LOGISTICALLY speaking

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

Pictured from left to right: Tameka Davis, Bert Hovermale, Rear Adm. Colin G. Chinn, Paul D. Garrison III, Capt. J.B. Poindexter III, Anthony Angelo, Vice Adm. Philip Cullom, Deputy Chief of Naval Operations for Fleet Readiness and Logistics, Katie Sheckels, Lt. Cmdr. Daniel Kachenchai, Derek Bell, Erik Przygocki, Frank Boals, Margaret Ely and Sheila Gorman. Not pictured are Cmdr. Mary Seymour, HMCS (FMF) David Ludwig, Chris Cullen, James Watkins and Andrea Greybush-Mangroo.

Naval Medical Logistics Command won the 2011 Admiral Stan Arthur Joint Logistics Team of the Year award.

In 2010, the Chairman of the Joint Chiefs of Staff directed the deployment of Magnetic Resonance Imaging (MRI) systems to the active combat zone of Afghanistan. Naval Medical Logistics Command took on the considerable task of understanding and overcoming the logistical impediments, to successfully deploy highly sensitive medical equipment to the austere environment of Afghanistan.

For successfully achieving the chairmen's goal of providing world-class medical technologies in support of warfighters, Naval Medical Logistics Command was awarded the 2011 Admiral Stan Arthur Award in the category of Joint Logistics Team of the Year.

Inside This Edition

Featuring:

NEMSCOM & NOSTRA
Multi-Cultural Fair 2012 Strength in Unity

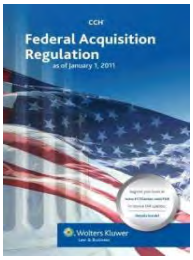
The Navy Expeditionary Medical Support Command (NEMSCOM) in conjunction with Naval Ophthalmic Support & Training Activity (NOSTRA) hosted a multicultural fair on April 17, 2012 at the Naval Weapons Station Yorktown gym. The goal of the fair was to celebrate diversity and to enhance people's understanding of other cultures. The theme of the fair was "Strength in Diversity." Military and civilian members from both commands came together to present and to learn about different cultures. Numerous cultures were represented with static displays, dance performances and verbal presentations. Lt. Lamont Simmons, the Design Department Head from NEMSCOM, invited his fraternity brothers from the Kappa Iota Iota Chapter of Omega Psi Phi Fraternity Incorporated to perform a step show for African American heritage. Members of the Latin Ballet of Virginia performed several dances from Flamenco, Salsa and contemporary jazz. The Latin Ballet of Virginia uses the expressive beauty of movement to weave the tales and traditions that are the heart and soul of Hispanic culture. Lt. Cmdr. David Noriega, the Operations Director from NEMSCOM was the Master of Ceremony of the multicultural fair. Noriega stated, "It is always exciting to see the many performers who proudly display their cultural background with energetic dance pieces that entertain and teach." In addition to presentations, members from both commands brought dishes representing different cultures for everyone to sample. The multicultural fair has now become an annual event for both NEMSCOM and NOSTRA to celebrate and recognize all the different cultures represented in both commands. In addition, a static display of the AbilityOne Program was available for viewing. Providing employment opportunities to more than 40,000 people, the AbilityOne Program is the largest single provider of jobs for people in the United States who are blind or have other significant disabilities. The AbilityOne Program uses the purchasing power of the federal government to buy products and services from participating, community-based nonprofit agencies nationwide, dedicated to training and employing individuals with disabilities.

.

On the Cover
Pictured from left to right: Tameka Davis, Bert Hovermale, Rear Adm. Colin G. Chinn, Paul D. Garrison III, Capt. J.B. Poindexter III, Anthony Angelo, Vice Adm. Philip Cullom, Deputy Chief of Naval Operations for Fleet Readiness and Logistics, Katie Sheckels, Lt. Cmdr. Daniel Kachenchai, Derek Bell, Erik Przygocki, Frank Boals, Margaret Ely and Sheila Gorman. Not pictured are Cmdr. Mary Seymour, HMCS (FMF) David Ludwig, Chris Cullen, James Watkins and Andrea Greybush-Mangroo.

Table of Contents

Cmdr. Edward J. Sullivan



Federal Acquisition Regulation

Mimi McReal and Sean Crean

Thea Hofgesang

From the Commanding Officer

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

Navy Medicine's mission is to enable readiness, wellness and health care to all who have been entrusted to it. We share a common purpose toward achieving that mission even though we work in a variety of commands and in functional areas with widely differing tasks. Our intertwined network of internal suppliers and customers must properly function in order to effectively and efficiently provide for our ultimate customers, those who seek our care.

Timely and effective communication is essential for developing and nurturing high quality intra- and inter-organizational (personal) relationships that enable and facilitate the execution of our collective healthcare delivery and operational readiness mission.

Elizabeth A. Erdman receives the Junior Civilian of the Quarter Award.

We need to take the time and effort to build effective supplier/customer working relationships by listening (to understand) and developing trust through reliability of action, mutual respect, and honest, meaningful, productive conversation. It is through our strengthened relationships that we will successfully navigate the heavy seas ahead and deliver on our challenging mission.

Ross J. Mackey receives the Senior Civilian of the Quarter Award.

Naval Medical Logistics Command
Capt. J. B. Poindexter, III
Commanding Officer
Cmdr. Edward J. Sullivan
Executive Officer
HMCM David Hall
Command Master Chief
Mr. Andrew Muenzfeld
Chief of Operations

Mr. John R. "Bob" Osing
Counsel
Mr. Julius L. Evans
Public Affairs Officer
Mr. Paul "David" Garrison, III
Chief Information Officer
Mr. William Hartmann
Expeditionary Medicine
Ms. Mimi McReal
Small Business Programs Officer
Mr. Jeremy Toton
Senior Analyst
Mr. Gilbert "Bert" Hovermale
Dir, Acquisition Management
Cmdr. Michael J. Kemper
Dir, Medical Equipment Logistics Support
Mr. Richard Schlegel
Dir, Operational Forces Support
Mr. Stanley Wade
Dir, Logistics Business Systems
Mr. Christopher Cullen
Dir, Healthcare Services Strategies
Lt. Cmdr. Gerald M. Hall
Dir, Resource Management
Lt. Gina Morosky
Dir, Administration

Staff/Distribution
Mr. Julius L. Evans
Naval Medical Logistics Command
Public Affairs Officer
Julius.Evans@med.navy.mil
(301) 619-9650
DSN 343-9650

Logistically speaking is published quarterly by Naval Medical Logistics Command. Articles reflect the views of the authors and do not necessarily represent the views of the Department of the Defense or the Department of the Navy.

Articles should be submitted to:
The Public Affairs Officer

From the Command Master Chief

HMCM(FMF) David L. Hall, NMLC CMC

In June 2012, I had the opportunity to attend the award ceremony for the Vice Admiral Stan Arthur award for Logistics Excellence, given to 13 command personnel for their roles in deploying three Magnetic Resonance Imaging systems to Afghanistan. In March 2012, our command was recognized and presented the Rear Admiral Lewis E. Angelo Professional Symposium (LEAPS) Award. In 2011, we were recognized as the first runner up in the Defense Logistics Award ceremony presentation.

The endeavor that led to the awards, by no means an easy task, required constant dialogue between various members internal and external to the command. The awards received were due to members of the command embracing the "team" philosophy.

Teams are groups of people linked to a common goal. "As a command, we value our workforce and strive to attain the highest professional performance in service to our customers." This comes from our guiding principles and our staff members truly putting forth 100 percent in ensuring we deliver the best service and support, which is truly critical to Navy Medicine's and our warfighter's mission.

Command Master Chief David L. Hall (FMF) shortly after the first slice of the celebratory Navy Hospital Corps Birthday cake with the youngest member of the command, Hospital Corpsman Apprentice Denise Matamoro. The first slice traditionally goes to the guest of honor, in this case, Hospital Corpsmen 1st Class Eddy R. Cardenas, standing to the far right.

