flu vaccine distribution, leading the team that performed the first ever airlift and installation of Magnetic Resonance Imaging systems in an active combat zone, and leading the effort in outfitting the Role 3 hospital in Kandahar. These achievements merely name a few of her accomplishments while assigned here. We will miss her leadership and expertise and extend to her fair winds and following seas.

We all have to do our best to embrace change. After all, we generally don't have much of a choice, and change does keep things interesting. I hope you will continue to rely on *Logistically speaking* as a source of information on emerging issues and will let us know how we are doing and how we can better inform and serve you.

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Executive Officer

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Command Master Chief

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**Articles should be submitted to:**

The Editor

## From the Command Master Chief

As of March 2012, BUMED has a total of 290,512 line items of equipment valued \$1,706,283,215.03 recorded in the property book. That is one billion, seven hundred and six million, two hundred eighty three thousand, two hundred and fifteen dollars and three cents. That is a lot of money. That is a lot of equipment. Who manages it?

Equipment Managers are the life blood of your organization. The Commanding Officer has the overall responsibility for the establishment and maintenance of the official financial personal property records. Your Equipment Managers maintain accurate locations, movement and status of equipment and aid in identifying scheduled preventive maintenance cycles with the biomedical repair technicians -- a practice known as Total Asset Visibility.



HMCN(FMF) David L. Hall, NMLC CMC

This by no means is an easy task. How can you help your Equipment Manager? Report problems with faulty equipment promptly, ensure data accuracy from receipt and delivery of equipment to disposal, and have an active role in your command Equipment Program Review Committee process. Their success becomes your success.

So in comparison to things around us, a billion dollars is a lot of money. The estimated procurement and acquisition cost of the USS George H.W. Bush (CVN-77) is \$14 billion dollars, the richest person in the world has a net worth of \$64 billion dollars, and the U.S. Federal budget deficit is more than \$1 trillion dollars. Let's do our part in becoming better stewards of our financial responsibilities by helping our Equipment Managers.

*During the second quarter of 2012, Commanding Officer, Capt. J.B. Poindexter, conducted an interview with a Washington, D.C. trade publication. The revealing responses are captured below for **Logistically speaking** readers.*

## **What are the Naval Medical Logistics Command primary roles and objectives?**

Let me first thank you for recognizing Naval Medical Logistics Command and our contributions to Navy Medicine, the Navy, and Warfighters around the globe. As Navy Medicine's center of logistics expertise, we support big Navy objectives by designing, executing and administering individualized

state of the art solutions to meet customers' medical materiel and health care service needs.

Our staff of logisticians, analysts, clinical engineers, contracting officers, and attorneys is dedicated to helping customers define their requirements, understanding the marketplace to support the requirements, and providing cost effective, efficient contracts to satisfy those requirements. Last year we executed purchases of more than \$215 million in medical equipment and maintenance for the operating forces and fixed treatment facilities, and contracted more than 4,000 health care workers for service in Navy treatment facilities.

Beyond our purchases of medical equipment and health care services, we support a number of high profile programs.

We provide engineering support for medical and dental space configuration for new ships' construction and maintain authorized medical and dental allowance lists for the operational forces. We are the field operating agency for non-clinical immunization issues related to



logistical support of vaccine programs for the Navy. We execute the Navy's radiographic Picture Archiving and Communication System and serve as Navy Medicine's representative for electronic business systems development and maintenance. These are just a sampling of the logistical functions we perform.

Our subordinate commands include the Naval Ophthalmic Support & Training Activity, which provides optical fabrication services for all operational, contingency and worldwide humanitarian missions. The Navy Expeditionary Medical Support Command, which also reports to NMLC, designs, builds and ships Expeditionary Medical Facilities and Forward Deployed Preventative Medicine Units to anywhere on the globe. Naval Medical Logistics Command Detachment in Pirmasens, Germany, provides and projects medical logistics support and training across the full spectrum of military operations to the United States European Command, Central Command, Special Operations Com-



Rear Adm. Michael H. Mittelman, Deputy Chief, Bureau of Medicine and Surgery and Deputy Surgeon General presents Capt. James B. Poindexter, III, Commanding Officer, Naval Medical Logistics Command, with the Rear Adm. Lewis E. Angelo Professional Symposium (LEAPS) Award, Mar. 22, 2012, in the Chicago, Ill.





Philips Healthcare Global Sales and Services North America Achieva Pulsar 1.5T 16 Channel Magnetic Resonance Imagine System.

mand Europe, Africa Command and the Department of State.

To put this in practical terms, last year, we became the organization that answered the Chairman of the Joint Chiefs of Staff's call to provide a medical technology to Warfighters in theater that had not been previously accomplished. In record time and with the assistance of Joint Services throughout the Department of Defense, we developed the requirements, surveyed the sites and managed all the obstacles involved with acquiring three mobile Magnetic Resonance Imaging (MRI) systems, and transported them to Afghanistan to aid in the

diagnosis and treatment of mild traumatic brain injury.

Naval Medical Logistics Command was uniquely positioned to lead the MRI effort. As the Center of Logistics Excellence for Navy Medicine, NMLC had the necessary clinical engineers, logistics experts, medical equipment contracting authority, and legal expertise. We developed an acquisition strategy that was able to reduce procurement time and overcome multiple logistics issues in seven months as opposed to the normal 12 to 18 months to procure a typical MRI system in the United States.

That ambitious timeline required

considerable planning and coordination to gain a full understanding of the project's challenges and develop plans to mitigate them. A joint civilian and military clinical engineering site survey team traveled to Afghanistan to assess each of the proposed MRI deployment sites. Their assessments helped finalize the project plan and further refine the specifications of the MRIs to be purchased.

Not only was this first time mobile MRI units would be placed into theater, it was also the first time mobile MRI units would be transported via airlift. Because of the size, weight and special handling



The Nimitz-class aircraft carriers USS Abraham Lincoln (CVN 72) and USS John C. Stennis (CVN 74) join for a turnover of responsibility in the Arabian Sea. Both ships are deployed to the U.S. 5th Fleet area of responsibility. (U.S. Navy photo by MC2 Class Colby K. Neal/Released.)

requirements, unique airlift assets had to be identified and obtained. Additionally, the roads in theater were inadequate to support the weight of the MRIs transiting from the airfield to the final installation locations. The existing power supply was insufficient to reliably operate the systems and avoid image distortions. There was a need for heavy-duty filtration systems to keep sand and dirt from damaging the MRIs and for shielding systems so the units' powerful magnets would not interfere with operational communications and control systems.

Naval Medical Logistics Command successfully addressed those issues by designing a contract strategy to procure trailer-mounted, self-contained MRIs having their own

power sources, multiple filtration systems and enhanced shielding. Further, NMLC contracted for the personnel needed to stage and maintain the systems. Working with its contract partner, Philips Healthcare Global Sales and Services North America, NMLC secured contract field service representatives to assist with off-load and deployment of the systems in theater, to install the systems, and to provide on-site maintenance support to ensure the systems remained operable.

