LOGISTICALLY speaking

Naval Medical Logistics Command, Fort Detrick, Md. Winter Issue

Naval Medical Logistics Command's Newest Commanding Officer, Capt. Mary S. Seymour

Naval Ophthalmic Support and Training Activity

Chief Hospital Corpsman Chantelle Trott, Naval Ophthalmic Support and Training Activity's Production Manager, paused for an interview with the Ability One crew. The interview was being conducted for a feature for Ability One (formally known as ARC) on how NOSTRA staff works well with Ability One personnel. Chief Trott's duties as the Director of Production are to oversee the production process of eyewear fabrication as a whole. NOSTRA receives about 2,000 pairs of glasses throughout the day, with a crew of 92 personnel consisting of Army, Navy, Civilians and Contract workers to complete the mission. Chief Trott is also NOSTRA's Administrative Department Head and the Production Department Leading Chief Petty Officer. NOSTRA's mission is to support readiness of the Armed Forces by providing timely fabrication and worldwide delivery of quality eyewear.

They accomplish this by: Leading the Department of Defense Ophthalmic Services Program in providing prescription eyewear for all eligible personnel; Supporting all operational, contingency, and humanitarian missions worldwide, in peacetime and wartime; and by Conducting Tri-Service training programs in Opticianry.

Naval Medical Logistics Command

2014-2015 Seasonal Influenza Vaccine Program Data Call for Requirements

The Vaccine Information and Logistics System (VIALS) is a web-based application developed to assist the Navy and Marine Corps in collecting and processing requirements for the Seasonal Influenza Vaccine Program. Developed by Naval Medical Logistics Command (NMLC), this system is user-friendly and Common Access Card (CAC) enabled. Navy Leadership considers the Seasonal Influenza Vaccine Campaign vital to mission readiness and operational effectiveness. Furthermore, it has a direct reflection of each activity's preparedness for any pandemic vaccine response.

VIALS is accessed through the NMLC Website, https://gov_only.nmlc.med.navy.mil/int_code03/vials/, and provides secure access to all personnel involved in the assembly, reporting, and distribution of influenza vaccine requirements. VIALS can provide real-time data related to allocation, requisition, and shipment status.

VIALS is scheduled to accept 2014-2015 Seasonal Influenza Vaccine requirements from 3 - 27 February 2014. No new or additional vaccine requirements will be accepted after 27 February 2014.

The point of contact for the Navy Seasonal Influenza Vaccine Program is Mrs. Louise McLucas, sarah.mclucas@med.navy.mil.

On the Cover:

Two tours of duty ago, Mary S. Seymour held the rank of Commander and was Naval Medical Logistics Command's Executive Officer. On Sept. 5, she returned as a Captain and as the Commanding Officer.

In a ceremony featuring special guest speaker Rear Adm. Donald R. Gintzig, Deputy Surgeon General (Acting), Bureau of Medicine and Surgery, Capt. Seymour took the reins of command from Capt. James B. Poindexter III with the simple phrase, "I am ready to relieve you sir." With that, she read her orders. "When directed, detach from (student) National War College, and report as Commanding Officer of Naval Medical Logistics Command," signed Commander Navy Personnel Command." With that, Capt. Seymour became NMLC's newest Commanding Officer.

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From the Commanding Officer

Capt. Mary S. Seymour, NMLC CO

As we rapidly approach the end of this year, we exit 2013 in the wake of tremendous change. The challenging political climate impacted all our lives in one way or another. Although your resolve may have been tested, I could not have been more proud of how you pulled together as a team, faced every obstacle and never allowed Naval Medical Logistics Command (NMLC) to miss a contractual obligation or a logistics requirement. In fact, our Acquisition Management Directorate repurposed more than $34.5 million of current year funds in contracts with high unliquidated balances. Identifying funds from contracts that have not been obligated frees unused funds for other Navy Medicine procurement actions and allows Navy Medicine to continue meeting warfighter needs. This represents the right results from audit readiness practices NMLC incorporated that mirror's U.S. Navy Bureau of Medicine and Surgery's (BUMED) stated objectives of ensuring Navy Medicine leads the way in being good stewards of taxpayer dollars.

These practices were in place long before I took command. My predecessor, Capt. James B. Poindexter III, handed me a gem of an organization to lead, and he left me well positioned for success. Our change of command ceremony took place in early September and as Rear Adm. Donald R. Gintzig, Deputy Surgeon General (Acting), Bureau of Medicine and Surgery, said in his remarks, "NMLC has the most unique role in the United States Navy." I expect 2014 will bring new opportunities -- some for which we have anticipated and some we have not. Regardless, as we continue to ensure that all forces afloat and Military Treatment Facilities around the globe have world-class medical equipment on-hand, I am confident you will exceed any and all expectations placed on you.

In closing, let me thank all our supporters and our stakeholders; those who rely on our services and those who we routinely serve in providing world-class medical care to our Sailors, Airmen, Soldiers and Marine and their families.

From the Command Master Chief

In November 2013, Naval Medical Logistics Command celebrated its 160th birthday. How does an organization maintain its posture and importance through a century of changes? How did we remain relevant to the mission of Navy Medicine and the United States Navy?

From our inception in 1853, when Congress authorized the Navy Department to build and equip a laboratory where medicines could be made for the Naval Medical Department to delivering medical materiel, equipment and services to our medical facilities, operational forces and forward deployed hospitals, Naval Medical Logistics Command understood its importance and employed the best and the brightest persons who would take our command to unmatched successes.

Within the last decade, Naval Medical Logistics Command has facilitated the deployment of Magnetic Resonance Imaging systems to forward deployed Military Treatment Facilities in Afghanistan, won the Joint Logistics Team of the Year in the 2011 Admiral Stan Arthur Awards for Logistics Excellence, and facilitated the construction of a Chemically Hardened Expeditionary Medical Facility which tested the integration for a collective protection system. These noteworthy accomplishments are just a few deeds that demonstrate the quality of work our military and civilian teams contribute daily through their time and efforts.

As we strive in remaining relevance to the mission of our Navy and for the next century, Naval Medical Logistics Command will continue to provide the right products and services to the right people at the right time.

HMCM(FMF) David L. Hall, NMLC CMC

HM2 Lynch and Capt. Seymour, NMLC's Commanding Officer, slice the Navy Birthday cake. CMC Hall looks on.

NMLC and Fort Detrick military personnel stand ready to support Forces Afloat and Military Treatment Facilities around the globe.

Seymour Takes Helm of Naval Medical Logistics Command

By Julius L. Evans, NMLC Public Affairs Officer

Two tours of duty ago, Mary S. Seymour held the rank of commander and was Naval Medical Logistics Command's executive officer. On Sept. 5, she returned as a captain and as the commanding officer.

In a ceremony featuring special guest speaker Rear Adm. Donald R. Gintzig, Deputy Surgeon General (Acting), Bureau of Medicine and Surgery, Capt. Seymour took the reins of command from Capt. James B. Poindexter III with the simple phrase, "I am ready to relieve you sir." With that, she read her orders. "When directed, detach from (student) National War College, and report as Commanding Officer of Naval Medical Logistics Command," signed Commander Navy Personnel Command."

Yet, leading to the changeover were a number of lively and emotional speeches and testimonies, starting with Rear Adm. Gintzig.