What makes our diverse staff unique is that our skills complement each other, and we generate synergy through coordinated efforts which allow members to maximize their strengths and minimize weaknesses. We exploit our full potentials, creating an environment which embraces our positive contributions while surpassing our limitations.

As we come close to completing Fiscal Year 2012 requirements, we look forward in building strong partnerships, developing innovative solutions, increasing productivity and most importantly, fostering high trust and creative collaboration with our customers, integral to the success of the Navy Medicine team.

Welcome Aboard Cmdr. Edward J. Sullivan

Cmdr. Edward J. Sullivan, MSC, NMLC XO

Naval Medical Logistics Command welcomes aboard its new Executive Officer, Cmdr. Edward J. Sullivan, Medical Service Corps.

Cmdr. Sullivan most recently served as the Combined Forces Special Operations Consolidated Command, Deputy Surgeon. He provided direct oversight, guidance, recommendations and courses of action for medical operations/support for 10,000 Special Operations Forces throughout the AOR, reporting directly to the Special Operations Command Central, Command Surgeon.

From 2009-2011 he served as Navy Medicine's logistics chief (M42). In this capacity, he was directly responsible for providing medical logistics guidance and assistance to the Navy Surgeon General. Duties included representing Navy Medicine and the Surgeon General in numerous venues to include briefs to members of Congress, Governors and senior DoD officials. During his tenure, he was also the Medical Logistics Specialty Leader.

From 2007-2008, he was a Medical Logistics Fellow at the Center for Naval Analyses in Alexandria, VA. His work primarily focused on a BUMED M5 proposal to evaluate Navy Medicine and determine if it is keeping pace with future DON wartime policies and strategies. Particulars included the Sea Basing Initiative, Green Water and Littoral Operations, as well as, the ever more frequent role of disaster relief and humanitarian aid participant. He also filled a BUMED liaison billet for NATO, presenting at the Maritime Casualty Estimate working group and the Maritime Logistics and Replenishment at Sea working group at NATO HQ in Brussels, Belgium.

Cmdr. Sullivan served as the Commanding Officer of 1st Medical Logistics Company. His unit was responsible for procuring, staging and delivering all class VIII (medical) supplies in support of the 1st Marine Expeditionary Force. 1st Medical Logistics Company returned in March, 2007, from a successful, year long deployment to Al Taqaddam, Iraq. As a direct result of his achievements in theater, he received the Robert A. Edgar Award as the Navy's Operational Medical Logistician of the Year.

Prior to this position, Cmdr. Sullivan served as the Director of Medical Planning at Naval Medical Logistics Command, Fort Detrick, Md. His duties included extensive work on the National Strategic Stockpile Capital Region implementation, participation on the Maryland Governors board as the military liaison for the statewide Smallpox Mass Vaccination exercise and serving on the Deputy Undersecretary of Defense Readiness Assessment Working Group for the DLA-EA initiative.

As a practitioner, Dr. Sullivan was appointed as the Department Head, Military Medicine Eye Clinic, Submarine Base New London. He served in this role for four years.

Cmdr. Sullivan began his military career in 1984 as a 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 Navy.

Dr. Sullivan holds a B.S. in Economics from Boston University and an O.D. from Nova Southeastern University. In April 2012 he was selected for captain. He is married to the former Jennifer Smith of Sherburne, N.Y.

Drug Testing of Contracted Health Care Workers: To Test or Not to Test

By Julia Hatch, Assistant Counsel

Within our Military Treatment Facilities (MTFs), all military personnel are subject to random testing, and many civil servant positions are also designated for drug testing. Isn't the logical extension to also drug test the Navy's contracted health care workers (HCWs)? After all, 1) health care workers have patient contact, 2) MTFs must follow DoD's zero tolerance drug policy, 3) MTFs are subject to regulatory standards and other health care regulations and standards, 4) HCWs may have access to controlled substances in the MTF, and any number of other reasons.

When does the drug testing question arise? During the last several years, the question most frequently occurs 1) due to MTF personnel turnover, as the new department head or supervisor may have a different philosophy than his/her predecessor concerning drug testing; and 2) in accordance with MTF concerns regarding a particular credentialing candidate's or existing HCW's record, such as a history of drug abuse or DUI conviction.

However, before automatically requiring drug testing of a given HCW(s) or implementing a new MTF or department policy, be advised of the following considerations:

1. The majority of contracted health care worker (assistant through specialized physician) positions within Navy Medicine are under personal services contracts. Personal services contracts, contrary to "traditional" non-personal services contracts, require that the government supervise the health care worker. These HCWs are treated like civil servants in many key aspects, such as supervision, leave administration, and credentialing. While personal services contracted health care workers are statutorily treated like employees, this does not apply in all circumstances.
2. Contract workers are subject to the terms of the contracts -- only. These personnel are not required to follow directions contrary to the contract terms, local instructions unless referenced in the contract, or new government policies (unless modified into the contract with the concurrence of the contractor). No current NMLC contract for personal services health care requires the contractor personnel to be subjected to government drug testing – without exception.
3. Most drug testing within Navy Medicine (in fact, throughout Navy and DoD) is conducted by the DoD drug testing laboratories. Those laboratories are chartered to providing testing of military and civil servant samples

only; contractor samples may not be tested at those locations. By requiring contracted HCWs to be tested, there is no location or mechanism to test the samples.

4. If drug testing is conducted by an individual MTF, clinic, or department regardless of the contract terms, the MTF may encounter several issues.
   - A contractor or HCW challenge to the testing will not be legally defensible, given that the contract does not require testing. The MTF is unlikely to receive either the contracting officer or counsel's support if it has pursued drug testing absent contract terms.
   - The MTF will bear the responsibility and expense of entering into a new contract/purchase for drug testing. In order to contract for laboratory services, the MTF must demonstrate the necessary expense, i.e., that the MTF receives the primary benefit of testing its health care workers. While deterrence of drug problems among contracted staff may be beneficial, when drug testing is tied to the number of actual problems arising under its contracts (few to none at a given location), it may be difficult to justify, particularly in the current context of increased fiscal efficiencies.
   - Many similarities exist among health care contracts across Navy Medicine; in fact, many workers perform services under large "Multiple Award Task Order" contracts which cover an entire geographic region or labor band, e.g., physicians. It is not uncommon for Contractor Company X to provide services at several MTFs. If one department/ supervisor/MTF varies from the next department/ supervisor/MTF in implementation of drug testing, it may lead to discrimination and other complaints that the testing is targeting certain individuals or classes of personnel. Given previous HCW issues that have arisen, there are divergent views throughout Navy Medicine on dealing with HCW alleged drug or alcohol issues.

5. The question of drug testing contracted HCWs has received attention on numerous occasions over the last decade, as recently as 2011, and has been formally submitted to BUMED to request a uniform policy. BUMED has not yet issued such a policy. If MTFs implement drug testing of contracted health care workers, they should do so only in a coordinated manner 1) in accordance with uniform policy addressing key questions such as funding for testing, basis and procedures for testing, and 2) after contracts include appropriate terms consistent with a BUMED policy. To proceed in advance of a policy and contract terms requiring drug testing

"If one department/ supervisor/MTF varies from the next department/ supervisor/MTF in implementation of drug testing, it may lead to discrimination and other complaints that the testing is targeting certain individuals or classes of personnel."

leads to many adverse consequences as detailed above.