This was an unprecedented feat and we were thrilled to successfully get this equipment there to have an immediate impact on Warfighter care. Although this is only one example of the vast array of tasks my organization is responsible for, this is representative of the types of challenges

we face and overcome routinely. Our primary objective is military medical health care solutions and everything involved with delivering those solutions.

### **What are some of the highlights of research and development for Naval Medical Logistics Command in 2012?**

In December 2011, the Investigational Research Omnibus Contract (IROC) multiple award contract was awarded to support Navy Medicine's Clinical Investigation Program (CIP). It has a five year performance period and a \$49.9 million ceiling value for the contracts. This is the first significant research support contract vehicle that we have awarded.

We issued our first Broad Agency



Announcement (BAA) on the government website [grants.gov](http://grants.gov) in January. The BAA solicits research proposals under three areas of interest: Infectious Disease Research, Non-Communicable Disease Research and Combat Casualty Care Research. The BAA is an exciting tool that enables Naval Medical Logistics Command to provide additional support to Navy's Bureau of Medicine and Surgery's (BUMED) research mission.

We plan to issue our first grant awards as the result of projects selected for funding under the BAA. We also plan to issue program an-

awards in 2012 for projects that are important to Navy Medicine.

The command is also working closely with BUMED and the Naval Medical Research Center on projects involving the development of a malaria vaccine, studies on military suicide and therapies for combat casualty care. These are examples of important research projects that NMLC is supporting in 2012.

### **How important is Naval Medical Logistics Command's relationship with industry in meeting its goals?**

Our relationship with industry is

ate and integrate that technology into the inventory as soon as it is practicable. Our engineers do a lot of web research, attend conferences and symposia, and contact vendors directly in order to stay up to speed. We also meet regularly with our services contractors to understand the problems they are having and to get their input on process changes that might benefit our customers. In addition to listening to what industry has to say, it is also important to communicate our needs to industry so that they can position themselves to satisfy those needs.



Capt. Poindexter presents Ms. Kimberly Hernandez with a Letter of Appreciation for her responsibilities as the BRAC MILCON Special Projects outfitting and other procurement requirements for the Walter Reed National Military Medical Center, Bethesda, Md., Sept. 1, 2011.

Recently, we invited industry professionals to provide briefs on current technologies available to meet a project requirement known as the Real Time Locating System (RTLS). The initial focus of the RTLS initiative is to provide asset management tracking to ensure a myriad of medical equipment can be located in the most expeditious manner and properly maintained on a recurring basis. Future RTLS capabilities include infant security, staff/patient tracking, and temperature monitoring. We also held an industry day for our medical services contractors last summer to let them know about upcoming changes to

our medical services contracts.

nouncements on [Grants.gov](http://Grants.gov) for research efforts that do not fit within the scope of the BAA. We hope to make a significant number of grant

very important from several perspectives. First, it's important for our engineers to stay abreast of changing medical technology so we can evalu-

I have also designated my Small Business Programs Officer as our Industry Outreach Coordinator.



Capt. Poindexter acknowledges one of Naval Medical Logistics Command's personnel just prior to commencing the command quarters.

Part of her job is to be our face to vendors – particularly new vendors we might not have any experience with – so they can learn how to do business with us and we can learn about their capabilities.

**What programs are in place to ensure small businesses have the maximum opportunity to participate in the Navy's acquisition program?**

We have had a successful small business program in place for several

years. Over the last five years, we have consistently exceeded our target goals for contract dollars awarded to small businesses, as well as exceeding statutory goals. As I mentioned earlier, our Office of Small Business Programs is staffed by a full-time director who serves as the gatekeeper to small businesses and assists and counsels them on how they can support Navy medicine acquisitions. By facilitating meetings between small business firms and acquisition and the technical staff, everyone benefits from increased opportunities to maximize small business utilization and improve their understanding of the marketplace.

While our organization provides worldwide acquisition support for Navy shore-based medical treatment facilities and fleet and operational forces with medical equipment and supplies, the bulk of our acquisitions are for direct patient care services. These medical and dental staffing services augment the military health care system and provide contract civilian practitioners and clinical support staff. The health care staffing service contracts, which have averaged around \$400 million annually over the last five years, have been exclusively set aside for small businesses. In addition, we are looking at other initiatives, to include partial set-asides within set-asides. For example, where a multiple award contract for medical staffing services is set-aside for small businesses, a portion of that contract will be awarded to a more specific socio-economic division of small businesses (e.g., a service-disabled veteran-owned small business firm). This will further maximize opportunities for small businesses. Within the newly estab-



lished and growing mission of supporting Navy medicine's research and development requirements, we have numerous opportunities to promote small business sub-contracting.

In order to keep current on Department of Defense (DoD) small business initiatives, the Small Business director offers periodic training to staff personnel and takes advantage of professional development wherever possible. She is also a member of the DoD Mid-Atlantic Regional Council - Small Business Education Advocacy. Another very valuable training forum is the DoD Office of Small Business Programs conference held annually. This con-

ference is often held jointly with the Small Business Administration (SBA) and reports on best practices and provides valuable networking resources across the DoD and SBA communities. These best practices are then brought back to the organization to advance and improve our existing small business program. So as you can see, we have robust engagements within the small business community. They have become a viable and important aspect of supporting Navy medicine requirements.

## **What are the top challenges Naval Medical Logistics Command will face in 2012?**

We will need to meet several important challenges in 2012. Navy Medicine has implemented limits on our numbers of civil service positions, which would ordinarily mean an increase in contracting support provided by us in order to make up any potential deficit of care. I say "ordinarily" because there are several factors in play that will have the effect of restraining that outcome. The Department of Defense has implemented guidance prohibiting the conversion of services from civil service to contracting, which may make it more difficult for our medical treatment facility customers to use contracting as a way to acquire skills missing in the active duty or



Ms. Susan Burrows (L), Director of Small Business Programs at Naval Supply Systems Command presents an award to Naval Medical Logistics Command (NMLC) in recognition of achieving its goal of contracts awarded to Service-Disabled Veteran-Owned Small Businesses. Accepting the award for NMLC is Ms. Mimi McReal, NMLC's Small Business Advisor.



(Mar. 29, 2012) At each entrance to Fort Detrick, the electronic bulletin marquee greets those who enter with congratulations to Naval Medical Logistics Command for winning the 2012 Rear Admiral Lewis E. Angelo Professional Symposium (LEAPS) Award.

civil service inventory. The Navy's Bureau of Medicine and Surgery's new security policy may be another challenge in 2012. It has implemented a more stringent security requirement for contractors than in prior years. This will make it more difficult to acquire some medical specialties, and we may end up paying more for those specialties. That brings me to the last potential challenge -- budget uncertainties. As we transition to a more austere budget environment, we will need to work very closely with our medical treatment facility and operational customers to wring out all the value we can from our contracts.

In an effort to reinforce supply chain efficiencies, the Office of the

Secretary of Defense has decremented the budget of the Services' medical commands by more than \$250 million spread across the next five years. The Navy's portion of that decrement is \$51 million. In order to successfully absorb this budget decrement, one of Navy Medicine's primary logistics and acquisition objectives in FY12 is to increase our E-Commerce purchases through the Defense Logistics Agency's MedSurg and Pharmaceutical Prime Vendor and Electronic Catalogue contracts, while decreasing overall purchase card, depot and open market procurements. We call this Sourcing Optimization.