"Bernie has done everything we have asked of him and he has done it efficiently, on schedule, and in many instances, on or under budget," Gintzig quipped. "In fact, he may be the only officer that I know in the Pentagon of whom I can actually make that claim," he said to a crowd roaring with laughter.

"In an unprecedented medical equipment initiative, Capt. Poindexter was responsible for three mobile Magnetic Resonance Imaging (MRI) systems being acquired and sent to Afghanistan to aid in the diagnosis and treatment of mild traumatic brain injury," Gintzig said. "Nothing like this had ever been attempted before and Bernie ensured it went off flawlessly."

Capt. Mary S. Seymour thanked everyone who attended the Change of Command ceremony on Fort Detrick, Sept. 5, 2013.

The admiral went on to explain how Naval Medical Logistics Command (NMLC) has the most unique role in the United States Navy, ensuring that all forces afloat and Military Treatment Facilities around the globe have world-class medical equipment on-hand that is necessary to treat our nation's warfighters and their family members.

The outgoing commander appreciated the kind words.

"It has truly been an extraordinary honor and privilege to serve as the commanding officer of Naval Medical Logistics Command over the last three years and I could spend considerable time today talking about our significant accomplishments and value to Navy Medicine," Capt. Poindexter said. "But I prefer to look forward, over the horizon, because in my view, NMLC's future is bright and secure."

When he spoke of a bright future, he was inevitably making reference to his relief.

"Capt. Seymour, I can't think of anyone more prepared and ready for command than you, and I am abso-

lutely confident you will lead Naval Medical Logistics Command through the challenges ahead, along our journey of continued process improvement and enhanced operational relevance," Poindexter said, as he ended his remarks and prepared to be relieved of command.

Seymour's previous commands may have well prepared her for command. Some of her former duties have included Comptroller at the Annapolis Naval Medical Clinic and Department Head for the Materials Management and Management Information also in Annapolis; Navy Personnel Command's Technical Advisor for all staff corps promotion selection boards and as the Branch Head for all officer selection boards, both in Millington, Tenn.

She was Director for Resources at the U.S. Naval Hospital Rota, Spain and U.S. Navy Bureau of Medicine and Surgery. Since 2009, she has served as the Medical Service Corps Financial Management Specialty Leader. She attended the Naval Postgraduate School in Monterey, Calif., earning a Master of Science degree in Management specializing in financial management and in June 2013, she earned her second Master of Science degree in National Security Strategy from the National War College.

As she addressed the crowd and two of her previous commanding officers from NMLC, she spoke to them directly. "Both of you know I love being a Comptroller, but you allowed me to widen my aperture and develop a passion for being a Logistician. I'm sorry, a Logtroller," she said. Her reference to her experience as a Comptroller and a Logistician resonated with the audience.

"NMLC has proven that it is an agile force capable of providing logistics and acquisition support to Navy and Marine Corps customers at home and abroad and a willing partner to its Air Force and Army counterparts, ensuring that today's warfighters are always the first priority," Capt. Seymour continued. "As we embark on our new journey together, resource constraints and the Defense Health Agency transition will inevitably impact the way we conduct business and present us with many unique challenges and opportunities."

But for now, those challenges and opportunities will just include reacclimating herself to the day-to-day activities of Navy Medicine's center of logistics expertise, responsible to design, execute, and administer individualized state-of-the-art solutions to meet customers' medical materiel and healthcare service needs worldwide.

In closing the ceremony Seymour called the command to order and said, "Naval Medical Logistics Command, all standing orders, policies, regulations and instructions remain in effect. Carry out the Plan of the Day." **LS**

For the first time, Capt. Seymour is saluted as the Commanding Officer of Naval Medical Logistics Command.

Contract Closeout— An Audit Readiness Success Story

By Bert Hovermale and Alexis Dankanich

Focused on closing contracts with high, unliquidated balances, the U.S. Navy Bureau of Medicine and Surgery (BUMED) repurposed $34.5 million of current year funds in fiscal year 2013, an amount verified during a Standard Procurement Systems update performed Sept. 30.

Pictured from left to right are Alexis Dankanich, Michele Cameron, Bert Hovermale, Judy Draper and Rebecca Tama.

Contract closeout is the final act in the contracting drama. It's the "grave" in cradle to grave acquisition processing. When performed in a timely and effective manner, closeout provides two unique benefits to Navy Medicine: it protects the Government's interests from a legal standpoint and frees up unused funding for Navy Medicine mission priorities.

"To close out a contract, the contracting officer must establish that each party has fully satisfied its obligation to the other. The contractor has delivered everything the contract required, and the Government has paid the contractor in full," explained Judy Draper, Contract Administration Division Team Lead and Contracting Officer at Naval Medical Logistics Command's Acquisition Management Directorate. "Any excess funds on the contract have been deobligated, so the finance and accounting systems show a zero balance. Property rights – both physical and intellectual – have been settled to the satisfaction of the parties. Administrative actions have been finalized, all necessary documentation has been included in the file, and a Contract Completion Statement has been generated. At this point there is nothing left to do except box up the contract and send it to records holding."

Contract closeout is important because without this final step, the Government can't settle its books. Unliquidated balances, the funds remaining on a contract after performance has ended, are an accounting nightmare and could prevent the agency from receiving a clean audit opinion. Even though closeout is important, it is a low priority for most contracting agencies because efforts are understandably focused on getting new contracts in place so that end users can receive the goods and services needed to meet mission requirements. As a result, contract closeout is generally seen as an organizational weakness and audit vulnerability in most agencies.

That was previously the case in the Navy Bureau of Medicine and Surgery (BUMED), but no longer. Through extensive data analysis, BUMED determined that most of its unliquidated balances (also called unliquidated obligations, or ULOs) could be attributed to a relatively small number of contracts.

"To get the most return for its closeout efforts BUMED began focusing on recent (current year and two previous fiscal years) contracts with high ULO balances ($25,000 or more). At the time, this approach was heretical," said Michele Cameron, Division Chief in NMLC's Acquisition Management Directorate. "Conventional wisdom dictated that closeout efforts should focus on oldest contracts first and proceed from oldest to most recent, regardless of the associated unliquidated balances. Focusing on current and recent years makes much more sense, however. Deobligating ULOs from current year contracts enables funds to be repurposed for other priorities, thereby stretching budgets in this austere fiscal environment. Since auditors will assign greater relevancy to the most recent practices, fo-

cusing on recent contracts makes good audit sense, too."

Emphasis on contract closeout resulted in an increase of closeout deboligations with prior fiscal year funds and an increase of award closures in the system. It also encouraged a more precise approach to contract monitoring. This improved approach to contract monitoring increased current fiscal year deobligations as well.

"By monitoring contract expenditures, excess funds are more readily identified and therefore can be recouped promptly. Fiscal year 2013, (FY13) resulted in more than $34.5 million in current year funding deobligations across Navy Medicine," said Rebecca Tama, Deputy Director of NMLC Acquisition Management. "These FY13 deobligated funds continue to increase, and at $34.5 million, it is already greater than the current year deobligations processed in FY11 and FY12. Closeout deobligations processed in FY13 for funding from the two most recent fiscal years (FY11 and FY12) totals more than $47 million. The icing on the cake is the 7,331 awards that have been closed in the system in FY13, which is almost a 10 percent increase from the number of contracts closed in FY12."

