



Naval Medical Logistics Command personnel routinely travel globally in support of strategic partners enabling them to meet their mission requirements. Above, Cmdr. Timothy D. Henning, on loan to the Defense Health Agency from Naval Medical Logistics Command (NMLC), and Mr. George Potak of NMLC's Medical Equipment and Logistics Solutions, traveled to Cairo, Egypt 7-11 Feb. 2016, to conduct a Logistics Assist Visit with the U. S. Naval Medical Research Unit 3 (NAMRU-3). The unit conducts research and surveillance to support military personnel deployed to Africa, the Middle East and Southwest Asia. NAMRU-3 also evaluates the efficacy of vaccines, therapeutic agents, diagnostic assays and vector control measures. Naval Medical Logistics Command delivers patient-centered, logistics solutions for military medicine. Its vision is to become the Department of Defense's premier medical logistics support activity.

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Welcome to the Naval Medical Logistics Command



CAPT Seymour, CO

Welcome Aboard the Naval Medical Logistics Command "Public Website." If you are Military or Government (CAC enabled) you may click on the MIL/GOV Access tab on the menu bar. To learn more about the command and our mission, I invite you to extensively explore our newly designed website and to check back for updates. If you are a civilian contractor wishing to do business with Navy Medicine, click the "Doing Business With Us" panel just to the right of this message.

As always, we solicit your input and value your suggestions for improvement. Again, thank you for visiting and we hope you leave with a fuller understanding of the mission of the Naval Medical Logistics Command.

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Navy Medical Research Center's Chief Hospital Corpsman Vilma Bauer and Naval Medical Logistics Command's Chief Hospital Corpsman Melanie Drew pause for a selfie at the conclusion of Chief Hospital Corpsman Stephen Ito's retirement ceremony. HMC Ito retired after 21 years of loyal dedicated service June 24.

Your Resource to All Things Naval Medical Logistics Command

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

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On The Cover—From Performance Procurement Measurement and Assessment Program visits to Logistics Assist Visits, Naval Medical Logistics Command supports Military Treatment Facilities and Naval Medical Research Units globally. Here, Cmdr. Timothy Henning and Mr. George Potak traveled to NMRU-3 Cairo, Egypt on a logistics assist visit. During the trip, they evaluated the effectiveness of the logistics and acquisition processes associated with due-in follow-up procedures; assisted the Supply Officer with achieving Total Asset Visibility, facilitated improving management of internal controls for logistics and acquisitions, assisted with Equipment Management Division operations, and rounded out the trip by assisting the Biomedical Engineering Division operations.

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Capt. Mary S. Seymour, NMLC CO

From the Commanding Officer

In the last issue of *Logistically Speaking*, we thanked Navy Medicine Education and Training Command for welcoming us aboard with opened-arms. I also said goodbye to my former executive officer, Capt. Michael Kemper. Since taking command, Navy Expeditionary Medical Support Command (NEMSCOM), has been in the news and has two articles in this issue.

As military members, we regularly participate in ceremonies, often times without emotion. But when you are a part of the ceremony or when the ceremony is held in your honor, it's a bit more difficult to check those emotions. Read about Capt. Kemper's

Change of Command ceremony to see what I mean.

Our vision of becoming the Department of Defense's premier medical logistics support activity would not be possible if it weren't for the logistics support NEMSCOM provides. In July, NEMSCOM Kicked-off its TRIDENT ARCH-16 exercise. This annual, global exercise serves two purposes in various locations. First, it provides an opportunity for joint forces to work together during operations germane to their service. Second, it gives troops a chance to inspect, verify and restock prepositioned Expeditionary Medical Facilities stationed at various locations. Read about the 2016 TRIDENT ARCH in this issue.

Another bit of global news will interest our logistics professionals. During this year's Navy Medicine Business Operations Training Symposium, Lt. Cmdr. Christopher Barnes, NMLC's Director for Medical Equipment and Logistics Support Directorate was selected as the Senior Shore-Based Medical Logistician of the Year! In addition, our Acquisition Management and Analytics Directorate, Research and Services Contract Division was awarded the Best Business Process Team Achievement Award. The entire team traveled to Falls Church, Virginia, to be justly recognized. Share in their success by reading this article.

On another note, the active duty members of Naval Ophthalmic Support and Training Activity (NOSTRA), Yorktown, Virginia, annually provide preventative eye care on special humanitarian missions to some underserved populations who in some cases, have never received eye care. These incredibly important missions are referred to as Innovative Readiness Training Missions and they not only provide a variety of eyeglass refractions, they also provide valuable training for our service members in the event their services are required in a war zone or a humanitarian recovery mission zone.