In addition, we recently coordinated with the Defense Medical Lo-

gistics Proponent Committee (DMLPC) and DLA Troop Support to develop several key initiatives aimed at reducing medical material costs through the use of DLA Business Intelligence (BI) tools. During 2012, NMLC will be rolling out Standard Operating Procedures and implementing new controls in order to ensure Navy Medicine can feel confident that we are making the most optimal sourcing decisions using the very best data and information available.

Foreseeable budgetary constraints and personnel hiring controls pose a challenge for us to accomplish our mission of ensuring MTFs continue to possess state-of-the-art medical technologies to fulfill warrior and



other Military Health System beneficiary health care needs. It is now, more than ever, incumbent on commands to be frugal and efficient in overseeing Navy Medicine's medical equipment inventory, which consists of about 300,000 pieces of equipment valued in excess of \$1 billion. Ongoing improvements in program management (e.g., central budgeting, life cycle management, total asset visibility) will be a key. Pharmacy automation and Real Time Locating Systems, as I previously mentioned, are a couple of the latest initiatives NMLC has undertaken to be good stewards of its resources. Navy Medicine is deploying pharmacy automation systems in its MTFs to fill prescriptions in a more expeditious and accurate manner. Real Time Locating Systems will be deployed throughout the enterprise to enhance the patient care Navy Medicine delivers.

## **What new initiatives will we see from your Acquisition Management Directorate in 2012 to support the medical and dental activities within the Navy's Bureau of Medicine and Surgery?**

We have a lot of significant, new contracting initiatives in play this year. I'll talk about the services side first, then equipment. I already mentioned the exciting things we're doing in R&D in answer to a previous question.

We just awarded our first locum tenens (short term medical staffing) contract for physician services. This will give us a faster temporary back-fill capability when active duty providers are deployed in support of operational or humanitarian missions or when any provider is out on extended leave. We are restructur-



NMLC won the 2012 Rear Admiral Lewis E. Angelo Professional Symposium (LEAPS) Award Mar. 21, 2012 in Chicago at the annual American College of Healthcare Executives Annual Congress on Administration.

ing our Multiple Award Task Order (MATO) services contracts to align them more closely with the medical staffing industry. We used to have multi-labor band MATOs under which contractors were required to provide everything from specialized physicians to medical assistants. Well, the industry is naturally aligned in market segments – physicians, nursing, and allied health, so we're aligning our MATO contracts the same way. We will see signifi-

cant initiatives to support Patient Centered Medical Home and pain management on the services side in 2012. In fact, Navy Medicine is trying a very innovative approach to integrating pain management into medical home for those patients who experience chronic pain.

Earlier, I mentioned two exciting enterprise-wide initiatives that are worth repeating. Our engineers and acquisition professionals are executing a requirement to update phar-

macy automation in all Navy MTFs. We've had process engineering support from the analysts in the Navy's Bureau of Medicine and Surgery to help refine the pharmacy delivery model in conjunction with the new automation. The resultant solution will increase efficiency, decrease wait time, and decrease medication errors. And the Real Time Locating Systems will begin as an asset tracking system to provide property accountability from an audit perspective, but future technological spirals will deliver added capability such as patient monitoring and duress alerting.

We also hope to gain some traction on at least two strategic sourcing projects in 2012 – medical equipment maintenance and orthopedic implants. Commodity working groups are in place and working on acquisition models for both of these initiatives.

### **How will draw downs in both Iraq and Afghanistan affect the Naval Medical Logistics Command role?**

The draw downs will happen, but the medical consequences of these conflicts will be with us for awhile. For example, I expect us to continue to support Psychological Health/Traumatic Brain Injury (PH/TBI) and Pain Management initiatives for quite some time. I think we will also be called upon to support the Individual Disability Assessment System (IDES) as all the Services, including Navy, work in earnest to process the backlog of returning warriors awaiting transition to the next phase of their lives.

I hope the draw downs give us

the opportunity to look at medical staffing from more of a total force perspective. What I'm saying here is that the success of medical services contracting depends on making market savvy decisions about what kinds of services can be bought, where, and at what price.

There are some markets where certain providers just aren't available at prices we can afford. I'm hopeful that we'll have some flexibility to station returning deployed providers in MTFs where there is no market to support a contracting solution.

### **Is there anything else you would like to say that I have not asked?**

I would just like to reiterate that Naval Medical Logistics Command has routinely worked behind the scenes in providing world-class Navy medicine health care equipment, personnel and medical logistics solutions in support of Warfighters, active duty and reserve personnel, military retirees and dependents, and to those through the Department of Defense who rely on military medical health care. The current economic environment has made health care a daily topic of discussion, including the cost of military medical health care, adjustments to TRICARE and military retiree deductibles, and the governance of the Military Health System. With so much attention being placed on military health care, I think it is important to remember that despite what is occurring in today's economical environment, there is an organization keeping an

eye on the proverbial ball. As Navy Medicine's Center of Logistics Expertise, Naval Medical Logistics Command remains committed to providing individualized state-of-the-art solutions to meet customers' medical materiel and health care service needs.



## Naval Medical Logistics Command assists Djibouti, Africa Expeditionary Medical Facility develop equipment solutions

By Efrain Rosario, NMLC Expeditionary Medical Logistics Program Office

Naval Medical Logistics Command (NMLC) home based in Fort Detrick, Md., conducted its first assist visit to the Expeditionary Medical Facility in Camp Lemonier, Djibouti Africa April 17-22, to provide assistance with equipment and to resolve maintenance issues there.

Efrain Rosario of the NMLC Expeditionary Medical Logistics (EML) Program Office, HM1(FMF) Jason Upchurch of the Equipment and Technology Management Branch, and HM2 Nana Bonsu from NMLC Detachment Pirmasens, Germany participated in the visit. The Fleet Forces Command deputy surgeon and medical planner, Capt. Deborah Duncan and LCmdr. Pamela Kepla-Tumlerusu were also involved in the visit.

During the visit, members of Fleet Forces Command and NMLC met with Expeditionary Medical Facility leadership Cmdr. Mark Lieb, NAVAf Deputy Surgeon Capt. Michael Sokoloski and HMCM(SW/FMF) Master Chief Phillip Nafus to develop equipment solutions for the Expeditionary Medical Facility that was built and outfitted more than 10 years ago.

Currently, the Expeditionary Medical Facility personnel rotate every six months. That leaves very little time to develop continuity on the equipment maintenance program. To alleviate that issue, HM1 Upchurch will spend additional time in Djibouti to assist the current Bio Medical Technician, HM2 Burgos, in conducting a wall-to-wall inventory and develop a maintenance and calibration program for equipment at the facility. HM1

Upchurch will also assist in the development of procedures that will ensure the enforcement of mandated policies and guidance's to the Expeditionary Medical Facility Lemonier BMET and personnel. The goal is to establish a fully functional BIOMED shop to support EMF Lemonier and its assets. This will be accomplished by expanding and executing the BMET role as the sole BMET and Equipment Manager. It will also include DRMO processes for equipment that has exceeded life expectancy, in addition to, a comprehensive equipment replacement program.