What did BUMED do that helped turn the tide? Much, as it turns out. One of the keys to solving any intractable problem is getting the right data. BUMED developed a method of merging both contract and financial data in order to produce a useful list of high-priority contracts by location. BUMED continues to refine data mining tools to identify recent, high ULO contracts that offer the best return for effort. This high-priority list is generated once per quarter. Telling a contracting activity specifically to close out contract 11-C-0434 is going to yield a much better result than a general recommendation that the activity should close recent high ULO contracts.

Next, BUMED improved its Closeout Standard Operating Procedures (SOP). The first version of the Contract Closeout SOP was introduced as a Desk Reference Guide in December of 2008. Version 2, released in April of 2011, was developed alongside the prioritization criteria and was a complete overhaul of the original version. The SOPs became more detailed without becoming harder to understand. Version 3, released in June 2013, incorporated end-user feedback and in turn introduced several new tools including a streamlined procedure, a due diligence process and a closeout checklist.

"The streamline procedure can be applied to contracts that meet certain criteria, are paid in full with no unliquidated balance and have no outstanding issues," Cameron said. "The due diligence procedure is used in circumstances where the contractor is unable or unwilling to validate that all deliveries have been made and all payments received. The contract closeout checklist is a handy outline that attaches to each contract. It summarizes all of the closeout steps and required documents so that the contracting activity can easily verify that the file is complete. Relatively continuous training by the BUMED SOP Team and closeout experts from the Naval Medical Logistics Command have made sure that everyone knows the objectives and understands the processes."

The final step BUMED took to improve closeout performance was a big one. They called in reinforcements. BUMED invested funds in three closeout support contracts with Ability One under the Javits Wagner O'Day (JWOD) program.

"These contracts provide additional manpower dedicated specifically to closeout duties. Ability One contracts are in place at the three largest BUMED contracting offices: Naval Medical Logistics Command and Naval Medical Centers Portsmouth and San Diego," Tama explained. "Since the Ability One program employs disabled individuals (many with service-connected disabilities), this initiative has the additional benefit of helping the disabled find meaningful employment."

What's next for BUMED's contract closeout program? The first step is to sustain the progress that has already been made. Successful sustainment comes from continued management attention and regular testing to ensure the closeout SOP is being followed. Once sustainment is secure, BUMED wants to expand the focus of closeout efforts to include recent lower level ULOs (less than $25,000) and high dollar ULOs that are more than two years old.

A quarterly data review provides specific high-priority contract numbers and ensures that contracting offices remain up to date on ULO status. BUMED also continues to encourage participation in contract closeout sustainment training via webinar sessions throughout the year. Closeout subject matter experts are continually in touch with end-users so that the closeout process continues to evolve and expand. Once the cradle to grave acquisition process is fully complete, following the proper contract closeout procedures will help ensure each contract can be laid to rest and will remain six feet under. **LS**

Equipment Accountability's Role in Achieving Audit Readiness

By Cmdr. Michael Kemper, Director, NMLC Medical Equipment and Logistics Solutions (MELS) and Mr. Edlouie Ortega, Head, NMLC MELS Equipment and Technology Management Division

NMLC's Equipment and Technology Management (ETM) and BUMED Property Management Office (BUMED PMO) team: (from left to right): Mr. Robert Zak, Mr. Edgardo "Teddy" Cornejo, HN Denise Matamoro, HM1 (SW/AW) Sherwin Villagracia, Mr. George Potak, HM2 (EXW) Cheung Chung, Ms. Elyssa Polomski, Ms. Elizabeth Erdman, and Mr. Edlouie Ortega. Not pictured: Cmdr. Michael Kemper, Ms. Margaret Ely, Mr. Joel Guajardo, and Mr. Darwin Pitts.

(Photo credit Ms. Brenda Bell, USAMMA).

As you may or may not know, your Material Management Department will play a very instrumental role in helping your Activity achieve audit readiness. While Navy Medicine conducted a pretty successful personal property inventory in FY-13, there is still some room for improvement. Navy Medicine's overall personal property existence inventory accuracy (EIA) for this inventory cycle exceeded the Department of Defense (DoD) standard of 98 percent. Nine activities failed to reach this benchmark. These Activities, as well as any Activity with total acquisition cost of missing equipment exceeding two percent of its asset total acquisition cost or who failed to meet the inventory certificate submission deadline, will be required to conduct another wall-to-wall inventory during the FY-14 inventory cycle. Our goal for FY-14 is for all 54 Navy Medicine Activities to meet/exceed the DoD EIA benchmark within the prescribed reporting period with minimum equipment losses (amounting to less than two percent of the Activity's total acquisition cost for all of its reported assets).

In August 2009, DoD developed a Financial Improvement and Audit Readiness (FIAR) plan to meet the Congressional deadline for having audit ready financial statements by 2017. The FIAR Strategy consists of four "Waves" (priorities) for achieving DoD audit readiness:

Wave 1: Appropriations Received Audit
Wave 2: Statement of Budgetary Resources (SBR) Audit
Wave 3: Mission Critical Asset Existence & Completeness Audit
Wave 4: Full Audit Except for Existing Asset Valuation.

Navy Medicine is in the midst of asserting (i.e., attesting a functional area is ready for a financial audit) Wave 2 and is commencing Wave 3 Mission Critical Asset Existence and Completeness (E&C) Audit Readiness preparations. BUMED will focus on three asset categories: general equipment (personal property); real property; and operating materials and supplies (OM&S). The Navy Medical Logistics Command (NMLC) serves as the Bureau of Medicine and Surgery Property Management Office (BUMED-PMO) and, as such, will play the lead role in helping Navy Medicine prepare to assert its audit readiness as it relates to personal property. Wave 3 will involve the following considerations:

Existence: Do all assets recorded in the Accountable Property System or Record (APSR), DMLSS-EM for personal property, actually exist?
Completeness: Are all assets accounted for and recorded in the APSR?
Rights and Obligations: Does the Activity have the right to report all assets?

Valuation: Have we completely and accurately accumulated the appropriate costs of assets and properly recorded in the APSR?
Presentation and Disclosure: Are assets consistently categorized, summarized and reported period to period?

The FIAR plan places an increased

emphasis on asset accountability. This article will focus on validating the "existence" and "completeness" of personal property assets (equipment) that are on Navy Medicine's APSR. The key to success in ensuring transactional excellence for the "Equipment" piece is for Navy Medicine Activities to know their personal property inventories.

Per the Navy Medicine Equipment Management Manual (NAVMED P-5132), accountable property records shall be established in the APSR for all personal property (purchased, leased, or otherwise obtained) having an acquisition cost of $5,000 or greater; all automated data processing (ADP) equipment, as well as all items that are considered sensitive or classified in nature. Accountable records shall also be prepared for controlled inventory items (CII) that meet all of the following criteria: pilferable, critical to the activity's business/mission, and hard to repair or replace. Accountable property records shall be kept current and reflect the current status, location, and condition of the asset. The Defense Medical Logistics Standard Support (DMLSS) system, Equipment Management (EM) module is Navy Medicine's APSR.