In 2015, NMLC was delegated Head of Contracting Activity authority by Naval Supply Systems Command. This authority gave NMLC the ability to grant and or rescind procurement authority for Navy Medicine contracting offices by exercising NAVSUP's HCA authority. With that responsibility, it is prudent to provide further services to assist contracting offices where necessary. With that in mind, NMLC created a PPMAP Fellowship Program that bridges capability gaps where they exist. Read about how this program may be helpful to your command.

NMLC personnel have traveled extensively over the past several months ensuring our partners receive support in key areas. Read about how our Medical Equipment and Logistics Support Directorate facilitates training with our partners across the United States, from Rhode Island to San Diego and beyond.

Finally, don't forget to check out our Personality Features. In this section, we highlight NMLC members who are what we consider, 'All-In.' We do hope you enjoy this issue of *Logistically Speaking* and as always, we invite you to contribute your ideas or submissions to our Public Affairs Office.

Naval Medical Logistics Command

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

Articles should be submitted to:

The Public Affairs Officer

From the Command Master Chief

The basis and foundation of our government is the right to vote. Voting is one of the most important tools Americans have to influence and shape the policies the government adopts.

As members of the military, we are encouraged to participate in the democratic process within limits. The Department of Defense (DoD) encourages active duty military members to vote and has established several programs to help personnel register and cast an absentee ballot.

As government employees, we must be aware of what's allowed and what's prohibited while participating in political activities. We must also know how our behavior in public could reflect on the military.

There are several allowable rules

for military personnel that include: expressing a personal opinion on political candidates and issues, becoming a member of a political club, displaying a political bumper sticker on a privately owned vehicle and donating money to a political party.

As well as defining which rules are accepted, there are a number of actions that are prohibited. Wearing a military uniform while taking part in a political event violates the rules since it implies military endorsement. Holding a leadership position in a political club, engaging in fundraising activities on government installations for any political cause, or the use of official authority to influence or interfere with an election is also prohibited.



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

Political activity restrictions are

designed to enforce the separation between the military service to our nation and the people's right to fair elections.

We serve our country to defend freedom and the rights of others, but it's important to make sure we have a voice in the election process and the decision of putting elected officials in office.

To learn more about the rules regarding military members participating in political activities, read DoD Directive 1344.10, February 19, 2008 for more information. **LS**



Command Master Chief Patrick West conducts a uniform inspection of command military personnel after the shift of colors. Pictures are HM1 Keith Skelley, HM1 Cristorey Soriano, HM1 Veronica Burleson, HM1 Alicia Chestnut, HM1 Eric Czech, HM1 Michael Danis, and HM1 Joseph Toms. Other members of NMLC's military personnel are also pictured.

Naval Medical Logistics Command Recognized for Acquisition and Logistics at 2016 NMBOTS Presentation

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

Naval Medical Logistics Command (NMLC), Fort Detrick, Maryland, has again been recognized as the Navy's best in Medical Logistics. Assembling in Falls Church with several hundred other military medical logistician and comptroller professionals, NMLC team members and individuals were acknowledged at the award ceremony highlighting their accolades May 3.

The Navy Medicine Business Operations Training Symposium, held annually, brings together Navy Medicine's logistics and comptroller experts from around the world to share in the learned tools and experiences that help keep patient-centered logistics solutions at the forefront of all that Navy Medicine does for its patients. Highlighting those solutions this year, 22 military medical logistician and comptroller professionals were recognized for their contributions.

This year's symposium was themed, 'The Road to High Velocity Learning,' and many of the presentations given during the event centered on Navy Medicine's aggressive pursuit of continual learning at an increased capacity.

"The dynamic and often austere setting in which we practice requires that we commit ourselves to high velocity learning, bringing all of our expertise to bear expediently and effectively to solve deck plate challenges and then rapidly share the lessons learned throughout our entire enterprise," said Vice Adm. Forrest Faison, Navy surgeon general and chief, Bureau of Medicine and Surgery.

"Our success depends on the active engagement of everyone in Navy Medicine, from the most junior corpsmen to our most senior flag officers in this regard. All are critical to success."



Lt. Cmdr. Christopher Barnes, NMLC's Director for Medical Equipment and Logistics Support Directorate receives the Senior Shore-Based Medical Logistician of the Year award from Ms. Lisa St. Andre, Bureau of Medicine and Surgery Director, Business Operations/Comptroller.