6. Personal services contracts awarded by NMLC and existing Navy guidance contain a number of mechanisms to address suspected or actual drug and alcohol issues. Many of these may be handled via credentialing and privileging. For example, the HCW may be placed under a plan of supervision, or a privileging action taken if an incident occurs during contract performance. Additionally, the contractor may be required by the Contracting Officer's Representative to provide a corrective action plan when an event occurs during contract performance. Note the burden shifts to the contractor in order to provide a satisfactory plan. Certainly, if intoxication occurs during a contract shift, the HCW should be immediately removed from patient care, and the HCW's actions may be investigated in accordance with normal command investigatory procedures. Appropriate contractual action would follow once the investigation has concluded, such as the contracting officer requesting removal of the contract HCW, or a plan from the contractor; often in the latter circumstance, the contractor will choose to remove the HCW. Specific procedures for handling of an impaired provider are available in the Healthcare Services Contracting Toolkit at https://gov_only.nmlc.med.navy.mil/int_code07/internal-code07-hmpg.asp.
7. The known instances of actual drug or alcohol issues among contracted HCWs have been extremely low, and particularly when compared to the number of personnel contracted. When MTFs have been faced with actual issues, some have chosen not to take action against the HCW, demonstrating varying degrees of concern with these issues.
8. Health care workers, particularly in specialized labor categories, such as interventional radiologists, are scarce resources and difficult to recruit and retain at the current time; inclusion of drug testing terms in Navy contracts may be philosophically disagreeable to contractor companies and their personnel. The possible loss of contracted work force should be factored into a decision to implement drug testing.

Drug testing of contracted health care workers, should it be in Navy Medicine's best interests, should occur only after thorough consideration and in accordance with a BSO-wide policy and contract terms. Specific questions may be directed to the NMLC Office of Counsel. **LS**

Operational Forces Support Directorate Ensuring Med Gear is at the Tip of the Spear

By Lt. Cmdr. Shikina M. Tellis, Deputy Director, Operational Forces Support Directorate

The Operational Forces Support Directorate serves as the Fleet Navy's "Gatekeeper for Medical Material." It comprises 23 civilian and military professionals; responsible for providing class VIII medical material life cycle logistics services to the Naval Operating Forces.

PACIFIC OCEAN (July 18, 2012) The guided-missile cruiser USS Princeton (CG-59) is underway during the Great Green Fleet demonstration portion of the Rim of the Pacific (RIMPAC) 2012 exercise. (U.S. Navy photo by Mass Communication Specialist 2nd Class Eva-Marie Ramsaran/Released).

Top notch support is provided in the following main service areas: Technical Engineering and Integrated Logistics product development, assemblage and Class VIII materiel management, procurement management and operational fleet medical logistics consulting.

Technical Engineering and Integrated Logistics product development is performed within the Equipment Support Division. It is staffed with Logistics Management Specialists, Biomedical Engineers, and Biomedical Equipment Technicians (BMETs) and provides the following products and services:

- Coordinates with Naval Sea Systems Command to modernize current and design future ship medical spaces with the proper electrical, plumbing, ergonomic and environmental considerations for operating the required medical equipment.

- Conducts market research to identify logistics solutions for new equipment to meet increased scope or standard of care and its compatibility with shipboard operating environment.

- Performs analysis and provide technical expertise to ensure equipment operating manuals, preventive maintenance procedures and repair parts are identified and/or provided as required to support normal operations.

- Provides Integrated Logistics Support product support to the Navy's ship and equipment configuration managers within NAVSUP and NAVSEA enterprises.

Assemblage and Class VIII Materiel Management functions are accomplished in the Assemblage Management Division. It is staffed with General Supply Analysts and Medical Service Corps and Supply Corps Officers. They provide the following services:

- Directly support fleet Headquarters staffs, Type Commanders and other stakeholders ashore and afloat in managing the medical capability of each operational unit or platform through the logistics and technical data management of materiel contained within their respective Author-

PACIFIC OCEAN (July 18, 2012) The guided-missile destroyer USS Chung-Hoon (DDG 93) and the aircraft carrier USS Nimitz (CVN 68) are underway during the Great Green Fleet demonstration portion of the Rim of the Pacific (RIMPAC) 2012 exercise. Nimitz took on 200,000 gallons of biofuel in preparation for the Great Green Fleet demonstration during Rim of the Pacific (RIMPAC) 2012. (U.S. Navy photo by Mass Communication Specialist 3rd Class Ryan Mayes/Released).

ized medical Allowance List (AMAL) and Authorized Dental Allowance List (ADAL).

- Collaborate with joint DoD level medical materiel working groups to standardize medical materiel and equipment across the services, where applicable, to create efficiencies in the operational medicine supply chain.

Procurement Management is performed within the Procurement Support Division. It is staffed with Logistics Management Specialists that work directly with Fleet Headquarters and Operational Type Commanders to provide the following products and services:

- Manage the lifecycle of equipment and execute the shipboard equipment replacement program (SERP) for active ships and the two hospital ships. They execute approximately $8M to $10M per year to ensure the standard of care for a each ship is available with minimal impact, if any, to ship operations.

- Collaborate with shipbuilding Program Executive Office (PEO) staffs and multiple stakeholders in the fitting out and outfitting of new construction ships to ensure each vessel is fully mission capable and medically ready upon delivery to the U.S. Navy.

- Develop and execute the Medical Support Equipment (MSE) program which funds the procurement and installation of new medical and dental technology or capability.

Fleet Medical Logistics Consulting is performed with the senior staff in the Directorate. The senior staff comprises senior Civilian, Medical Service Corps, and Supply Corps Officers. They collaborate with various cross service working groups to identify, assess, and resolve issues surrounding medical material supply chain challenges that affect our naval operating forces. They also advise Fleet Health Services Support and Logistics leadership on solutions to medical logistics challenges and ways to efficiently implement changes to current processes.

The Operational Forces Support Directorate is committed to addressing the needs of operational fleet forces by advocating 'end to end' supply chain management of class VIII medical materials world-wide to ensure “medical gear is at the tip of the spear." **LS**

Medical Allowance Lists Reviewed for Developing Force Packages

By Lt. Cmdr. Shikina M. Tellis, Operational Support Directorate Deputy Director

PEARL HARBOR (JULY 18, 2012) The Military Sealift Command fleet replenishment oiler USNS Henry J. Kaiser (T-AO 187), left, delivers a 50-50 blend of advanced biofuels and traditional petroleum-based fuel to the guided-missile cruiser USS Princeton (CG 59) during the Great Green Fleet demonstration portion of Rim of the Pacific (RIMPAC) 2012 exercise. (U.S. Navy photo by Mass Communication Specialist Seaman Apprentice Ryan J. Mayes/Released).

Imagine sailing 1,200 miles to the middle of any body of water on a ship with 300 plus personnel without having the proper medical materiel onboard. That would be a recipe for disaster. Any time military as well as civilian personnel are stationed aboard sea going vessels, medical attention becomes a daily fact of life. Naval vessels that have medical facilities onboard will invariably have situations where personnel will require medical attention. Those facilities are outfitted with equipment and supplies that support medical treatment commensurate with the medical provider or clinician assigned.

The Navy's Authorized Medical Allowance List (AMAL) identifies the minimum quantity of equipment and consumables a platform is required to maintain to support approximately 60 days of sustainment and contingency materiel requirements. The Naval Medical Logistics Command, located on Fort Detrick, Md., manages all AMAL data content and coordinates with the fleet Headquarters and Type Commander (TYCOM) stakeholders to routinely update AMALs to accurately reflect the medical capabilities a platform is required to maintain.

The fleet conducts AMAL reviews every 12-18 months, chaired by the respective TYCOM surgeon, to ensure medical materiel contained on the AMALs is current as well as logistically supportable. These reviews are a collaborative effort be-

tween NMLC and TYCOMs and bring the expertise of medical subject matter experts from the maritime, aviation and expeditionary communities (i.e., Commander Naval Air Forces, Commander Naval Surface Forces, Commander Naval Submarine Forces, Naval Expeditionary Combat Command and Military Sealift Command).