Per DODI 5000.64, "Accountability and Management of DoD Equipment and Other Accountable Property," and SECNAVINST 7320.10A, "Department of the Navy (DON) Personal Property Policies and Procedures," all personal property shall be inventoried at least every three years. Classified or sensitive property, on loan personal property (including government furnished equipment (GFE)), ADP equipment (which includes all laptop computers, computer systems, tablets, servers, switches, personal digital assistants (PDA), and pocket personal computers (PCs)), and all capital equipment (i.e., personal property that has an acquisition cost, book value, or an estimated fair market value equal to or greater than $100,000) shall be inventoried at least annually. Personal property inventories are performed in a bidirectional manner. An inventory team at each Activity will conduct a "book-to-floor" inventory by visually verifying all assets on their property book actually "exist." Conversely, the inventory team will also perform a "floor-to-book" inventory by verifying all of the equipment located is properly captured on their property book (thereby confirming the property book is "complete"). It is imperative that the Activity ensure that all of its reportable assets are accurately recorded in the property book (DMLSS), including applicable valuation information (make, model, serial number, acquisition date, and acquisition cost, asset fund code, and accounting status). BUMED disseminates its annual "Accountable Personal Property Inventory Requirements" letter during the January time frame each year.

Upon completion of their inventory, each Activity must prepare reconciliation documentation, including performing causative research and possibly initiating a financial liability investigation on missing equipment. Upon discovery of loss, damaged, destroyed, or stolen government-owned property (of any value), the first line supervisor shall conduct an inquiry to determine if the situation warrants a more formal inquiry (i.e., investigation). An inquiry is an informal process of ascertaining the facts, circumstances, and cause of the loss, damage, destruction, or theft. An investigation is a formal proceeding that is conducted in accordance with the DoD Financial Management Regulation (FMR) using the DD Form 200 (Financial Liability Investigation of Property Loss). Once the DD Form 200 has been signed by the designated Activity Approving Officer (typically the Activity Commanding Officer), the Activity Equipment Manager will adjust the Activity property book accordingly. The FY14 Logistics Guidance provides the detailed step-by-step instructions on how to properly complete a DD Form 200 using DMLSS-EM. This document is available at the following link: https://gov_only.nmlc.med.navy.mil/guidance.asp.

NMLC is spearheading the deployment of Item Unique Identification (IUID) throughout Navy Medicine. The IUID Program is the foundation for enabling the DoD to achieve enhanced item visibility, improved lifecycle item management/accountability, and clean financial audits. In a nutshell, IUID is a national repository where pertinent information is maintained (from cradle to grave) on selected equipment. Using a system of marking selected items (typically those with an acquisition cost exceeding $5,000) with unique item identifiers, that have machine-readable data elements, IUID will also facilitate item tracking in DoD business systems and provide reliable and accurate data for program management, engineering, and accountability purposes. IUID falls under the Automated Identification Technology (AIT) umbrella and has a DMLSS interface.

The BUMED-PMO is committed to helping Navy Medicine prepare for the upcoming existence and completeness audit of mission critical equipment. The BUMED-PMO is playing an integral role in the complete revision of the Navy Medicine Equipment Management Manual (NAVMED P-5132) to ensure its relevance in prescribing current and easily comprehended personal property policy for the Navy Medicine enterprise. The BUMED-PMO continues to maintain an active dialogue with BSO-18 equipment managers and Regional Logisticians and develop products to enhance property accountability.

Please direct any PMO-related questions you may have to either Edlouie Ortega, (301) 619-3065, DSN 343-3065; Cmdr. Michael Kemper, (301) 619-3384, DSN 343-3384; or BUMED-PMO@med.navy.mil. **LS**

NMLC Tackles All-Hands Sexual Assault and Prevention Response Training

Story and Photos By Julius L. Evans, NMLC PAO

Command Master Chief HMCM(FMF) David L. Hall passes out accompanying material for the Navy-wide Sexual Assault and Prevention Response (SAPR) Training.

Throughout the months of August and September 2013, personnel assigned to the Naval Medical Logistics Command completed the Navy-wide Sexual Assault and Prevention Response Training mandated by the Department of Defense.

Led by Capt. Edward J. Sullivan, NMLC's Executive Officer, a team of trainers including the Command Master Chief, HMCM (FMF) David L. Hall and Victim's Advocate HM2(FMF) Rashawn T. Lynch, introduced the poignant topic with a requisite degree of seriousness to drive the point that DoD and the Department of the Navy have true conviction in routing out all forms of sexual harassment and sexual assault.

"Of all the training I have attended, this is the most aggressive stance I have seen on this issue," Capt. Sullivan said during one of the training sessions. "The topics we are going to discuss cut to the core of the issue and if you feel the need to leave the room for a moment to gather yourself, please do so and our corpsman can assist you if necessary."

HM2(FMF) Rashawn T. Lynch greets NMLC participants of the SAPR training.

Secretary of Defense Chuck Hagel directed all military services to conduct a Sexual Assault and Prevention Response (SAPR) stand-down for service members, civilian employees and Reserve component units with the intent of ensuring that all-hands clearly understand SAPR principles and the resources available.

According to the DoD SAPR website, "Personnel should understand their accountability and role in eliminating sexual assault, fostering a climate of dignity and respect, and upholding our core values of honor, courage and commitment. This effort builds upon training completed under SAPR-Fleet and SAPR-Leadership training modules."

Naval Medical Logistics Command ensured its work force had the most current information on reporting procedures and the phone numbers to contact in the event someone wishes to make a restricted or non-restricted report.

"Our victims advocacy representative is here to ensure that any person who feels he or she wishes to make a report can do so in strict confidence," the Command Master Chief said. "They can also rest assured that all proper

procedures will be followed and carried out to that person's wishes regarding confidentiality."

The command victim's advocate concurred with Hall's comments. "The focus on bystander intervention and creating a command climate that not only is open to, but encourages reporting starts with preventive measures as aggressive as this awareness campaign," Lynch said. "Because this training is mandatory for civilian and military personnel, regardless of rank or status within the Department of the Navy, it forces everyone to realize there are ways we can help prevent problems should they arise and that resources are available for victims."

Capt. Edward J. Sullivan, Naval Medical Logistics Command's Executive Officer, led a team of trainers in introducing the Navy-wide Sexual Assault and Prevention Response Training.

"We have a 100 percent requirement to ensure that all-hands are aware of the information being provided in this presentation," Sullivan said. He echoed the words of Secretary of the Navy, Ray Mabus: "This is personal to me because in the military, we are supposed to take care of one another."

Although an effort is afoot to take command and control from military leaders to prosecute these cases, military leaders are getting support to keep the authority to make command decisions. Senate Armed Services Committee Chairman Carl Levin (D-Mich.) would like to address the issue in other ways that don't strip commanders of their authority.

Sen. Levin believes military sexual-assault cases should remain under the control of the chain of command. "If you remove the chain of command, you are taking away the club they need to change the culture, which is being able to prosecute someone," Levin said.

Regardless of how the debate pans out, Naval Medical Logistics Command has approached the subject aggressively by ensuring its command personnel have received the training, the support material and the advocacy resources available to ensure that everyone is aware that no one should suffer through an assault or harassment without the support DoD assures is available to them. **LS**

SMALL BUSINESS PROGRAMS

WELCOME TO BIZ BUZZ !

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

What's the BUZZ?