The instruction outlining the particulars of the award program noted, "Naval Medical Logisticians are doing a tremendous job planning, obtaining and maintaining the required equipment, consumables and

services necessary for the effective and efficient delivery of healthcare support throughout the Navy and Marine Corps. By recognizing and encouraging notable contributions, the Bureau of Medicine and Surgery

Medical Logisticians Awards Program seeks to honor and distinguish the officer, enlisted and civilian members within the logistics community for their outstanding contributions.”

One event speaker, Capt. Mary Seymour, NMLC’s commanding officer, highlighted that ‘active engagement throughout Navy Medicine’ in a portion of her remarks. She shared a video presentation entitled ‘*Start with Why*,’ which explored how leaders can inspire cooperation, trust and change.

After her presentation, the recipients were recognized, including the two awards presented to Naval Medical Logistics Command and the award presented to the NMLC subordinate command Navy Expeditionary Medical Support Command.

The Senior Shore-Based Medical Logistician of the Year was presented to Lt. Cmdr. Christopher Barnes, Naval Medical Logistics Command, Fort Detrick, Maryland. The Best Business Process Team Achievement Award was presented to the Acquisition Management and Analytics Directorate Research and Services Contract Division, Naval Medical Logistics Command. The members comprising that team include: Mr. Christopher E. Sherman, Ms. Amanda R. Belden, Ms. Heather Y. Clipson, Ms. Lorri J. Loveland, Ms. Cassandra L. Mahlstedt, Ms. Meradith R. Morina, Ms. Kathryn L. Sheckels, Ms. Heather M. Skimson, Ms. Debra A. Thomas, Mr. Erik J. Przygocki and Mr. Justin D. Robertson. The Civilian Medical Logistician/ Supply Technician of the Year for achievements performed at a medical activity or specialty command recipient is Mr. Gregory A. Mullins, Navy Expeditionary Medical Support Command, Williamsburg, Virginia.

According to the award instruction, the special recognition awards will be bestowed annually to individuals and a team who epitomize logistics professionalism and excellence. Congratulations to all recipients. **LS**



The Best Business Process Team Achievement Award was presented to the Naval Medical Logistics Command Acquisition Management and Analytics Directorate Research and Services Contract Division. Pictured from left to right are Erik Przygocki, Meradith Morina, Kathryn Brown, Heather Skimson, Justin Robertson, Heather Clipson, Amanda Belden, Cassandra Mahlstedt and Debra Thomas.



The U.S. Navy Bureau of Medicine and Surgery recognized military medical logistician and comptroller professionals during its Navy Medicine Business Operations Training Symposium, in Falls Church, Virginia, 3 May. Twenty-two professionals were acknowledged for their contributions to Navy Medicine.

Naval Ophthalmic Support Innovative Readiness Training Missions

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

The sense of sight to a warfighter is obviously valuable. If numerous people were asked which of the five human senses were most important, the responses would be varied. Statistics support the premise that most people believe sight is their most valuable sense.

It's easy to understand why a warfighter would place the sense of sight high on his or her list. It would be equally easy to understand why non-warfighters might agree with that opinion ... especially those who have the unfortunate experience of having diminished eyesight.

One of the leading causes of failing eyesight, glaucoma, is the increased pressure on the optic nerve within the eye, which transmits images to the brain. If damage to that nerve from high eye pressure continues, glaucoma will cause loss of vision. Visual loss from glaucoma results from characteristic deterioration of the optic nerve leading to progressive loss of the field of vision. At least 3 million Americans suffer from glaucoma, as it is one of the leading causes of adult blindness, and it is also the leading cause of preventable blindness, according to published reports.

A team of Navy medical professionals are at the forefront of providing preventative eye care on humanitarian special missions that provides services to a number of varied populations that might otherwise not receive this special care. Earmarked as Innovative Readiness Training (IRT) missions, the Naval Ophthalmic Support and Training Activity (NOSTRA), Yorktown, VA, sent a team of active duty Sailors to aid local communities residing on Kodiak Island, Alaska for a mission entitled



Hospital Corpsman Camille Lawson, Chief Hospital Corpsman Christopher Caro, Hospital Corpsman 3rd Class Jessica Travieso, Hospital Corpsman 3rd Class Alvin Meads, NOSTRA Commanding Officer Capt. Paul Andre, and Hospital Corpsman Brokaaron Frederick participated in Arctic Care 2016, in Kodiak, Alaska.

Arctic Care. The island, a remote location with a number of small villages, is home to roughly 6,400 people.