During the review, a determination is made whether each AMAL item will remain in the inventory. NMLC is currently working with the Naval Health Research Center (NHRC) to improve the medical allowance process by conducting medical materiel modeling versus the current process that relies upon empirical data from personal experience.

The modeling process uses historical patient treatment data as reported from the ships to identify common patient conditions and the associated materiel required to treat those ailments through approved treatment processes. The goal is for the AMALs to become a "clinically based, logistically supportable agile/adaptive force package."

As ships continue to go to sea, it is encouraging to know that NMLC continues to design, execute and administer individualized state-of-the-art solutions to meet customers' medical materiel needs. Further, NMLC is identifying technological advantages that will continue to help warfighters receive world-class medical healthcare. **LS**

PACIFIC OCEAN (July 18, 2012) The aircraft carrier USS Nimitz (CVN 68) is underway during the Great Green Fleet demonstration portion of the Rim of the Pacific (RIMPAC) 2012 exercise. Nimitz took on 200,000 gallons of biofuel in preparation for the Great Green Fleet demonstration during Rim of the Pacific (RIMPAC) 2012. (U.S. Navy photo by Mass Communication Specialist 2nd Class Eva-Marie Ramsaran/Released).

Contracting Officer's Representatives Best Practices Panel- 2012 Navy Medicine Audit Readiness Training Symposium

Story and Photo by Sheila A. Gorman, Contract Specialist, Code 2

A three-member panel of contracting officer's representatives (CORs) presented their best practices June 6 at the 2012 Navy Medicine Audit Readiness Training Symposium, Lansdowne, Va.

The panel's presentations generated lively discussion amongst the audience, including Naval Medical Logistics Command contracting officers and healthcare services personnel.

NMLC Healthcare Services Director Chris Cullen moderated the event.

"I think it's important to hear from the CORs who are in the trenches and actually doing the job," said Cullen as he introduced the panel.

CORs, from left, Greg Bullock, Naval Hospital Camp Lejeune, N.C., Zelda Rappuhn, Navy Medical Center San Diego, Calif., and Dora Herman, Naval Hospital Bremerton, Wash., present their best practices June 6 at the 2012 Navy Medicine Audit Readiness Training Symposium COR's Best Practices Panel, Lansdowne, Va. The symposium goals included giving participants tools to improve business practices, to better working relationships, and to ensure Navy medicine continues to provide world class care.

The first member to speak was Greg Bullock, Naval Hospital Camp Lejeune, N.C. Bullock discussed the importance of acquisition planning and forecasting. He said a number of problems can be alleviated when the COR is involved in the acquisition process from the beginning.

"Do you have a seat at the table," asked Bullock, who encouraged CORs to attend directors' meetings, executive steering committee and position management committee meetings in order to assess upcoming and ongoing personnel requirements.

"NMLC encourages us to write a statement of work for a position, not a person. The decision to fund a requirement is everyone's; the COR, medical treatment facility management and NMLC," said Bullock.

Bullock also discussed his practice of creating a mini handbook on hiring practices and said he uses exact verbiage from the contract so as not to cause confusion. Bullock encouraged CORs to walk through their clinics to get a feel for who is doing what, where. He said he constantly retrains and reeducates leadership about accountability and authorization.

"We do a monthly audit on our records. We go through the time sheets and check that correct signatures are affixed. We also keep close track of LWOP [leave without pay] . . . in order to recoup those funds," said Bullock.

Following Bullock's presentation was Zelda Rappuhn, Naval Medical Center San Diego. Calif.

Rappuhn began her presentation sharing the number of unauthorized commitments (UACs) incurred when she began three years ago as a COR in San Diego. She stated strongly there would be no UACs on her watch and discussed the safeguards that have been put into place to alleviate this practice.

"We have instigated supervisor training to make sure everyone knows there is a difference between contractors, military and civil service employees and the role of the supervisor in each instance. I also go over how to track leave, take disciplinary action, and comply with the terms of the contract," she said.

Rappuhn said the San Diego CORs talk to the healthcare workers about their role and how to act in a professional manner.

"We try and keep consistent with the rules. What goes for civil service employees also goes for contract employees. We communicate often to make sure the contract employees and Government staff are all on the same page," said Rappuhn.

Discussing healthcare worker issues, Rappuhn said the policy at NMC San Diego is three strikes and you're out.

"For the first infraction, the healthcare worker is counseled and either corrected, remediated or retrained. For the second infraction that is the same or similar, an informal written notice is issued. For the third infraction, it usually means dismissal," said Rappuhn. "We look at issues carefully to determine if it's a personality issue or a job duty. As a COR, we need to remain objective in order to protect both the Government and contractor from liability."

Rappuhn ended her presentation by discussing how to deal with a difficult contractor. She said a COR needs to, "clearly articulate the rules and policies, provide background and support . . . and hold your ground."

Rappuhn's comments generated further questions and discussion amongst the audience members.

Melanie Muscar, NMLC Services Contract Division chief, asked whether Rappuhn reflects the contracting company difficulty and hardship in her CPARS [Contractor Performance Assessment Reporting System]. She explained that CPARS are uploaded to PPIRS [Past Performance Information Retrieval System], a reporting system to which all Government agencies have access. Having clear, articulated areas of concern makes a difference in contract or task order awards for not only NMLC but other Government agencies as well.

Cullen added that on many of the personal services contract awards at NMLC, contractor past performance is weighted more heavily than other areas of consideration. Generally, the first item pulled for any award is the contractor's past performance report.

"If there is nothing reported, NMLC has no knowledge of anything different," explained Cullen. Although PPIRS or CPARS are not accessed for logical follow-on's, Cullen said the COR needs to apprise the contracting officer as issues arise and to do so in a timely manner. If no issues come to light, Cullen said the medical treatment facility would most likely end up with the same company as it's the easiest way to get that service.

Cullen then responded to a question from the audience of who has authority to remove a healthcare worker directly from duty.

"There are only two instances where a healthcare worker may be removed directly from the facility by the commanding officer; patient safety is one and staff security is the second. The commanding officer has to be careful the healthcare worker is not fired, only removed from the facility," said Cullen. "Anything else has to be documented first and the process goes through the contracting officer."

The discussion moved on to the third and final member of the panel, Dora Herman, Naval Hospital Bremerton, Wash. Herman discussed healthcare worker on-boarding.

"The first day of employment is so important. We have created a process to get a contract employee through the credentialing, privileging, and paperwork process that also includes such basics as where to eat," said Herman.

Herman said the on-boarding process has received great feedback from the medical treatment facility supervisors. She said the three hours spent on each new healthcare worker is time well spent and suggested that larger medical treatment facilities could utilize Red Cross or other volunteers to assist in the process.

Herman moved on to some suggestions addressed to NMLC. "I'm so glad NMLC has reorganized, thank you, thank you, thank you, I love the transparency. . . it's nice to get notified when requirements are entered in SPS [Standard Procurement System]. When the monthly metrics are off, the email notifications back us up and we can show we're doing our job. The transparency helps us answer questions from department heads and supervisors without having to constantly contact NMLC," said Herman.

Herman said she liked the video teleconferencing with contracting and healthcare services personnel at NMLC.

When working on a requirement, "Invite the department heads to a VTC with NMLC; they can ask questions and get a direct answer … there is more impact when NMLC answers them directly than when they hear it from us," said Herman.

Cullen ended the session stating that the CORs Best Practices panel was informative to all and thanked the members for participating. **LS**

Why Does Contracting Take So Long?