What's the Buzz? FAR 19.502-2 states that requirements valued between $3,000 and $150,000 be automatically set-aside for small businesses. But what happens when you can't go to a small business on a procurement? As with any rule, there are always exceptions. While the purpose of "Biz Buzz" is to promote Navy's small business program and to deliver information about new policy and regulation concerning how to optimize opportunities for small businesses, the reality is that there are very valid reasons that a procurement cannot be considered for a small business award, despite one's best intentions. This article will explore scenarios where not going to a small business for contract award is justified.

In one such example, replacement parts to existing equipment or systems are needed. Due to the uniqueness of medical equipment and its capability to either fit confined spaces aboard ships or a particular medical treatment facility, the majority of large medical equipment is purchased from other than small businesses (OTSBs). Oftentimes, we receive requirements to either augment or replace parts of equipment due to normal wear and tear or to gain new efficiencies with upgrades. Sometimes the existing equipment is so highly specialized there are only a few vendors who are capable to supply these parts or provide the upgrades. Certainly, it would not be cost effective to replace an entire system only to award to a small business, especially if it has been standardized for a particular clinical environment across the enterprise. A similar scenario occurs when there is a need for maintenance of existing equipment. Due to the proprietary nature of the equipment and the requirement for certified technicians to perform the maintenance or install upgrades, these procurements justifiably go to OTSBs.

A procurement in support of research and development (R&D) services buys is another example. While some buys are procured via local contracting shops, the majority of contracting for clinical R&D support services are executed by NAVMEDLOGCOM, on behalf of Naval Medical Research Center and its subordinate commands. While there are certainly requirements that can be supported by small businesses, the vast majority of R&D requirements are unrestricted, competed as "full and open". Primarily this is the chosen acquisition strategy because it provides the broadest field

for competition and allows academic institutions, which are categorized as OTSBs to be considered. A procurement that is full and open does not in any way preclude small businesses from consideration and possible award. Further, any requirement where the total estimated value exceeds $650K requires OTSBs (e.g., large businesses) to submit a small business subcontracting plan, thus providing opportunities to small businesses. Procurements in support the DoD Drug Testing Program are another example. Because of the breadth of this program, procurements for reagents or other related testing supplies are likely bought from manufacturers, who are OTSBs, and whose testing equipment requires highly specialized, sensitive, or proprietary components that are typically available from manufacturers (generally OTSBs).

Part 19.5 of the Federal Acquisition Regulation (FAR) establishes the requirements for small business set-asides. FAR 19.502-5 states that, while none of the following conditions in and of themselves are sufficient causes to not set aside a procurement to a small business, they may with other sufficient cause, contribute to the justification to award to other than a small business. Some of these, as outlined in FAR 19.502-5, include: a "brand name or equal" product description used in the solicitation; a period of less than 30 days for receipt of offers; an acquisition that is "Classified"; or the work is to be performed outside of the continental United States (OCONUS). Further, if two or more small businesses could not be identified as either capable of providing the product or performing the services through reasonable market research, or if there can be no determination made of a fair and reasonable price offered by the small business(es), purchasing from OTSBs is justified.

The contracting officer, with support and input from the small business professional, determines the best acquisition strategy for a requirement. There may be very valid and just reasons that the procurement is not set-aside for a small business. It is necessary to adequately document the contract file accordingly. This documentation needs to accompany the DD Form 2579 (Small Business Coordination Record) which is reviewed and approved by the small business professional. Further, keep in mind that every requirement stands on its own and it is important to consider that market research should be ongoing, as there is always new information. Just because a requirement is unrestricted or full and open now based on market research or other circumstances, the next time the requirement is needed, those circumstances may be different and capable small businesses identified.

For any questions on this article or if you have any suggestions for future articles, please contact Ms. McReal at Mimi.McReal@med.navy.mil or via phone at (301) 619-3097. **LS**

What is FOIA and who should respond

By S. A. Gorman, NMLC FOIA Coordinator

Many of us have heard the term "FOIA" when referring to agency records but what is FOIA and who should respond to a request if received?

What is it?

The Freedom of Information Act, or FOIA, was implemented as a vehicle to obtain federal agency records. Signed into law (5 USC § 552) by President Johnson in 1966, the FOIA has been amended multiple times since. The most notable amendment was the Open Government Act of 2007, enacted by Congress in response to their unhappiness with the processing of FOIA requests. The Act determined that agencies must be held accountable in responding to requests in a timely manner.

A FOIA request:

- may be made by any U.S. citizen, foreign national, organization, university, business, state or local government and the media

- must be for agency records that are either created or obtained by the agency or under agency control when the request is received

- must be for already existing records

- must be made in writing and reasonably describe the records being sought

- must state a requester's consent to the payment of applicable fees

- is for ALREADY EXISTING AGENCY RECORD(s). An agency does not have to create new records, render opinions, provide subjective evaluation, analyze data or answer questions

- must be responded to within 20-working days from the date of a clarified request

Although a request can be made for any agency record, Congress established certain categories of information that are not required to be released in response to a FOIA request because release would be harmful to governmental or private interest. These categories are called exemptions from disclosures and under these exemptions; certain information can be redacted or denied.

After receiving the request, an agency makes a determination based on their interpretation of the FOIA and generates a reply back to the requester describing which areas were searched, what was found and what is being provided. If the requester is displeased with the reply, they have the right to appeal the response, which must be made in writing within 30-days of receipt of their response.

A record is a product of data compilation and can include emails, reports, photographs, maps, books, papers and contracts. Experience has shown that occasionally records must be submitted in response to a FOIA request that contain less than professional content. When composing an email or compiling a Contract Discrepancy Report (CDR), keep it professional; personal comments and asides should not be included.

Who Should Respond to a FOIA?

A FOIA request should be referred to the agency that owns the record. Many of the requests received at Naval Medical Logistics Command (NMLC) are for copies of a contract, task order or modification that have been awarded or are administered by NMLC.

The Contract Administration Plan (CAP), included in most NMLC contracts, states the, "Acquisition Management Directorate (Code 02) shall perform all required pre-award actions including providing information or answering questions that arise during the solicitation period and as a result of FOIA inquiries." Any requests for these types of records should be directed to NMLC.

Certain records can and should be released by a Contracting Officer Representative. A request for a Statement of Work from a health care worker on a contract they are working under or from a contractor for a current copy of their award, task order or modification can be released. However, if a health care worker or contractor is seeking records for a contract other than their own, this becomes a FOIA request and should be directed to NMLC. NMLC maintains a FOIA request email address on their public website under "Contact Us" or NMLC-FOIA_Requests@med.navy.mil.

Any request for record(s) from a litigator, either private or assigned to another government agency, should be referred to NMLC.