Members of the Expeditionary Medical Facility praised the assist team with honest assessments on their equipment to assist NMLC in preparing the right equipment solutions to meet their current requirements.

HM2 Bonsu from Pirmasens also provided expertise and assistance to members of the Expeditionary Medical Facility and Expeditionary Resuscitative Surgical System (ERSS) in how to procure material and equipment and proper utilization of ECAT On-Line Catalog to order supplies and equipment. Members of NMLC and Fleet Forces Command also met with the currently deployed ERSS team to discuss equipment storage and mate-



HM1 Upchurch, from NMLC (middle) discusses EMF Inventory with HM2 Burgos, Bio Med Repair for EMF Djibouti (Left) and HM2 Bonsu from NMLC's forward detachment Pirmasens (Right).

riel solutions related to their forward deployed platform and how to best equip and manage their inventory to meet their challenging mission in that region of the world. Members of NMLC and Fleet Forces Command took their issues for action and will ensure the right solutions are provided to this professional group so they can meet their mission requirements.

The visit proved extremely successful and provided a rare glimpse to NMLC and Fleet Forces Command into the daily operations of this important forward deployed medical asset. NMLC will continue to directly engage with Expeditionary Medical Facility leadership in the future to ensure our deployed forces get the adequate equipment and supplies to be able to fulfill their important role in this region of 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?*

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

What's the *Buzz*? Balance. In most jobs, the ability to balance varied and multiple tasks effectively are just part of the position. But what is so different about balance within the Small Business Advisor's job and how is this managed?

Let's first look at what the Small Business Advisor does. The Small Business Advisor chiefly serves as 'the champion' for those small businesses with whom the local acquisition office conducts business. The Small Business Advisor is the 'voice' for small business and advocates on their behalf for potential business opportunities and consideration for acquisitions. However, while that is a fundamental role, the Small Business Advisor is first and foremost a Federal government employee; and this is where balance comes in to play. The Small Business Advisor must become expert in balancing the role as an advocate for small businesses and the fiduciary responsibilities as a Federal employee.

This is done by offering general, but helpful and relevant information to small businesses, about acquisitions in the forecast, but also understanding what information is protected and non-releasable (e.g., source selection sensitive information) and being cognizant of procurement integrity. We can look at this in terms of "do's" and "don'ts". This article will further discuss why this balance is so important to the overall success of the Small Business Advisor's role.

When meeting with vendors, whether it's at outreach events, industry days, or you are meeting one on one with a company, you DO want to provide general information about requirements you anticipate on the acquisition horizon.

For example, part of the Naval Medical Logistics Command's mission is the acquisition of products, services, and supplies



Ms. Mimi McReal assists a conference attendee in answering his questions about how to conduct business with the government. Ms. McReal is the Naval Medical Logistics Command Director of Small Business Programs and provides counsel to small business owners on how they can support Navy medicine acquisitions.



# LOGISTICALLY *speaking*

support Navy medicine worldwide; and contracting for health care staffing services represents a large portion of that mission. During meetings with industries who specialize in health care staffing, I explain that as a result of our market research, we are realigning the model for our health care staffing services contracts to better reflect current industry practices. Where we previously would structure our health care services contracts to support all disciplines of health care workers (e.g., encompassing all labor categories of health care workers from physicians to medical assistants and everything in between) that had the effect of creating an artificial market (as most health care staffing firms typically do not provide the entire spectrum of health care disciplines, but rather are expert in one or two specific market niches – e.g., physicians). Now, we are revising our model so that future health care staffing contracts will be segmented to match the health care industry (e.g., contracts for physicians only; contracts for nursing services; and contracts for all others: allied health).

This has the effect of matching a particular market segment to a contractor who specializes in that specific market, with the expected benefit of a higher potential of success in filling all required positions within a contract. Using this approach, the Government receives services from a company who is an expert in that specific market niche: it's a win-win for all. Explaining to vendors that they should expect this new type of contract structure educates them on a particular business model and is something that they will assist them in being better prepared for future acquisitions. It's also a DO to estimate an approximate timeframe that they may expect the solicitation to be released. This is not providing a specific date or other information that may be advantageous to only one company, but rather an acquisition forecast for the

Another DO is to assist vendors by educating them on how the solicitation is structured or where to focus within the solicitation for proposal submission information. Oftentimes, vendors are encouraged to download a solicitation, even if it has already closed, if only for the purposes of understanding the layout of the requirement and its instructions for responding to the solicitation. Using health care staffing services contracts as an example again, we may advise the vendors to contact existing health care services contractors so that they might explore potential teaming or partnering opportunities and thus, can bolster their past performance for future proposal submissions.

As the Small Business Advisor, you have a dual role: to the small businesses for whom you advocate; and to your organization to better support them in their understanding of how the small business program works. In serving your organization and supporting the Federal acquisition process, you will want to share information and market research with acquisition and program staff. Oftentimes, end users may not be aware of new small businesses that can provide products or services that were formerly provided by companies who are not small businesses. Developing a library or other repository of small business market information and sharing that with acquisition and program staff will be extremely useful and broadens the potential sources of supply.

The flip side of advising small businesses is those things that, as a Government employee with an inherent fiduciary responsibility, you DON'T do.

As an example, a vendor calls to say that they just noticed a solicitation announcement and saw that the solicitation closes the next day. As a small business, they reach out to you asking for advice and if there is anything that can be done to allow them additional time to submit a proposal (e.g., perhaps appealing to you to extend the closing date). This is certainly something you WOULD NOT do, nor would you even be in a position to change. There cannot be any preferential treatment provided to this vendor, to the disadvantage of any other vendors who complied with the solicitation submission instructions. Understanding how to treat these situations and effectively balancing your responsibilities is crucial.

If you are involved in evaluating offerors' small business participation plans or small business subcontracting plans, you are required to sign a Nondisclosure Statement. As a part of procurement integrity, you DON'T release any source selection sensitive information. If there is an ongoing procurement with a small business vendor, which has submitted a proposal and contacts you seeking an introduction to explain more about their capabilities, you may meet with them. However, you DO NOT discuss anything specific or related to the ongoing procurement. You may allow them the opportunity to discuss what their company does, but be cautious that nothing sensitive is disclosed that would otherwise put the vendor in an advantageous position over other offerors and thus jeopardize the procurement.

Carefully balancing the duties of small business advocate and advisor with duties as a prudent and responsible Federal employee requires careful thinking and good judgment. There is no reason that the Small Business Advisor can't successfully DO both!

For any questions concerning small business programs or if you have a small business topic of interest you would like to see featured in this article, please contact Ms. McReal at [Mimi.McReal@med.navy.mil](mailto:Mimi.McReal@med.navy.mil) or via phone at (301) 619-3097.

## Winning the Short Game: A Locum Tenens Strategy

By Melanie Muscar, Chief, Services Contracts Division

Contracting for anything short-term can be difficult. Contracting for short-term health care services seems nearly impossible. When the *USNS COMFORT* deployed in response to the earthquake in Haiti, it became quickly apparent that our inventory of contracting vehicles at Naval Medical Logistics Command (NMLC) was not equipped to effectively meet Navy medicine's short-term needs. Our quickest capability in responding to the *USNS COMFORT* deployment was to add surge capacity language and funds to existing contracts which enabled health

existing staff thin without any relief in the form of additional staff members.