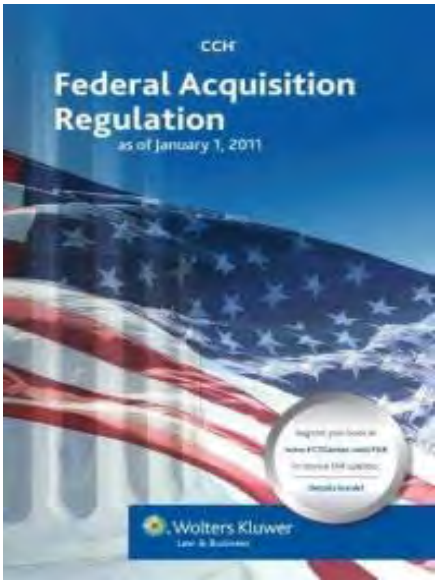
By Melanie Muscar, Chief, Services Contracts Division

If I had a nickel for every time I heard that…

One of the easiest parts about my job is explaining the contracting process and all of the steps required in order to get a contract in place. One of the hardest parts about my job is getting customers and end users to *accept* the contracting process and all of the required steps that must occur in order to get a contract in place. Many requirements come with requested effective dates of "yesterday" and when working in Navy medicine, timely delivery of health care services and medical supplies and equipment is vital.

The federal government, and particularly the Department of Defense, is required to comply with a number of rules, regulations, instructions and policy letters before executing a contract. Not only do we need to comply with the Federal Acquisition Regulation (FAR) which applies to all Government procurements but since Naval Medical Logistics Command is a part of the Department of Defense, we are also subject to following the DoD supplement to the FAR (DFARS). Additionally, as a Navy activity, we must comply with further policies and procedures outlined in the Navy Marine Corps Acquisition Regulation Supplement (NMCARS). But really, why does contracting take so long?

One of the basic tenets in federal contracting is competition. We contracting officers (KOs) have the duty to promote and provide for competition and to obtain the most advantageous contract for the Government. Competition drives prices down, improves the quality of a product or service, promotes fairness and openness and increases the likelihood of efficiencies and innovations. Competition, however, takes time. Depending on the



type of procurement, dollar value, and complexity of the requirement, simplified acquisition procedures, commercial item procedures or formal contracting procedures may be utilized.

For the purposes of this article, let's assume we are utilizing formal contracting procedures on an acquisition – FAR Part 15 (Contracting by Negotiation). Let's also assume that we are procuring a health care services contract. A competitive, negotiated source selection of this caliber includes three major milestones: pre-solicitation, pre-proposal and pre-award, which may require at least a year to complete. This time is measured "tip to tail," meaning from the first conversation with key players about an anticipated need all the way through to the health care workers' first day of providing services.

The pre-solicitation phase occurs prior to a solicitation being put "on the street" and open to receiving proposals. During this phase, the KO relies on the coordination of the key players involved in acquisition planning to initiate and follow a requirement through to award. The end user, Contracting Officer's Representative (COR), healthcare analyst, comptroller, legal counsel and other subject matter experts assist in the development of a requirements package which consists of funding, the statement of work, an independent government cost estimate/market survey (IGCE) and an acquisition strategy.

After the KO determines the contracting vehicle to be utilized and sets a Plan of Action and Milestones (PoA&M), additional pre-solicitation documents are created which outline the acquisition strategy, source selection criteria and methodology, administrative roles and responsibilities and contain all required approval signatures. The dollar value of the requirement dictates the required approval levels; achieving those approvals can take up to 6 months depending on the required levels. When approval is received, the requirement is synopsized on FEDBIZOPPS, the portal that notifies those wishing to do business with the government, for 15 days in advance of the issuance of a solicitation.

Moving into the pre-proposal phase, depending on the complexity of the requirement, a pre-proposal conference might be held with industry to discuss the requirement. If market research re-

veals lingering questions that should be addressed prior to the issuance of a solicitation, a request for information (RFI) may also be issued to industry. Once a solicitation is actually issued, it is required to be open to receiving proposals for at least 30 days. Depending on the questions received from offerors, additional time may be granted for the submission of proposals. Solicitations generally include three factors for evaluation: past performance; a technical factor; and the cost factor.

The pre-award phase contains all of the steps during the evaluation of proposals received leading up to the actual award – oftentimes the lengthiest phase. After a solicitation closes, the proposal undergoes a technical evaluation which includes an assessment of the offeror's past performance and the past performance of any proposed teaming partners or subcontractors. Past performance is an indicator of an offeror's ability to successfully perform the same or similar contract requirements. Additionally, evaluators review the submission of the technical factor, which could be anything from management plan and market research, technical excellence, management capability and corporate experience, etc. The cost factor is evaluated separately from the past performance and technical evaluation so as to not create biased evaluations.

The length of time to complete an evaluation generally depends on the number of factors required to be evaluated and the number of proposals received. Since the government is interested in maximizing competition, there is no cap on the number of proposals available for evaluation. When initial evaluations are completed, the requirement's source selection board uses the results of the past performance evaluation, technical evaluation and price evaluation to set a competitive range which limits competition to the most highly rated proposals– ideally, only those offerors with a reasonable chance of receiving the award. With the establishment of the new DoD Source Selection Procedures, awarding a requirement without conducting discussions/negotiations is the exception, not the rule. This means that KOs must discuss weaknesses with offerors remaining in the competitive range and assess responses to deficiencies in supplemental reports for past performance, technical evaluation and price evaluation.

A business clearance memorandum (BCM) is the document that provides an in-depth analysis of the procurement process and is approved by the same approving agencies from the pre-solicitation phase. This document serves to show that the procurement was conducted in accordance with the established source selection plan and all required regulations and policies, and that decisions reflect sound judgment. As if that were enough, the KO conducts debriefings with offerors and may even need to defend certain decisions if a protest is received.

Following award, the successful contractor is afforded "start-up" time for recruiting, hiring, relocating, obtaining health certifications, and compiling credentials packages. On the government side, the COR and other staff are required to process the incoming contract health care workers by performing activities such as credentials review and privileging, orientation, and background investigations, just to name a few. The amount of time allotted for these start-up activities varies based on the magnitude and complexity of the requirement. The existence of incumbent workers from an expiring contract and the results of market research may also impact the length of the start-up period. A requirement that sets out an unrealistically brief start-up period is likely to yield poor results, under-qualified personnel, unfilled positions, and delayed start of services.

Processing contracting initiatives can be difficult and time consuming, especially considering the dynamic environment of Navy medicine. Planning for readiness requirements and beneficiary care further compound the challenges, particularly when the delivery-of-care model

changes how treatment facilities operate. Adding to the challenges are deployment backfills and new program initiatives that oftentimes come with short notice, demand quick turnaround, an unknown duration of the requirement, and uncertainty about funds availability. With a contract process impacted by regulations and market constraints, reconciling the requirement with the contracting capabilities can feel impossible. Understanding the contracting process and the roles and responsibilities of all of the players involved is a step in the right direction with establishing and executing a successful contract requirement. ***LS***

LOGISTICALLY *speaking*

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?

Mr. Sean Crean (right), Director, DoN OSBP presents Naval Medical Logistics Command (NMLC) with an award for achieving their goals in contracts awarded to WOSBs, SDBs, and Small Businesses. Receiving the award on behalf of NMLC is Ms. Mimi McReal, Small Business Advisor.

What's the *Buzz*? The 2012 Department of Defense Office of Small Business Programs Training Week, held in May, in Nashville, Tenn.

The week started out with a one-day, Service-specific training where the Navy, Army, and Air Force met in separate breakout sessions to discuss small business training unique to their missions. The week continued with the Department of Defense Office of Small Business Programs (DoD OSBP) teaming with the Small Business Administration (SBA) in a united training venue for the second year in a row. This event brought Federal Small Business Professionals (SBPs) and experts from the SBA under one roof to learn of initiatives aimed at capitalizing on the White House's and Secretary of Defense's commitment to America's small businesses and the acquisition professionals who support them. The training also focused on leadership and working together to strengthen the small business industrial base. It was truly a worthwhile and well-structured event that renewed the enthusiasm and energy for those supporting Federal small business programs. Some of the noteworthy topics presented during the week's training are highlighted below.