If ever unsure, it's easier to be prudent and provide further information than to attempt to withdraw information that has already been released. Contact the contract specialist assigned to your contract or send a question through the NMLC FOIA request email, NMLC-FOIA_Requests@med.navy.mil. **LS**

Understanding the New Due Diligence Form in Version 3.0 of the

BUMED Contract Closeout Standard Operating Procedure

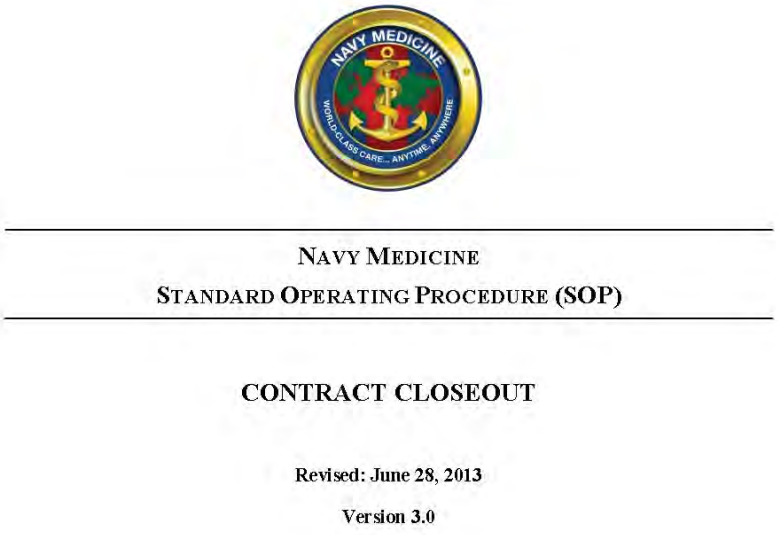
By Alexis Dankanich, Contracting Officer

Version 3.0 of the BUMED Contract Closeout SOP introduces a new process to assist a contracting office in achieving contract closeout in a timely and efficient manner. Within this SOP, several new documents have been introduced that provide great tools to assist with the contract closeout process. One of these tools is the Due Diligence Form.

Ideally, communication with the Vendor during contract closeout should happen like this:

A requester will send the Vendor a Contractor Completion Letter (page 58 of the SOP) and Contractor/Vendor Contract Completion Information Form (page 59 of the SOP) in order to verify that all required deliveries and/or services have been completed as required by the contract and final payment has been received. It is expected that the Vendor will check their records, verify delivery and final payment, and return a completed Contractor/Vendor Contract Completion Information Form to the requester.

However, there are times when a Vendor is non-responsive. In these cases, the Due Diligence Form (page 56 of the SOP) is a useful tool to pull from the Contract Closeout SOP tool belt so the closeout process is not interrupted longer than necessary.



NAVY MEDICINE

STANDARD OPERATING PROCEDURE (SOP)

CONTRACT CLOSEOUT

Revised: June 28, 2013

Version 3.0

Here's how the Due Diligence Form works:

The initial Contractor Completion Letter and Contractor/Vendor Contract Completion Information Form is sent to the Vendor, usually via email, and there is a two-week due date.

The two-week due date passes without a response.

The requester moves to step "b" of the Due Diligence Form, Section 2.

In step "b", the requester begins searching for verification that the Vendor is still in business and that the contact information is correct. Some examples of verification include:

Contacting the Activity or COR

Checking in the System for Award Management (SAM)

Calling the Vendor or business

Searching the Vendor's name on the internet

If the requester can confirm that the Vendor is no longer reachable or no longer in business, then Section 2 of the Due Diligence Form can be considered complete. Proof should be included in the file in the form of a brief memorandum written by the contracting office, an email from the Activity or COR, or other print-out from the Internet or SAM.

If the requestor verifies that the vendor is still in business, then step "c" in Section 2 instructs the requestor to send a follow-up communication to

the vendor. The email address should be confirmed to be accurate. A phone call to the Vendor may also be appropriate at this time. A two-week due date is applied to this second attempt.

If the two-week due date passes again without resulting in an executed Contractor/Vendor Contract Completion Information Form, then the requestor moves to step "d" in Section 2 of the Due Diligence Form.

Step "d" instructs the requestor to send the Contractor Completion Letter and Contractor/Vendor Contract Completion Information Form via Certified Mail. This is the Last Chance Certified Letter. A four-week due date is applied.

After four weeks, if an executed Contractor/Vendor Contract Completion Information Form is not received, then the requestor may complete step "e" in Section 2 of the Due Diligence Form. A copy of the proof of Certified Mail delivery and a copy of the Last Chance Certified Letter shall be placed in the Contracting Office file along with the completed Due Diligence Form.

At this time, the requester may move forward with the contract closeout process.

The BUMED Contract Closeout SOP can be found at: https://wwwa.nko.navy.mil/portal/navymedicine/fip/home/sop?cacLogin=true

SAM can be assessed at: https://www.sam.gov/portal/public/SAM?activationCode=btQ92ta8o4hlM3o

Both require CAC login. **LS**

Due Diligence Form
Vendor Confirmation of Contract Completion

HEADER INFORMATION COMMENTS – *Required*

Contract Number / Task Order Number: _____

Preparer's Name / Title: _____

INSTRUCTIONS: If an invoice is received marked 'Final', fill out **Section 1**. If no invoice is received marked 'Final,' complete **Section 2**. Use the **Remarks / Issues** box to write any comments related to the due diligence process. Once this form is completed, the contract closeout process can be initiated. This form and all supporting documentation should be included in the **Contract Closeout Package.**

SECTION 1 – *To be completed if invoice is received marked 'Final'*

☐ Final Invoice Received	Date (invoice received):	N/A: ☐
• Documentation	Attached: ☐	

SECTION 2 – *To be completed if no invoice is received marked 'Final' (letters correspond to Section 6.2.2 Step 6)*

a	☐ Initial Communication Sent (Two week due date from date initial communication sent) • Copy of Initial e-mail	Date (Initial sent): Attached: ☐	N/A: ☐
b	☐ Completed Vendor Verification Process ☐ Vendor Exists **OR** ☐ Vendor No Longer Exists • Documentation *If the vendor no longer exists, Section 2 can be considered complete	Date (completed): Date (confirmed): Attached: ☐	N/A: ☐ N/A: ☐
c	☐ Follow-up Communication Sent (Two week due date from date Follow- up communication sent) • Copy of Follow-up e-mail	Date (Follow-up sent): Attached: ☐	N/A: ☐
d	☐ Last Chance Certified Letter Sent (Four week due date from date Last Chance sent) • Copy of Last Chance Letter & receipt	Date (Last Chance sent): Attached: ☐	N/A: ☐
e	☐ Vendor Confirmation of Contract Completon Received • Documentation **OR** ☐ No Vendor Confirmation of Contract Completion Received	Date: Attached: ☐ Date:	N/A: ☐ N/A: ☐

Fiscal Year 2013 Services Court Review

By Gilbert "Bert" Hovermale, Director, Acquisition Management

I published an article in Logistically Speaking about a year ago describing BUMED's plan to implement a Service Requirements Review Board (SRRB) process. The SRRB is colloquially known as "Services Court." I thought I would take this opportunity to update you on the results of SRRB Gen 1 and let you know what changes are in store for Fiscal Year (FY) 2014.

Background. The Office of the Deputy Assistant Secretary of the Navy for Acquisition and Procurement, DASN (AP), directed all Navy Echelon II commands to establish a SRRB process by memorandum dated April 13, 2012. The purpose of the SRRB is to establish a process to identify, validate, assess, plan and monitor service acquisitions. The SRRB ensures that service requirements reflect real needs of Navy Medicine and that any effort above and beyond what is actually required is eliminated and captured as savings. The SRRB also ensures that adequate contract management mechanisms are in place to prevent fraud and validate that the Navy receives the full benefit of all service contracts. This means the SRRB review includes the appointment and surveillance processes of trained Contracting Officer Representatives (CORs).