The notion of "temporary staffing" exists in private industry, but it was a market we had yet to tap into. In recent years, we have learned that the large, regional multiple award task order (MATO) indefinite-delivery, indefinite-quantity (IDIQ) contracts are best suited for long-term requirements and staff augmentation, whereas they are less successful with short-term efforts such as deployment backfills or surge needs. The term *locum*

term basis. And it's the solution we hope will quell Navy medicine's contracting dilemma with fulfilling short-term needs. In effort to crack the code of temporary staffing, NMLC has established a multi-layered approach that is part local and part national. The local efforts target excess capacity available in an area, while the national efforts are aimed at deployment backfills and short-term needs.

The idea is different from the traditional push-pull strategy we think of when we consider supply and demand. Instead of pushing the Navy's health care needs onto the market (as we do with our MATO IDIQ contracts for staff augmentation), we are going to pull from what's available according to vendors when they identify excess capacity available for purchase. We know from experience that the push-based method takes longer to respond to changes in demand, which can result in delays such as forcing short-fused requirements onto the MATO IDIQs and yielding little to no success with filling vacancies. A pull-based strategy is demand-driven which allows vendors to identify what excess capacity is readily available in the market.

### Local Blanket Purchase Agreements (BPA):

Back in 2010, Naval Medical Center San Diego (NMCS) believed there were local hospitals



The Military Sealift Command hospital ship USNS Comfort (T-AH-20) arrives at Naval Station Norfolk. Comfort deployed as the primary platform for Continuing Promise 2011, a five-month humanitarian assistance mission to nine countries in Central and South America and the Caribbean. (U.S. Navy photo by Mass Communication Specialist 2nd Class Brian Goodwin/Released).

care workers already onboard to work, and get paid for, extra shifts. However, this is not an ideal solution since it spreads an

*tenens*, Latin for "place holder", is an industry that specializes in delivering the vast spectrum of health care services on a short-



that would be willing to send their specialty physicians for a day or two a week or one weekend a month to provide services at the Naval Medical Center. NMLC held an Industry Day at NMCSO, invited local organizations and gauged the interest of the organizations curious about the potential opportunity. The result? A BPA issued to a local university allowing NMLC to capture excess capacity of high-level providers in order to gain needed specialty care in small increments. But it's not just about specialty care – excess capacity can come from any health care discipline and is driven by an MTF's knowledge of their local market or by a hospital, university, group practice or other institution in areas near Navy MTFs.

The idea of “excess capacity” suggests the availability of a provider who is not carrying a full patient load. For example, if a company has a physician who only sees patients four days per week, the company may be able to sell the extra day to the local Navy hospital. The physician would provide services at the Navy hospital one day per week and the company providing the physician gets compensated an hourly rate for those services. In addition to addressing chronic shortages of specialty care, this vehicle may also help relieve short term needs such as deployment backfills.

### **Market Segmented MATO IDIQ Contracts:**

Frequent deployments of ac-



The Military Sealift Command hospital ship USNS Comfort (T-AH-20) arrives at Naval Station Norfolk. (U.S. Navy photo by Mass Communication Specialist 2nd Class Brian Goodwin/Released).

tive duty medical providers create a need to backfill vital services so MTFs can continue to care for its beneficiary population. NMLC is in the midst of procuring five sets of MATO IDIQ contracts that are divided by market segment (National Physicians, East Coast Nursing, West Coast Nursing, East Coast Allied Health, and West Coast Allied Health). The MATO IDIQ for National Physicians was awarded earlier this year and is now available for use. Using any of these market-segmented IDIQs will be the same as the task order proposal request (TOPR) procedures on the traditional staff augmentation MATO IDIQs; however, the criteria for utilizing these vehicles will be solely for short-term requirements – likely emerging as a result of provider deployments or medical leaves of absence, and lasting for up to nine months in duration. Anything in excess of this timeframe should be competed on the staff augmentation MATO IDIQs.

These locum tenens initiatives

have been established to better serve Navy Medicine's short-term needs. Even though they accommodate short-fused requirements, it is still imperative that MTFs conduct acquisition planning so as to strengthen the chance of success of each vehicle. Defining requirements earlier, conducting market research, allowing a reasonable lead time for contract award and for the vendor to deliver the product or service after award – these important aspects of acquisition planning assist to ensuring an MTF continues to meet mission objectives and do not jeopardize access to care or the delivery of that care. If you are interested in learning more about these locum tenens vehicles, contact your NMLC healthcare analyst or the Contracting Officer's Representative (COR) at your MTF.

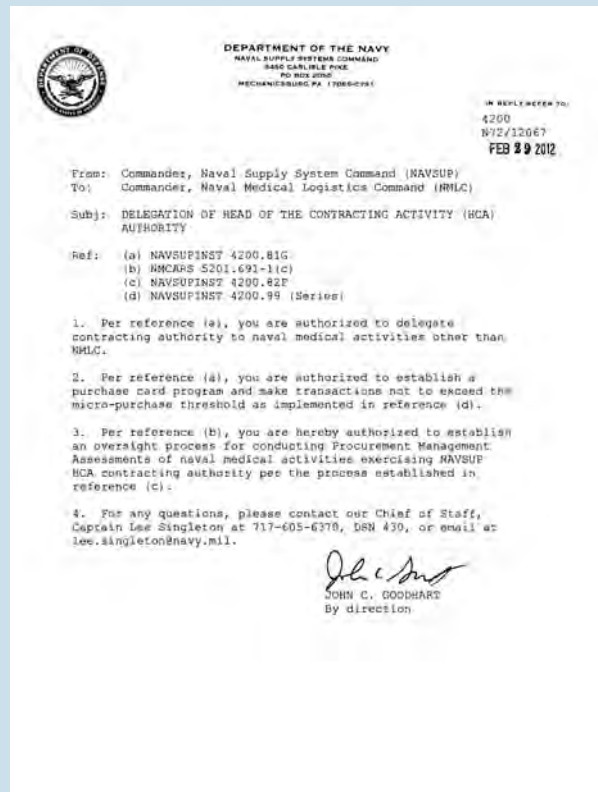
## NMLC Granted Limited HCA Authority for Navy Medicine Procurement Offices

By Gilbert 'Bert' Hovermale, Director, Acquisition Management Directorate

Naval Medical Logistics Command (NMLC) was granted limited Head of Contracting Activity (HCA) authority by letter dated 29 February 2012 from the Naval Supply Systems Command (NAVSUP).

The letter follows the issuance of revised NAVSUP Instructions 4200.81G and 4200.82F, which detailed additional oversight responsibilities for NMLC's Acquisition Management Directorate. In short, NMLC has been granted the authority to delegate procurement authority to Navy Medicine procurement offices and to establish a Procurement Performance Management Assessment Program (PPMAP) to review the exercise of that authority. NAVSUP also directed NMLC to establish a Government Purchase Card (GPC) program and to review GPC use for Navy Medicine activities.