The first day, featuring the Navy-specific training, provided an overview of the recently released SECNAVINST 4380.8C, "Implementation of the Department of the Navy Small Business Program." This Instruction updates policy and responsibilities for implementation and management of statutory and regulatory requirements within the Department of the Navy's (DoN) small business program. Specifically, it renames the '*Small and Disadvantaged Business Utilization (SADBU)*' Program the '*Office of Small Business Programs*' (OSBP). It outlines responsibilities for OSBP directors, associate directors and deputy directors and renames the '*Small Business Specialist*' position as the '*Small Business Professional (SBP).*' The Instruction also outlines specific prerequisites and training required for SBPs and formalizes appointment of Alternate SBPs.

Another important topic presented during the Navy-specific training was preparation for surveillance reviews. The SBA conducts periodic surveillance reviews to evaluate how Navy OSBPs are performing and provides them with an overall rating (e.g., outstanding, highly satisfactory, satisfactory, marginally satisfactory, etc). The training provided valuable insight on best practices, rating justifications, and methods for overall process improvement.

Every year, the DoN OSBP recognizes and honors those organiza-

tions who achieve their small business goals. Naval Medical Logistics Command (NMLC) received recognition for achievement in meeting their goals in awarding contracts to women-owned small businesses (WOSBs), small disadvantaged businesses (SDBs), and for achieving their overall small business goal of 23%, the statutory goal established by the SBA for Federal acquisitions. In FY2010 and FY2011, NMLC averaged just over 77% of all contracts awarded to small businesses.

Throughout the week during the jointly conducted DoD OSBP and SBA training session, several important topics were presented by a variety of subject matter experts. Certainly one of the biggest highlights was the keynote address by the Honorable Karen Mills, Administrator, U.S. Small Business Administration. Ms. Mills brought with her the most heartfelt appreciation and encouragement from the White House for DoD's continued support for maximization of the success of the nation's small businesses. Ms. Mills stated that it is an exciting time for small businesses who represent key innovations and advancement on several import fronts (e.g., technology, research, etc). Ms. Mills also underscored the importance of continued outreach in several venues to attract new firms and match them with DoD acquisitions, as well as stressing potential subcontracting opportunities on larger acquisitions. She further reinforced the commitment and support that President Obama demonstrates to see small business programs succeed, as well as acknowledging all of the outstanding efforts that are put forth by the small business professionals every day.

In another presentation, a speaker from the SBA addressed updates to the Small Business Jobs Act of 2010, highlighting an interim rule in the Federal Acquisition Regulation (FAR). The interim rule, which went into effect in November 2011, allows for contracting officers to now set-aside task orders and blanket purchase agreements (BPAs) on multiple award contracts (e.g., Federal Supply Schedule contracts, VA/GSA contracts).

There were other numerous breakout sessions which featured topics on market research, size standards and NAICS (North American Industry Classification System) codes, increasing subcontracting opportunities, Defense Acquisition University (DAU) training and resources available, as well as sessions on mentor-protégés and small business innovation research programs (e.g., SBIR).

The training provided several informative briefings and was very worthwhile. It fostered great networking opportunities and a means to get smarter on small business initiatives. Last year was the first time that DoD OSBP and the SBA held a jointly led training event; it was a tremendous success and remained so this year as well. The DoD OSBP and SBA partnership remains a very valuable way of demonstrating unity and promoting continued success of the small business programs.

Ms. Mimi McReal, NMLC's Small Business Advisor, addresses NMLC command personnel during All-Hands quarters.

For any questions concerning the DoD OSBP training or to get copies of any presentations mentioned herein, please contact Ms. McReal at Mimi.McReal@med.navy.mil or via phone at (301) 619-3097.

With the Defense Medical Materiel Program Office Joint Medical Test & Evaluation Division, *Collaboration Happens*

By Cmdr. Tyson Brunstetter, Chief, JMT&E and Christine Wasner, Program Analyst, JMT&E

The Joint Medical Test & Evaluation (JMT&E) division of the Defense Medical Materiel Program Office (DMMPO) serves as a liaison and coordinator among DoD acquisition and test organizations. The division's primary mission is to encourage collaborations and cooperation during medical Test & Evaluation (T&E) efforts, support the validation of joint medical materiel solutions, and assist DoD logistics agencies with medical equipment selections.

This has been a noteworthy and busy year for the JMT&E division; it has embodied the spirit of collaboration, working with the Navy, Army, Air Force and Marine Corps to make joint decisions that will not only improve and standardize medical care for the injured warfighter, but will also aid in cost reduction of medical materiel to all Services.

Providing safe, appropriate and effective medical material to deployed warfighters is a top priority for DMMPO's JMT&E division. Aero-medical evacuation teams are one of the Division's most important customers.

Since February 2012, DMMPO has mediated a quad-Service Integrated Product Team (IPT) responsible for developing a truly standardized Joint-Service First Aid Kit (JFAK). The JFAK will replace Service Individual/Improved First Aid Kits (IFAKs) and provide uniform, improved first aid capabilities to the Joint Warfighter. In July 2012, all four Services agreed on a core list of first aid kit components. This milestone will standardize DoD medical treatment and training, decrease logistical and financial burdens, and ensure that warfighters—regardless of Service—will know what items are contained in any JFAK and how to use them on themselves or others. Joint Operational Testing of the JFAK will be performed at Fort Detrick, MD in August 2012.

Joint Operational Testing will also begin shortly for new Joint Product of Choice (JPOC) candidates for two Patient Movement Items: portable ventilators and IV infusion pumps. Spearheaded by the Standardization division of DMMPO, Test & Evaluation and funding are being coordinated by JMT&E in a partnership with the US Army Medical Materiel Agency (USAMMA). The upcoming testing will provide the evidence needed to decide which device(s) will be recommended for Joint use in theater, both on the ground and in aero-medical evacuations.

DMMPO's JMT&E division is also consulted by CENTCOM leaders to troubleshoot medical materiel and equipment issues that arise, but which do not have a quick or easy fix. Leveraging Joint Service clinicians, logisticians, engineers, scientists, and Biomedical Equipment Technicians and utilizing the DMMPO's own Subject Matter Experts, solutions can be quickly addressed.

Collaboration happens!

The Department of Defense Food and Drug Administration Shelf Life Extension Program

By Lt. Col. Julia Guill, Shelf Life Extension Program Division Chief

To assure preparedness for war or other contingencies, the Department of Defense (DoD) maintains significant pre-positioned stocks of critical medical materiel. All drugs possess finite, labeled expiration dating. Routine replacement of these medications can be quite costly for the DoD and the taxpayer. To reduce overall costs and taxpayer burden for these stocks, the DoD participates in cooperative product evaluation program with the U.S. Food and Drug Administration (FDA).

The DoD/FDA Shelf Life Extension Program (SLEP) was instituted in 1986 as a key component of the Medical Readiness Strategic Plan (MRSP) as developed by the Office of the Secretary of Defense for Health Affairs and the Military Medical Departments in response to Congressional concern over the conservation of military medical resources.

The SLEP is geared towards the testing of "military significant" products, those that are either military-unique, possessing no commercial (non-DoD) market, or those drugs for which the DoD procures such large quantities for pre-positioned stocks that vendors are unwilling to accept them for credit upon expiration. SLEP's focus is to defer drug replacement costs for date sensitive pre-positioned stocks by extending their useful life. The extension of a pharmaceutical's shelf life is determined based upon arduous testing in FDA laboratories. The FDA applies vigorous stability examinations consisting of real-time and accelerated tests of drug products, and it is the FDA that has the authority to grant or deny extensions. A product's expiration date is only extended if sampled items from specific lot numbers meet the minimum requirement of 95% pharmacological bioavailability. Extensions are granted for up to 24 months at a time with lots being tested for a maximum of 3 cycles, one initial test and two re-tests.