Process. The process began with data discovery. Activities with contracts under review received a spreadsheet with service contract information. Many of the data elements were pre-populated with information obtained from the Federal Procurement Data System. Activities completed the remaining fields for all continuing services contracts and projected new starts. FY 2012 data was used as a baseline, and activities documented increases or decreases in FY 13 and projected changes into FY14. When the SRRB was convened by the presiding officer the board used spreadsheet data and information provided by the proponent to focus on nine key aspects identified by DASN:

Requirements definition

Requirements validation

Market research

Contract management

Competition

Contract type

Spend

Tripwires*

Contracting activity

*Tripwires are threshold metrics for special interest items identified by DASN. Tripwires included bridge contracts, best value premiums greater than 10%, other direct costs greater than $1 million or 10% of contract value, fully burdened labor rates greater than $300,000/yr, reliance on subcontract labor, and one bid contracts. Different tripwires were used for medical personal services contracts. They included contractor on-call, overtime, and travel, performance outside the hospital's clinical areas, waiver submittals, and whether or not the contract

provider also maintained a private practice in the local area. The last tripwire was a check to ensure contract providers had not improperly referred patients to their private practices.

The SRRB was conducted in six phases from October 2012 through July 2013. Phases I through V included the review of BUMED headquarters, Client Executive, and regional non-personal services contracts and were conducted by BUMED M8 and M4 and (for headquarters contracts) the BUMED Chief of Staff. Phase VI was conducted by Navy Medicine East (NME) and Navy Medicine West (NMW) and included the review of medical personal services contracts. In total BUMED's SRRB reviewed 1,300 contracts totaling more than $672 million. Service contracts less than the Simplified Acquisition Threshold ($150,000) were not reviewed, nor were Educational Services Agreements, one-time facility services, and non-labor based services (cell phone service, for example).

Results. The results of BUMED's first SRRB were generally encouraging. We found no evidence of contract fraud. BUMED CORs are trained, engaged, and performing adequate contract monitor-surveillance. Proper separation of function is being maintained, and contracting officers (including those outside of BUMED) are engaged and providing adequate oversight.

The SRRB found fragmented buying activity in a number of service areas, particularly information technology and administrative/ clerical support services. Fragmented buying occurs when the same commodity is purchased in small quantities by many contracting offices at different prices, using differing terms and conditions. As a result of our SRRB findings we produced in-depth spend analyses of BUMED's information technology and administrative support contracts. Those analyses have been provided to BUMED M6 and the Fleet Logistics Center Strategic Sourcing liaison, respectively, to help establish more centralized commodity management strategies.

With respect to Phase VI, the SRRB conducted on medical personal services contract, NME and NMW identified best practices in commands with deliberate work load to work force management validation processes executed by strong Position Management Committees that brought a total force perspective to all staffing shortfalls. The regions also recognized commands with robust training programs that trained all personnel involved in personal services contracts, not just CORs. NME and NMW are working to leverage these best practices throughout their respective regions.

We have made our final report to DASN and only have one task remaining before we put a wrap on BUMJED's FY13SRRB. Then we will conduct a "deep dive" on a very small subset of reviewed contracts where the initial review raised concerns relative to one or more of the focus areas identified in the DASN guidance.

Changes in FY 14. The FY14 edition of BUMED's SRRB will begin in December 2013 and will consist of five phases instead of the six phases executed in FY13. The reduction will be accomplished by combining the reviews of non-DHP funded contracts and headquarters contracts into a single session instead of separate sessions as we did this year. FY13 data will be our baseline, and activities will identify and explain changes from the baseline to FY14 and project further changes in effort for FY15. We will be following up on contracts reviewed in FY13 where a savings in FY14 was projected to ensure those savings were achieved. The data to be collected in the spreadsheets will differ slightly from what was collected this year to align more closely with DASN guidance.

In addition to the exclusions identified above, we intend to exclude performance based logistics contracts and research and development (R&D) contracts. R&D contracts have a defined scientific outcome, such as a report or prototype. R&D support services contracts, where the primary purpose of the contract is to provide supplemental staffing for Navy medical labs, will continue to be reviewed. **LS**

Navy BMET's visit Walter Reed National Military Medical Center

By the Equipment and Technology Management Division (E&TM), Medical Equipment and Logistics Solutions Directorate (MELS), Naval Medical Logistics Command (NMLC).

On 11 September 2013, participants from the Naval Medical Logistics Command's (NMLC) Equipment and Technology Management (E&TM) Division's Biomedical Engineering Division (BIOMED) Management Workshop visited the Walter Reed National Military Medical Center (WRNMMC) in Bethesda, Maryland. The site visit included a tour of WRNMMC's state-of-the-art medical technology and interviews with WRNMMC staff.

Touring Bethesda

WRNMMC is conveniently located 40 minutes Southeast of Fort Detrick and provides a premium venue to display the capabilities of military Medical Treatment Facilities (MTFs) during the week-long BIOMED Management Workshop. WRNMMC has 1.2 million patient visits annually and offers "every medical, surgical, dental and behavioral health specialty known" according to RADM Stocks, former Commander of WRNMMC.

The BIOMED workshop participants toured the facility's most advanced technologies such as the Varian Linear Accelerator, three-dimensional prosthesis printer, nuclear medicine camera, and a cardiac catheterization lab. WRNMMC BIOMED staff provided the tour, and technologists from each department discussed the capabilities of each device.

During the visit X-Ray Acceptance procedures were demonstrated, including proper tube head operations, mounting and structural support of X-Ray systems. E&TM also conducted classroom training sessions on X-Ray Acceptance and Safety and Occupational Health to BIOMED workshop participants and WRNMMC BIOMED staff.

Partnership with the BIOMED Workshop

This was the 8th BIOMED workshop E&TM has hosted since FY09, and the 5th site visit to WRNMMC held in conjunction with the workshop. The site visit to WRNMMC has long been a favorite day of the workshop. Seeing firsthand the incredible level of patient care offered to our Sailors, Marines, Soldiers, and Airmen can be an enlightening expe-

rience. After visiting the Gait Analysis Laboratory and the Computer Assisted Rehabilitation Environment (CAREN) laboratory it is evident that the support provided for our wounded warriors is extraordinary.

The BIOMED Management workshop engages BIOMED leaders across Navy Medicine in order to help them meet their primary mission: patient safety. The day-long site visit to Bethesda has allowed participants to observe the daily operation of a large BIOMED department which monitors and maintains over 43,300 medical devices in a uniquely joint environment. It also provides a forum for sharing best business practices and common issues BMETs encounter in the field.

BIOMED Workshop: Mission Critical Training

Sixty BMET's have attended NMLC's week long BIOMED management workshop since its establishment in FY09. Many participants have stressed how beneficial attending the workshop was in helping them pass Medical Inspector General (MED IG) and the Joint Commission (JC) inspections. HM1 (FMF/SW) Joseph Watkins attended the workshop in July of 2012 and emphasized that the workshop helped him to prove to leadership how greatly BIOMED operations effect the mission of an MTF. "Since the training I have been able to correct four years worth of deficiencies from this [command's] last [Logistics Assist Visit] report which has directly impacted the command on receiving its Joint Commission Accreditation…The Equipment Maintenance Training Workshop held at NMLC contains knowledge to ensure every BMET shop is functioning correctly, being held to a high standard, and provides a network for BMETs to communicate which is a key to success!"