The letter, and the revised instructions which preceded it, represent a significant business change for both NAVSUP and Navy Medicine. NAVSUP had previously delegated procurement authority to Navy Medicine offices



### Plan of Action and Milestones (POA&M)

Although the HCA letter is official, there is still much work to do by both NAVSUP and NMLC before NMLC can begin exercising its new authority. NMLC Acquisition Management Directorate staff is developing a POA&M to complete the mission/function transfer. NMLC staff will participate in FLC-led PPMAP

assessments of Navy Medicine activities in Fiscal Year 12 and the beginning of Fiscal Year 13. NAVSUP and NMLC will negotiate positions and funding associated with the mission/function transfer in time to execute hiring actions early in Fiscal Year 13. After additional training of new staff members, NMLC looks to fully assume its new responsibilities in March 2013.

through individual PPMAP offices at its Fleet Logistics Centers (FLCs) after coordination and consultation with NMLC. The FLC PPMAP offices have served Navy Medicine reliably and well for many years, providing training, advice, and support to BU-MED procurement offices in addition to formal PPMAP assessments, and we thank them for their service as we plan to continue and even enhance this important capability.

assessments of Navy Medicine activities in Fiscal Year 12 and the beginning of Fiscal Year 13. NAVSUP and NMLC will negotiate positions and funding associated with the mission/function transfer in time to execute hiring actions early in Fiscal Year 13. After additional training of new staff members, NMLC looks to fully assume its new responsibilities in March 2013.

NAVSUP and NMLC have agreed that the initial mission/function transfer will affect



CONUS activities only. Procurement authority for European Navy Medicine activities will continue to flow through FLC Sigonella. Procurement authority for Navy Medicine activities in the Pacific Rim will continue to flow through FLC Yokosuka.

## Enhanced PPMAP

Procurement Performance Management Assessment Program assessments led by the FLCs have focused on compliance with acquisition regulations and NAVSUP policies. NMLC PPMAP assessments will include these standards and more. BUMED leadership has asked NMLC to develop an assessment regimen which also tests compliance with Financial Improvement Program Standard Operating Procedures (SOPs) and audit readiness controls. For example, in addition to testing compliance with NAVSUP Instruction 4200.99 (series), which covers the use of the Government Purchase Card, NMLC's PPMAP assessment will also test compliance with BUMED's Purchase Card SOP.

NMLC's PPMAP assessments will include Prime Vendor and E-CAT ordering, areas traditionally left untouched in FLC-led assessments. The Prime Vendor and E-CAT focus area will test compli-

ance with BUMED Ordering Officer Guidance and look for savings opportunities through sourcing optimization. In other words, NMLC will review purchase history to see if items purchased through open market sources could have been obtained through Prime Vendor or E-CAT at a savings to the activity.

FLC-led PPMAP assessments do not usually examine the activity's Contracting Officer's Representative (COR) function, but NMLC assessments will test this area. NAVSUPINST 4205.3 (series), the NMLC personal services Contract Administration Plan, BUMED Instruction 4200.2 (series) and the recently released COR SOP will be the standards used.

All of BUMED is focused on audit readiness, and NMLC will make a positive contribution to audit readiness through its enhanced PPMAP role. NMLC PPMAP assessments will test key control activities associated with the Contract Administration and Consumables audit focus areas. For example, to test the Key Control Objective, "All obligations are recorded in the correct amount and line of accounting," the PPMAP assessor will look for evidence that the comptroller veri-

fied the amount and line of accounting before signing the purchase request and evidence that the contracting officer verified the line of accounting on the contract was the same as the one on the purchase request.

One area that won't change with the mission/function transfer is the "between assessment" support provided by the PPMAP office to Navy Medicine procurement offices. NMLC intends to continue the strong tradition of training, reach back support, advice and assistance provided by the FLC over the years.

## Summary

NAVSUP and NMLC are working together to transfer the responsibilities associated with procurement authority and Government Purchase Card from NAVSUP to NMLC by mid-FY13. The key steps necessary to effect the mission/function transfer are agreeing on the resources (positions, funding) to be transferred, hiring and training personnel, and building an assessment regimen that includes BUMED-directed enhancements in addition to compliance with acquisition regulations and policy. The initial mission/function transfer affects only CONUS Navy Medicine activities.

## Director by day...DMMPO Director Shoots for Excellence

By Lt. Aleasa Price

Air Force Col. Laura Torres-Reyes is the Director for the Defense Medical Materiel Program Office (DMMPO) at Fort Detrick, MD. Aligned under TRICARE Management Agency, Office of the Secretary of Defense and Force Health Protection and Readiness, DMMPO promotes joint interoperability of institutional and operational medical capabilities, standard medical logistics processes, efficiency in the acquisition and life cycle management of medical materiel, and standardization of medical supplies and equipment, maximizing resources and promoting operational flexibility. In addition to her role as Director, she is board certified in Occupational Medicine and serves as the primary physician liaison with DoD medical logistics enterprise leadership, and collaborates with Service trainers, planners, testers, and combat developer communities to enhance standardization opportunities across the continuum of care in the MHS.

### And when the day is over...

At the end of the day, Col. TR rides off in her bright yellow corvette and heads home. Well, not necessarily, she may take a little detour to go to the shooting range to relax or practice for her next competition. Yes, competition. Col. TR's



Col. Laura Torres-Reyes is the Director for the Defense Medical Materiel Program Office (DMMPO) at Fort Detrick, MD. In her off duty time, she enjoys competitive shooting. Notice the dispensed shell casing in the above photograph.

hobby is participating in shooting competitions.

Is she good? Col. TR has

earned more than 30 High Lady and High Military State titles in the past four years. Here at DMMPO we believe her record





is impressive, so we decided to share what we learned about her favorite pastime event.

**How did you get started?** *“In 2003 I had to qualify on the M9 prior to an OEF deployment. As a Colonel and physician I didn’t want to embarrass myself, so I asked my husband, a retired Marine, to take me to the range and teach me how to shoot. After just 3 classes, I easily qualified, and had the top score in a class primarily comprised of security police. As soon as I returned from deployment, my brother-in-law, also a retired Marine, got me involved in shooting action pistol matches. The sport involves shooting on the move while engaging multiple types of moving and static paper and steel targets. After placing well and beating lots of guys in my very first match, I was hooked!”*

**Are there any particular competitions you enjoy most?** *“Action pistol shooting covers a variety of different types of matches and formats. All involve shooting paper or steel targets, and require speed and accuracy to do well. I primarily shoot International Defensive Pistol Association matches that have stages comprised of scenarios based on “real world” defensive situations. It requires lots of movement, shooting from different positions, and cool moving targets that have names like “clam shells”, “drop turners”, “runners”, “swingers”.”*

**What is your preferred shooting style?** *“I’m known for my speed in movement. The key to moving fast and shooting accurately is minimizing wasted movement. Smooth is fast!”*