Over the past 5 years, SLEP has averaged a 98.3% extension of shelf life products. Despite this high success rate, there can be a mix of failed and passed tests among lots of the same medication, during the same test period. For this reason, it is not possible to extrapolate potency with any confidence to a medication that has not been reported in SLEP during project testing. This material will not be extended. It is with these high standards that the SLEP assures only safe and effective drugs are provided to personnel during war or other contingencies.

The Defense Medical Materiel Program Office (DMMPO) a department of the Office of the Assistant Secretary of Defense (Health Affairs) Force Health Protection and Readiness, coordinates the program and acts as the single interface between SLEP participants and the FDA. Federal agencies participating in SLEP include: Centers for Disease Control, Army, Navy, Air Force, Marine Corps, Coast Guard, Bureau of Prisons, Department of State, the Department of Health and Human Services" Strategic National Stockpile (SNS), the Veterans Administration Emergency Preparedness Program, and the US Postal Service.

The SLEP Participants fund the program, manages their portions of the program, and receive the benefit of deferred replacement costs. To illustrate the program's value, during FY11, SLEP tested 1,977 product lots; an increase of 38% from the previous year, and deferred $497 million in pharmaceutical replacement costs. For FY12, the SLEP is on track to save a total of $560 million to the U.S. Government. The SLEP's successes as a unique program world-wide have not gone unnoticed, and in 2009, the Israeli Ministry of Health and Defense launched a reform in their national stockpile which included an Israeli SLEP based on the US SLEP model. Israel predicts saving 60 million NIS (New Israeli Shekels) over a period of 10 years. The currency in Israel converts $3.80 (NIS) to $1.00. ***LS***

Personality Profile

Thea Hofgesang, Code 02, Team Lead, Contracting Officer

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

I grew up an Army brat and spent the majority of my early life growing up in Europe. My parents moved back to Emmitsburg. Md., when I was 14 and I have lived in the Frederick County area ever since. I graduated from Catoctin High School and went on to get my BS and MBA from Mount Saint Mary's University.

Can you briefly share the story of how you entered the federal service, when you entered, what were your first assignments, etc?

I started my early years in the federal service employed as a summer hire lifeguarding (NAF positions) on military bases and being a Stay in School at the Federal Emergency Management Agency. Once I graduated from college I went into the Army for a brief period. I had a pre-existing injury to my right shoulder that prevented me from continuing my career in the Army. Once I was honorably discharged I sort of floundered trying to figure out what I was supposed to do. My career in the Army had been mapped for the next 5 years so I was a little dumbfounded and had to set new goals and accomplishments for my life/career. While I was trying to figure out what I wanted to do, I worked as a paralegal for the Frederick County State's Attorney's Office and then worked as a Financial Analyst for the Financial Crimes Enforcement Bureau (FinCEN). It took about a year but once I got into the Student Career Experience Program (SCEP) on Fort Detrick and started working for the United States Army Medical Research Acquisition Activity (USAMRAA) my contracting career took off.

How long you have been here? Where were you before you came here? What are your responsibilities here?

I have been working for NMLC as a Contracting Officer, Team Lead for a little over two years now. I previously worked for the Technology Applications Office (TAO) as a Contracting Officer and before that I worked at USAMRAA as a Contract Specialist. As a Contracting Officer/Team Lead, I work with our customers to help develop their requirements and provide guidance on the best acquisition strategy for their requirements. I also work with and guide the Contract Specialists during the procurement process eventually leading to a contract which provides the medical equipment, supplies or services required to support the warfighter.

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

One of the most important efforts I've supported involves the Navy, Army, and Air Force Secure Messaging system. The Tri-Services were mandated to implement a secure messaging system for their patients and medical staff. The Secure Messaging system provides a safe, efficient, cost-effective method for patients and their care teams to communicate on a variety of topics. Such communication can be used to provide patients with lab and x-ray results, remind patients of needed preventive care, remind patients of needed follow-up of chronic diseases, educate patients about various topics, inform patients about available services and provide direct care for minor problems or inform patients of the need to come in for care. As the Contracting Officer I've awarded several contracts to provide licenses, training, and project

management for the system to the Tri-services. The contracts I awarded were put in place to allow the Tricare Management Activity (TMA) enough time to recompete a follow-on large Tri-services contract. The procurement process can be long and difficult for major procurements, which has affected the award of the Tri-services contract. In order to provide TMA the time required in order to compete the large contract, I've performed multiple modifications to include extending these contracts in order to allow TMA the time required to complete the procurement process.

What makes you a success here?

I work with a great team that is dedicated and knowledgeable. We all work as one to provide the best support we can to our warfighters.

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

Although I love my job, my family is the most important thing to me. I have a wonderful husband and two fun, adorable, spirited boys. We spend the majority of our time doing outside activities (sports, camping, hiking, playing). In the summer, I play softball for a women's league. The past couple of years I have raised money and walked in support of Avon's 40 mile Walk for Breast Cancer. My mom is a breast cancer survivor.

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

Cancer is prevalent in the world. It's in our interest to help the medical community find the best methods of eliminating and finding a cure for cancer. The money raised helps support medical research to find a cure. Seeing firsthand what women and men experience with cancer gives an inside look at the medical system and medical care received. I'm able to provide a small amount of help to our community to find a cure by providing medical equipment and supplies required to treat and cure the population.

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

I procure medical equipment, supplies, and services that directly impact and support the warfighter. In addition, the medical equipment, supplies, and services not only provide direct medical care to the warfighter but also aid in humanitarian missions. Without these items the warfighter would be unable to perform their missions successfully. ***LS***

Personality Profile

Saba Getachew - Code 03 - Clinical Engineer

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

I was born and raised in Addis Ababa, Ethiopia. I moved to the United States when I was a teenager and I attended two years of high school in Annandale, Va., and four years of college at Virginia Commonwealth University in Richmond, Va. I call both places, Ethiopia and Virginia my home.

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

After I graduated from college, my first job was with an oil field services company and I was hired as a junior field engineer in Bakersfield, Calif. I wanted to use my degree, so my job before coming here was as a biomedical engineer in Chantilly, Va.

How long you have been at NMLC? Where were you before you came here? What are your responsibilities here?

I started working at NMLC at the end of September 2011. My duties here include reviewing equipment request packages coming from various U.S. Naval locations and identifying the department's requirements. Based on their requirements I review the features and capabilities of the requested equipment and identify comparable equipment that are currently available. Based on my research and knowledge of the clinical engineering team, I prepare a technical data package and the team reviews the package before it is submitted.

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

I believe all of the requirements and efforts are equally important. Some requirements are urgent while others require more research, but all off the requirements involve the team's input to overcome any challenges.

What makes you a success here?

Being part of a knowledgeable and supportive team makes me a success.

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

On my off duty hours I try to make time to play with my dogs, hang out with friends and spend quality time with family. Other than that, my two sisters and I are involved in a fund raising effort to a very important
Charity. We discovered this organization while we were looking for a reputable, inspiring charity we could team up with that goes alongside our goals. The name of the organization is Books for Africa. As Books for Africa states, it is a simple name for an organization with a simple mission. The goal is to collect, sort, ship and distribute books to children in Africa.

As Books for Africa states, it is a simple name for an organization with a simple mission. The goal is to collect, sort, ship and distribute books to children in Africa.

Books for Africa is the world's largest shipper of donated books to the African continent. The organization, since 1988, has shipped over 26 million high-quality text and library books to children and adults in 46 African countries. Books for Africa have been honored with a Four-Star Rating from Charity Navigator for the sixth consecutive year.

In collaboration with BFA we are trying to send (ship) over 20,000 college textbooks to a brand new university in Addis Ababa, Ethiopia. The Addis Ababa Science & technology University was established with the vision of becoming a center of excellence in Science and Technology with diverse programs delivered in a number of schools. My sister visited the school and understands first hand its needs and its potential to make a difference. As a new university, the need for books is urgent. Anyone's support is highly imperative in order to quickly fulfill the need for inputs like program relevant text and reference books to transfer knowledge and skills through this new institution.