BIOMED plays a key role in the patient safety to ensure JC compliance. BIOMED is responsible to ensure all medical devices receive their required scheduled and unscheduled maintenance. This ensures the highest level of medical equipment readiness which directly results in an exceptional standard of care across Navy Medicine. HMC (SW/AW) Wendell Pascual attended the workshop in 2010 while previously assigned as the LCPO of NMC San Diego, and remarked that "[the] knowledge allowed me to be an effective Maintenance Manager, guiding and preparing NMCSD BIOMED shop and the command for the successful 2010 (JC) and MED IG survey." He noted that the workshop allowed him to become "a more effective Medical Equipment Management Plan Owner" and helped him to provide sound guidance and directions in his current role as NMW Regional BMET.

HMC (SW) Sean Buckley, currently serving as LCPO for NMC Portsmouth, attended the workshop in 2011 and noted that "the course curriculum changed my perspective from being a [bench BMET] to becoming a BIOMED shop manager. [E&TM staffs] were very knowledgeable and presented reports for me to run, how to monitor part levels within the DMLSS program, and gave me a better understanding of how to navigate the DMLSS environment from a shop manager's perspective."

Future Workshops

E&TM hosts the BIOMED Management Workshop semi-annually. Future workshops will again showcase WRNMMC's state-of-the-art technology, as well as smaller-size, high-impact equipment that BMET's encounter in their every day operations. The next workshop is scheduled for 24-28 February 2014. Sites can contact E&TM to register via NMLC-ETM@med.navy.mil or (301) 619-7110.

E&TM would like to extend their thanks to WRNMMC's BIOMED for their assistance in organizing this site visit.

What is a BMET?

Biomedical Engineering Technicians (BMETs) are highly-skilled technicians with detailed technical training of how to repair medical devices. The Navy employs over 300 Active Duty and Civilian BMETs within the United States and overseas including vessels afloat. These Navy BMETs support shore-based MTFs, research units, training facilities, and US Navy ships. Navy BMETs also provide support to the United States Marine Corps supporting medical operations for forward-deployed units. All Active Duty Navy BMETs must be trained as Hospital Corpsman before attending BIOMED school which provides them a diverse knowledge of human anatomy and clinical care. **LS**

NMLC's Executive Officer Promoted to Captain

By Julius L. Evans, NMLC Public Affairs Officer

In the serenity of his backyard, Capt. Edward J. Sullivan, NMLC's Executive Officer, took the oath of office during a ceremony where he was promoted to his present rank Sept. 1.

Present at the ceremony were long-time friend, Daniel M. Shelley, Lt. Cmdr., USN (Ret.), who handled the pinning duties, while Capt. Sullivan's wife, Jennifer, took the photographs.

Son of Mary J. Sullivan and Edward J. Sullivan, Sr., of Kings Park, N.Y., Capt. Sullivan is a 1979 graduate of Saint Anthony's High School, formerly located in Smithtown, N.Y. In 1984, he graduated from Boston University with a Bachelor of Science degree in Economics.

Capt. Sullivan's collar devices are changed.

In that same year, he began his military career as a United States Marine Corps motor transport officer. He was promoted to the rank of major prior to accepting a Health Science Professionals Scholarship in 1996, at which time he transferred to the United States Navy. Subsequently, he graduated from Nova Southeastern University, Fort Lauderdale, Fla., with an O.D.

Throughout his illustrious career, Dr. Sullivan served in a number of unique positions that included Deputy Surgeon of the Combined Forces Special Operations Consolidated Command, Navy Medicine's logistics chief (M42), a Medical Logistics Fellow at the Center for Naval Analyses, and the Commanding Officer of 1st Medical Logistics Company where he received the Robert A. Edgar Award while on a year-long deployment in Al Anbar Province, Iraq, as the Navy's Operational Medical Logistician of the Year. He was also the Director of Medical Planning at Naval Medical Logistics Command and most recently, the Executive Officer of Naval Medical Logistics Command.

In his current capacity, Capt. Sullivan oversees the day-to-day activities of the Navy's medical logistics experts responsible for supporting all forces afloat and Military Treatment Facilities world-wide. However, his responsibilities span far beyond that of a master logistician.

"About a month ago I noticed some irritation in my right eye. After a few hours I had an uncomfortable stye develop on my upper eyelid. After a couple of days of applying the traditional home remedy of warm compresses with no success, I

Mr. Daniel M. Shelley, Lt. Cmdr., USN (Ret.), congratulates Capt. Sullivan after having conducted the "pinning" ceremony.

asked Ed for a hallway consult," explained Robert (Bob) Osing, NMLC Legal Counselor. "He obliged and first asked if my family liked egg salad. I answered affirmatively but wondered what my bad eye had to do with lunch. Ed then explained that I should hard boil an egg, wrap it in a wet face cloth and apply it to my eye. The egg shape fits perfectly into the socket between the eye and the nose. More importantly, the egg retains its gentle heat far longer than any warm compress. It worked! Plus, once the egg cools, I got to consume the medical device."

Gilbert (Bert) Hovermale, the NMLC's Director for Acquisition Management also shared insight to Capt. Sullivan's passion for the mission. "He was one of the first people to understand the impact that sequestration and the recent furlough would have on our contracting mission," Hovermale said. "He reached out to leaders across Navy Medicine early and often to emphasize the need to get contracting requirements in early because of the diminished capacity we would have during the furlough period. His leadership was instrumental in making certain we

In a ceremony hosted by Capt. Mary S. Seymour and attended by the entire NMLC family, Capt. Edward J. Sullivan was formally recognized and congratulated on his promotion to Captain.

could still execute our contracting mission during these turbulent times."

Ever the humble, congenial professional, Capt. Sullivan explained why he decided to have a small promotion ceremony in the quiet surroundings that nestle his home.

"A promotion ceremony is normally shared at the command level, but we had an upcoming change of command ceremony. I did not see the need to go through the challenges of having a ceremony for myself when all hands were actively engaged in ensuring our change of command ceremony went off without a hitch," Sullivan said.

That selfless attitude is what Naval Medical Logistics Command personnel have come to expect from their executive officer.

"Coming directly from a Marine Corps unit to NMLC was tough, but Capt. Sullivan helped make the transition easier for me as he was a prior Marine. After being greenside, I could certainly tell that a Marine was still underneath that Navy uniform," said Hospital Corpsman 2nd Class Rashawn T. Lynch, NMLC's Sexual Assault and Prevention Response Victim's Advocate.

Lynch continued, "From the words he chooses to speak, to the meticulous care he takes in uniform appearance, he has epitomized my expectation of any officer in uniform. Personally, I'm not used to seeing a naval executive officer work out with the enlisted Sailors let alone share sea stories with us. But that is a trait we have come to enjoy with Capt. Sullivan. His leadership is unparalleled and he makes one want to do his or her best. I have enjoyed the short time I've worked with him and I now have a greater respect for the position, rank and him as a professional and a person. The bar has been set high for my next executive officer."

Undoubtedly, it's a bar he will have no problems achieving.

Capt. Sullivan is married to the former Jennifer Smith of Sherburne, N.Y. **LS**

Capt. Edward J. Sullivan, NMLC's Executive Officer thanks Chaplain Lt. Cmdr. Leslie Sias, CHC, USN, after the Benediction at the NMLC Change of Command ceremony where Capt. Mary S. Seymour relieved Capt. James B. Poindexter III, Sept. 5.

LOGISTICALLY *speaking*

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NAVAL MEDICAL LOGISTICS COMMAND

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