NOSTRA's commanding officer, U.S. Navy Capt. Paul Andre, served as an eye doctor in some of the more remote locations for the Arctic Care IRT. He indicated he saw Kodiak Island constituents in three of the locations where access to warm showers and supplies were not always available. Despite the lack of standard amenities he said, "I love participating in these experiences. We get to help people who could not otherwise afford or have access to good healthcare. An IRT of this nature humbly reminds us of how grateful we should be for all that we have."

The NOSTRA team provided both optical fabrication support as well as clinical care to include initial eye screenings and eyeglass refractions for

the underserved population of this island. Care was not only provided in the city of Kodiak, but in six other remote villages throughout the island as well. For many of those seen, it was the first time in their lives they had received eye care services - including spectacles.

The IRT missions not only provide much needed services, it also affords NOSTRA training that helps its personnel be successful in a more austere environment, i.e., should they need to deploy a Mobile Optical Support Unit (MOSU) in a war zone or a humanitarian recovery mission zone.

During the IRTs, NOSTRA provides optical fabrication support by fabricating military eyewear, prescription gas mask inserts and combat protective eyewear inserts for warfighters anywhere on the globe. Another of NOSTRA's missions is to train mili-

ort and Training Activity's ions Provide Much Needed Services



the Office of the Secretary of Defense funded IRT Missions. NOSTRA rapidly fabricates cost-contained, quality eyewear for underserved populations. This effort is led by Lt. Cmdr. Brian Raymond, Medical IRT Program Manager, Navy Bureau of Medicine and Surgery. These teams, the NOSTRA active duty Sailors and the Reservists IRT personnel, combine to provide services to designated communities during these missions. Once on the ground, the teams establish a MOSU and make arrangements with optometry teams to transmit patients'

tary opticians and optical fabricators - through the Tri-Services Optician School, known as TOPS. This is the Department of Defense's only training program for Opticians and Optical Fabrication Specialists.

Regarding the special assignment missions, NOSTRA provides optical fabrication field training to military staff and Reserve Units in support of

prescriptions from the clinic site to the fabrication team.

Depending on the geographic location of the clinic sites in relation to the fabrication site, a method of pharmacy transmission is determined. For example, due to the remote populations being served during the Arctic Care mission, optometry teams faxed prescriptions to the fabrication team.

In return, once the eye glasses were fabricated and ready for dispensing to the patient, the NOSTRA team handed-off the glasses to the local health organization, in this case, the Kodiak Area Native Association (KANA). They then returned the completed glasses to the patients.

Therefore, once a prescription is received by the NOSTRA team, the fabrication process begins. The MOSUs are pre-stocked with more than 10,000 lenses, each with a specific prescription so that just about every combination of eyeglass prescription can be made. The process begins by selecting the lens from a stock that corresponds with the lens the optometrist prescribed to the patient. The range of lens strength is varied to support both nearsightedness and farsightedness.

Once the lenses are selected, the edging process begins. The lens is loaded into the cutting machine known as an Ophthalmic Edger, along with a pattern that will allow the machine to produce a cut in the appropriate shape to fit a specific eye ware frame. The MOSU offers eight frames ranging in style,

Continued





Members of the Naval Ophthalmic Support and Training Activity active duty personnel along with Navy and Army Reservist personnel provided essential eye care during the 2016 exercise known as Arctic Care, Kodiak, Alaska.

size and color. The patient is given the opportunity to select a frame when they are examined. Once the lens is cut to the correct shape and size, they are inserted into the frame and inspected for quality by an optician using a lens analyzer. The lens analyzer is an electronic machine that reads the power of the glasses and other specification related to the patient. Once the glasses are found to be optically sound, they are ready to be dispensed to the patient. This entire process, from the time the patient receives the initial eye exam until the time the patient has a pair of glasses in-hand varies, but the maximum length does not exceed three days.

Other IRT humanitarian missions scheduled for 2016 include Chenango Care, Cortland, NY 15-27 July; Bluegrass Medical, Mayfield, KY, 18-27 July; Southern Mississippi, Natchez, MS, 1-15 August; and East Bay, Pleasanton, CA, 8-12 September. The East Bay IRT mission is expected to

provide necessary healthcare services to homeless veterans.

Hospital Corpsmen Camille Lawson, NOSTRA staff member at its Walter Reed National Military Medical Center said participating in the Arctic Care IRT exercise was an outstanding experience. She was grateful for the opportunity to participate more directly in patient care and commented how fulfilling it was to provide services for Americans who do not have access to as much health care as most do. She indicated the experience provided her an environment to learn more about eye diseases such as glaucoma, diabetes and cataracts. She also learned a great deal about the challenges of coordinating care for people in remote locations.

But one NOSTRA Sailor summarized his participation on the IRT missions that illustrates the significance of the missions to all those who participate, both patient and provider.