**I noticed that there are press releases about your shooting accomplishments on the web. How does the Air Force feel about that?** *“I was fortunate to have been selected as a member of the Smith & Wesson shooting team for the past two years, and am currently sponsored by International Training Incorporated. They have great marketing with press releases that get picked up by web sites focused on the shooting community. The Air Force is extremely supportive of the shooting sports and has authorized me to participate in International level competitions as permissive TDY. Most recently, the Air Force has been a sponsor of the popular shooting competition TV show “Top Shot”.”*

**Do you have a favorite event?** *“Yes, any event where I’m shooting at targets.”*

**Has shooting helped you in your role as Director?** *“Absolutely! The mental discipline and strategic planning required to do well in this sport has definitely enhanced my confidence and abilities as a leader. I have always handled stress well, but now when I get especially frustrated, it is amazingly calming to go to the range and put rounds through the center of a target.”*

## NOSTRA visits North -- Operation Arctic Care serves Alaska's rural communities

By Air Force Maj. Guy Hayes Alaska National Guard PAO



At the Naval Ophthalmic Support and Training Activity fabrication laboratory, lenses are prepared with the exact amount of shade to fully comply with regulation standards before eyewear is packaged and shipped to Soldiers, Sailors, Airmen, Marines or even TRICARE beneficiaries. In 1999, NOSTRA was designated as the Executive Agent for the Department of Defense Optical Fabrication Enterprise charged with fiscal oversight of all DoD optical fabrication laboratories worldwide.

NOME, Alaska -- One week into Operation Arctic Care 2012, residents in western Alaska are receiving medical care from a cadre of military medical professionals.

Blanketed with ice and snow on the Bering Sea coast, most villages are isolated by miles of open landscape and accessible only by snow machine and air transportation. However 285 Guardsmen, Reservists and active-duty service members have braved the elements this week to bring care to Alaskans in need.

"We've already assisted 2,708 people and performed 5,049 procedures in the first week," said Alaska Air Na-

tional Guard Lt. Col. Sharolyn Lange, task force medical commander for Operation Arctic Care 2012. "It's going very well, and we are now in the process of switching main body teams from one village to another to serve the final five villages."

With operations ongoing in 11 of the 16 scheduled villages, Arctic Care personnel from across the nation are embracing their opportunity to train and serve here in the land of the midnight sun.

"This has been an opportunity of a lifetime," said Capt. Wade Kinshella, medical detachment registered nurse, Colorado Army National Guard. "It's

a wonderful experience and the kids are the best. They are happy to see us, and we're happy to see their smiles."

Kinshella is currently in Brevig Mission overseeing medical operations, training medics, ensuring providers have what they need and assisting with procedures. Next, he and his team are headed to Little Diomedé Island, a town with a population of only 80 people and one of the most remote locations in America.

We are happy we've been able to provide medical, dental, optometry and vet care here and look forward to helping more people on Little Diomedé," he said.



# LOGISTICALLY *speaking*

Like Kinshella, Arctic Care has been a career highlight for many who are here and a unique opportunity to help provide basic services that many of us take for granted each day.

"The Navy has a team called NOSTRA, it's a deployable optical fabrication squad from Virginia," Lange said. "They are actually making glasses for people the same day as their appointment and getting the glasses back out to the villages in less than 24 hours."

**NOSTRA**, or Naval Ophthalmic Support and Training Activity, specializes in providing quality eyewear to America's armed forces. They are an elite group of military specialists who understand the importance of readiness and have the ability to process orders anywhere in short period of time.

"We've processed 460 glasses in five days," said Navy Petty Officer 1st Class Quentin Moncrieft,

NOSTRA technician. "Once we receive a request via fax here in Nome, we start to process the order."

Moncrieft is one of four NOSTRA technicians sent to Nome to make glasses each day for orders coming from Arctic Care optometrists working in the villages.

"We grab a tray and lens, scope the lens, block and cut the lens to frame size, bevel the lens to cut any sharp edges off and then put them in the frame," Moncrieft said. "We then scope the new lenses to verify the prescription is correct, bag them up and send them back to the village."

From start to finish, Moncrieft and fellow NOSTRA service members from Yorktown, Va., are able to make new glasses in only about 10 minutes, saving rural residents a significant amount of time and money.

"Normally patients would have to travel from their village to Nome or Anchorage to visit an optometrist," said Navy Petty Officer 2nd Class Aaron Swan, NOSTRA technician. "The transportation out of their village, cost of visiting with an optometrist, cost of the glasses, and then travel home saves them more than \$1,000."

"It's definitely rewarding because we are contributing and giving back to the community," Moncrieft said. "I'm really glad I had the opportunity to be a part of Operation Arctic Care and help the people of Alaska."

Sponsored by the Innovative Readiness Training program under the Office of the Assistant Secretary of Defense for Reserve Affairs, Arctic Care has been bringing health care and veterinary support to residents in the Bering Strait and Norton Sound regions of western Alaska from April 9 –16.



Petty Officer 1st Class Quentin Moncrieft, NOSTRA technician, puts the finishing touches on a pair of glasses during Operation Arctic Care, April 16. NOSTRA technicians processed 460 glasses in just five days.

## PERSONALITY PROFILE

# Mrs. Debra Thomas



### **Where do you call home? Where did you attend college?**

Home: Because of my travels as a military spouse for the last 26 years, I really don't have a home. My roots began in Georgia. I am from a very small town known as the Fruitcake Capital of the World, Claxton, GA.

Colleges:  
Webster University  
Millington TN Campus  
Major: MBA

Southern Illinois University  
NNMC Bethesda Campus  
Major: BS, Healthcare Management

### **How did you come to enter the federal service?**

I entered federal service at Guantanamo Bay, Cuba, my husband's second duty station, in 1989. I took a budget clerk position for 30 days, shortly after that, I became employed at the Shore Intermediate Maintenance Activity (SIMA), as a clerk typist. This was my first en-

counter with the Navy; my first line supervisor was a Chief Boatswain Mate. I worked for the Navy for 21 of my 22 years and during that time I have worked not only at SIMA, but for Air Operations, Naval Personnel Command Family Support Directorate, Bureau of Medicine and Surgery (BUMED) and several MTFs.

### **How long you have been at NMLC? Where you were before? What are you responsible for at NMLC?**

I joined NMLC Code 07 August 2005, as an analyst. When I joined the command in 2005, the Directorate was called Healthcare Services Support Directorate and a few years later, our name changed to Healthcare Services Strategies Directorate. The Healthcare Services Strategies Directorate is the BUMED cognizant technical manager for all healthcare services contracting initiatives. The directorate was established in 1987 to be the liaison between the Contracting Officer (no matter where they are located NMLC/Fleet Logistics Command/Region/MTF) and the medical practitioners at the MTF. The directorate advises on the design of healthcare contract initiatives; develops and has final approval authority for all SOWs/PWSs; researches and analyzes healthcare data; and provides customer education and training. Until very recently, I was responsible for Naval Medical Command San Diego, Naval Hospitals Guam, Yokosuka, and Okinawa. Currently I co-supervise a staff of

15 personnel. I provide leadership, training, guidance and support to our talented staff.

### **What makes you a success here?**

The support of my family, my faith, my background and experience contributes to my success. Being willing to go the extra mile, understanding the community in which I serve and being a part of that community. Also, my ability to lead by example, be open minded and flexible while adhering to the mission makes me successful in my current position. I am constantly thinking about process improvement and ways in which we can take our directorate to the next level.