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

Being involved in a charitable organization helps in a lot of ways, but the most important lesson I have learned so far is to know that my efforts count. I have met all types of people by being involved and it is refreshing to know all of these people are willing to give their time and effort just to help disadvantaged kids. Being involved helps me to keep an open mind and it helps me to be grateful for what I have.

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

By fulfilling the requirements of U.S. Naval Hospitals and Naval Medical Centers, I contribute to the organization's overall mission by furnishing them with the latest and state of the art medical equipment that would enable them to treat patients adequately.

Any final thoughts you can share?

I have enjoyed my time here at NMLC so far and the past year was educational for me. It was filled with constant learning and experiences I would have never been exposed to if I were not here at NMLC. ***LS***

Personality Profile

Rachel Pardo - Code 07 Program Analyst

Rachel Pardo is responsible for providing manpower to Naval Hospitals in Lemoore, Calif., Twenty Nine Palms, Calif., Rota, Spain and hospitals in Italy.

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

I am from Pensacola, Fla. I graduated from Pensacola Catholic High School and then attended Florida State University, earning a Bachelor of Science. From there, I attended the University of West Florida and earned my Master of Business Administration.

Can you briefly share how you entered the workforce, when you entered, what were your first assignments, etc?

I have been working since I was fourteen. I find looking at my Social Security summary exhausting. My first job was assistant librarian in High School, then on to a lucrative career in hamburgerology at McDonald's. In college, I worked in the purchasing office. To finance my graduate degree, I worked for the state of Florida as a social worker, doing AFDC and food stamps, equivalent to what the Department of Health and Human Resources (DHHR) is now. State workers received free tuition at state schools. Then I joined the Navy. My friends coined the saying, "In Pensacola, you either marry them or join them." I joined.

After Officer Candidate School, Surface Warfare Officer School, and other specialty training, I flew out to my first ship. This was just before the first Gulf War. The *USS KISKA* (AE-35) was three months into a nine month deployment when I helo'd onboard her deck outside of Fujirah. I spent three years on the *KISKA*, and then had three fantastic years in Naples Italy with Military Sealift Command. Once department head school was over in Newport, R.I., I again headed out to the Persian Gulf to be the Operations Officer on the *USS PAUL F.FOSTER* (DD-964). Two years passed and Afloat Training Group Pacific followed.

Afloat Training Group, Pacific Northwest was my last active duty command. NR COMDESRON SIX and MSC 101completed 20 years, six duty stations, one husband, three children, and a wonderful life with so much more to come.

Ensign Rachel H. Halseth, 1990 OCS

Where were you before you came to NMLC? How long you have been

here? What are your responsibilities here?

Before I came to NMLC, I was acting Clinic Coordinator for the subspecialty clinics at the Veterans Administration Medical Center in Martinsburg, W.Va. Now I am a Program Analyst with Code 07. My site assignments are Naval Hospital Lemoore and Naval Hospital Twenty Nine Palms. I also am responsible for NH Rota and the hospitals in Italy.

What are the most important efforts you support and please provide a brief description of your involvement, the challenges you face in accomplishing your tasks and how you overcome them.

I think one of the biggest, most positive pushes the Navy has made and that NMLC is supporting is the Mental Health requirements embedded in Medical Homeport initiative. Sailors returning from deployment in Afghanistan and Iraq need transitional assistance and the professional care social workers, psychologists, and psychiatrists can provide. We can provide those professionals. The connection is direct.

What makes you a success here?

Maturity, training, education and personal drive.

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

My family is my number one priority in my life. My husband and three children come before anything. I am also involved with mentoring at the Children's Home Society, gardening, and reading.

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

I have always been fiercely loyal to my family. The Navy is my extended family. I like having the direct connection to those we support. To be able to write the statement of work that contracts the physician who cures the sailor; that is good.

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

I like to think I am funny. Don't ask my children if I am or not but some others might think I am.

Are there any final thoughts you would like to share with the reading audience?

I truly enjoy working at NMLC. The staff is terrific and believes in the mission. I don't think I have ever worked in an atmosphere where management is as supportive as it is here. There is room to be challenged and grow as employee and as an individual. Health is encouraged, education is encouraged, innovation is encouraged, this is unique in a work environment. What great opportunities lie ahead! ***LS***

Welcome Aboard Capt. McCue Commanding Officer, NEMSCOM

Capt. Martin (Marty) D. McCue, MSC, USN

Capt. Martin (Marty) D. McCue, MSC, USN

Captain Martin D. McCue, Medical Service Corps, United States Navy is a native of Louisville, Ky. He received a Bachelor's of Science degree in Health Care Administration from the University of Kentucky in 1987.

Commissioned an Ensign in March 1988, his first assignment was as the Administrative Officer at the Oceana Branch Medical Clinic, Virginia Beach, Va. This tour included a deployment to Saudi Arabia with Fleet Hospital Five in support of Operations Desert Shield/Storm. While there he served as the Head, Operating Management Department. In July 1991, Lt. McCue began a three-year assignment at Naval Hospital Pensacola, Fla., as the Assistant Head, Material Management Department, later becoming the Department Head. In 1996, Lt. McCue was assigned as the Head, Material Management Department, Naval Hospital Sigonella, Sicily, Italy. In July 2000, Lt. Cmdr. McCue reported to the 1st FSSG, Headquarters and Services Battalion, Camp Pendleton, Calif., as the Health Services Support Officer. During that assignment he deployed as the Senior Medical Planner and Officer in Charge of the Medical Support Operations Center during Operation Enduring Freedom and Operation Iraqi Freedom. In May 2003 Cmdr. McCue transferred to the Naval Medical Center, Portsmouth, Va. While there he served as the Head, Material Management Department and Tri-Service Regional Logistics Chief for Southern Virginia and North Carolina. In March 2004 he deployed with the Expeditionary Medical Facility Portsmouth as the Director for Administration, U.S. Military Hospital Kuwait. Upon his return he was assigned as the Associate Director for Business Operations, Surgical Services Directorate. In 2008 he completed a successful command tour as Commanding Officer, 3d Medical Battalion, 3d Marine Logistics Group, Okinawa, Japan. He most recently served as the Director, Navy Support Branch/Health Services Capabilities Integration officer at Headquarters Marine Corps, Combat Development & Integration, Capability Development Directorate.

Capt. McCue is a graduate of the Naval Postgraduate School, Naval War College, and Industrial College of the Armed Forces. He has a Master of Science in Management specializing in Financial Management and Material Logistics, a Master of Arts Degree in National Security and Strategic Studies, and Master of Science in National Resource Strategy. He is a Fellow in the American College of Healthcare Executives and a Certified Professional Logistician in the Society of Logistics Engineers.

Capt. McCue's personal decorations include: the Meritorious Service Medal with two gold stars in lieu of second and third award, the Navy/Marine Corps Commendation Medal with two gold stars in lieu of second and third award, the Navy Achievement Medal, and the Army Achievement Medal.

He is married to the former Deborah Nelson of Oakley, Ill. They have four children, Abigaile, Collin, Sean, and Daniel.

LOGISTICALLY *speaking*

Summer Issue 2012
Naval Medical Logistics Command, Fort Detrick, Md.

NAVAL MEDICAL LOGISTICS COMMAND

693 Neiman Street
Fort Detrick, Maryland 21702

www.nmlc.med.navy.mil

NMLC's
"Logistically Speaking"
Naval Medical Logistics Command
Logistically Speaking is published quarterly

Any comments regarding this publication may be made to the Public Affairs Officer via e-mail at Julius.Evans@med.navy.mil or by telephone at 301.619.9650