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

Relaxing with my family, doing art and crafts, but the majority of my time outside of work is spent working in the community through my sorority, Delta Sigma Theta. On the 1<sup>st</sup> Wednesday of the month, we mentor anywhere from 25 – 34 boys; on the 3<sup>rd</sup> Thursday of the month, we mentor anywhere from 32 – 40 girls. My sorority keeps me very busy holding seminars, workshops, and food/ clothing drives.

Additionally, I am on the Board of Directors for a Women's ministry in Memphis, Tennessee.

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



For the last seven years, I have held an office (financial secretary, Second Vice President and First Vice President) or Chaired a committee. I attend leadership training and planned events. All of my time spent, helping, working and leading others have attributed to my leadership and management skills. I bring those skills with me everyday! My interaction with people from various walks of life allows me to appreciate individual differences and enhances my skills as a leader, and effective communicator.

Working in the community helps me to see the potential in those I work with.

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

I have an entrepreneurial spirit. I love to see people enjoying themselves and having fun, so I love hosting giving parties/get-togethers! I have a creative side and sometimes use that creativity to conduct staff education and training at work. I am responsible for ensuring that staff members receive continuous training. In doing so, I try to be innovative in my approach to while encouraging teamwork and fun. I have been married for 32 years and I have a son and daughter.

### **NMLC support warfighters through its logistical expertise. How does what you do contribute to the organization's overall mission?**

I contribute to the overall mission of the Command, by ensuring that the staff understands healthcare and the needs of the Military Treatment Fa-



Ms. Debra Thomas received her Bachelor of Science degree in Healthcare Management from Southern Illinois University and her Master of Business Administration from Webster University. When not supporting Warfighters at NMLC, she enjoys working with her sorority Delta Sigma Theta and she is on the Board of Directors for a women's ministry in Memphis, Tenn. In the above picture, Ms. Thomas handed out sound makers for a friendly game of work related Jeopardy. Mark Coover exits the Navy Training Room as Mrs. Thomas hands a noise maker to a team member for Code 7 Jeopardy.

cilities in order to provide those who serve our Country with state of the art healthcare for them and their families. I believe that it is important for them to know understand the big picture and how important their contribution is to Navy Medicine overall.

### **Any final thoughts you can share?**

I am inspired by two great women, so I want to leave you with quotes from them.

“Faith is the first factor in a life devoted to service. Without it, nothing is possible. With it, nothing is

impossible.” Mary McLeod Bethune  
“Without community service, we would not have a strong quality of life. It's important to the person who serves as well as the recipient. It's the way in which we ourselves grow and develop.” *Dr. Dorothy Irene Height.*

## PERSONALITY PROFILE

### *Mrs. Jameka Davis*



#### **Where do you call home? Where did you attend college?**

Born and raised in Fredrick, Md. Attended University of MD at College Park for my undergraduate degree. I received an MBA from Hood College in Frederick, MD

#### **How did you come to enter the federal service?**

I did lots of traveling in my previous job and was ready to give up the constant plane rides. Melanie Muscar (NMLC, Code o2) was in one of my Masters' classes at the time. She shared about the job that she did at NMLC and how her efforts supported the sailors and their families. It sounded both interesting and rewarding. I applied for one of the openings and came onboard at NMLC in January 2006 as a Contract Specialist supporting the National

Capital Area's Medical Personal Service needs. One of my first assignments was issuing the first task order proposal requests (TOPR) for the NE Medical MATO. After working with personal service contracts for a few years, I started working with the Department of Defense Drug Testing Laboratories and the Equipment and Supplies Division (now called Equipment and Maintenance Division (EMD)). I am currently a Contracting Officer and one of two Team Leads for EMD.

#### **How long you have been at NMLC? Where you were before? What are you responsible for at NMLC?**

I've been at NMLC for six years. My previous position was as Manager of Onsite Operations for a company that provided Trade

Show Registration and Lead Retrieval Services at trade shows at different locations across the country.

I am currently a Contracting Officer and one of two Team Leads of EMD. In this role, I work with the technical and requirements communities to help formulate requirements, mainly the Navy Medical Treatment Facilities. I work with the Contract Specialists providing guidance as we complete the procurement process. I review solicitations, proposals and other procurement documents in an effort to award contracts that meet the medical equipment needs of the sailors and their families. As a team lead, I also interpret policies and regulations for team members and incorporate them into our procurement process.

#### **How did you first learn of the MRI effort? What was your involvement? What challenges did you faced in accomplishing your tasks and how did you over come them?**

February 2011, but it wasn't until March that we got the final word that NMLC would be responsible for their procurement.

I was the Contracting Officer responsible for issuing the solicitation, reviewing proposals and making a determination as to



what offeror was presenting the best proposal to the government. It has been described as a “ready, fire, aim” task in that we often proceeded in an atypical manner due to the urgency and magnitude of the requirement. Challenges included the urgency, the many “hands in the cookie jar,” security requirements, time period and location differences of the team members, and numerous changes. We overcame the challenges by adapting our typical procurement strategy, reacting quickly and having a dedicated team of knowledgeable professionals.

### **What makes you a success here?**

Working with a great group of knowledgeable professionals/team members and always having their support.

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

I spend time with my family. I have been a big sister as part of Big Brothers/Big Sisters for about the past 10 years. I’m also an Independent Advisor with Lia Sophia Jewelry.

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

I like working with all different types of people and try to strike a good life/work balance so that I’m ready for the everyday challenges here at NMLC.

**NMLC supports warfighters through its logistical expertise. How does what you do contrib-**

### **ute to the organization's overall mission?**

I strive to provide valuable input into the procurement process so that warfighters can get the best medical care with the best equipment. My job is rewarding because I feel as though I can have a direct impact on the quality of care that the men and women in the field receive. When I buy something, when I’m providing my input as to how to shape a procurement, I have in the back of my mind that what I buy could impact people like the boy I babysat (Sgt David Smith) when we were younger. While serving in Afghanistan, he was killed by a suicide bomber in 2010. Even though he was not a marine and not a sailor, I think about him and what type of medical care he received. That motivates me to make the best decisions so that people like

David get the best medical care possible.

### **Any final thoughts you can share?**

I’ve really enjoyed my 6+ years here at NMLC. There’s a great sense of community and teamwork throughout the organization. I’ve always felt supported by my team members, supervisors and other leaders throughout the organization. We have a great mission and a great team supporting that mission here at NMLC.

Pictured below, from left to right, Courtney Piar, Shaukat Mirza, Rebecca Wisner, Andrew Hampton, Jamie Belletto, Christina Boyd-Brown, Arjun Bhalla, **Tameka Davis**, Thea Hofgesang, Brian Miller, James Watkins, Derek Bell and Sandy Musgrove. Taken on the occasion of team member Arjun Bhalla’s departure from Naval Medical Logistics Command, the contracting specialists of the Acquisition Management Directorate routinely display an exceptional degree of camaraderie in their work efforts.



# LOGISTICALLY *speaking*

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## NAVAL MEDICAL LOGISTICS COMMAND

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