“There is nothing that brings a greater feeling of satisfaction than to

provide service to those who need it and appreciate it. I have received kind words of thanks, hugs, meals of thanks-giving, and a tear-soaked letter from a patient who received a pair of glasses we made expressing her gratitude for our service because now she could see well enough to write again,” said Hospital Corpsman 2nd Class Petty Officer Adam Walters, who participated in past year’s IRT missions. “It doesn’t get any more personal than that for me, our team, and most especially the recipients of the services we provide. We are only one component of a great mission, and I know others have shared similar experiences. I am grateful that NOSTRA can be involved in a worthwhile program.”

NOSTRA reports directly to Naval Medical Logistics Command (NMLC), Fort Detrick, MD. NMLC’s mission is to deliver patient-centered logistics solutions for military medicine.

NOSTRA is at the tip of the spear in meeting that mission. **LS**

Aged Due-In Reporting Requirements

By Nathan Kimbrough

Aged Due-in definition: Any outstanding order(s) placed in Defense Medical Logistics Standard Support (DMLSS) in which supplies and/or services have not been properly receipted or cancelled in a timely manner. Failure to receipt items in a timely manner could be indicative of inefficient asset management and could cause a loss in investment revenue and unbalanced accounting records. To improve logistic practices and strengthen Navy Medicine's fiscal health, Navy Bureau of Medicine and Surgery (BUMED) requires Regional Logisticians to monitor each Budget Submitting Office (BSO-18) Activity's management of Aged Due-Ins. A copy of the BUMED letter can be found on the Naval Medical Logistics Command DMLSS webpage: https://gov_only.nmlc.med.navy.mil/code06/bussys-DMLSS.asp.

BUMED directs Activities to run the Due-In and Status File (DASF) Business Objects (BO) report in (DMLSS) on a weekly basis (at a minimum). Upon refreshing the DASF, each Activity will populate the supporting template and provide it to their respective Regional Logistician no later than five days after the end of each four week cycle, starting on Apr. 1, 2016. Each template will contain the Activity's totals from the previous four week cycle for the following three indicators, obtained from the DASF BO Report:

- Number of Line Items Shipped but Not Received.
- Number of eCommerce Orders with No Status Received.
- Number of USE Orders Outstanding Over Seven Days.

The purpose of these procedures are to:

1. Reinforce the importance of Aged Due-Ins management by MTF's logistics staff.
2. Raise the MTF's awareness of data that can affect overall Aged Due-Ins data.
3. Encourage MTF's logistic staff to proactively monitor Aged Due-Ins data.
4. Promote collaboration between MTF's and their respective Regional Logisticians on monitoring, management, and reduction of Aged Due-In's.

DMLSS users must actively review their orders to reduce Aged Due-Ins.

For due-ins exceeding 20 days, the ordering customer/end user is required to:

1. Review each Aged Due-In line item.
2. Coordinate with Prime Vendor to request an Aged Due-In report.
3. Conduct a follow-up with the vendor for each Aged Due-In line item.
4. Document findings for each Aged Due-In line item.
5. Ensure that any unneeded orders are cancelled and OPTAR funds recaptured.
6. Ensure outstanding orders are received and receipts are posted in DMLSS in a timely manner.
7. Ensure materiel is received in a timely manner.
8. Where applicable transfer orders to new cardholders.

For more information, contact Mr. Stan Wade at Stanley.g.wade.civ@mail.mil.

News Flash

A Change to the Submission Process for Medical Equipment Requests to NMLC

Starting Fiscal Year 2017, all equipment request packages, whether centrally or locally funded, must be submitted to usn.detrick.navmedlogcomftdmd.list.medicalequipmentrequests@mail.mil. Packages not submitted to the listed email address will be rejected and returned to the MTF for submission to the proper email address. NMLC will only accept medical equipment request submissions directly to Program Managers for the remainder of Fiscal Year 2016.

NMLC's New PPMAP Fellowship

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

Over the past several years, Naval Medical Logistics Command (NMLC), Fort Detrick, Maryland, has experienced a number of strategic and hierarchical changes that impacted how it interacts within the Navy Medicine enterprise. The most recent change is its direct line of authority for administration. In February 2016, NMLC became an echelon four command with direct report accountability for specific functions to Navy Medicine Education Training Command, San Antonio, Texas, while retaining its M-46 Logistics Execution responsibility as well.

Both commands are aligned to the Navy Bureau of Medicine and Surgery (BUMED), which is designed within an echelon structure as an echelon two command. The highest level in this structure is the Chief of Naval Operations, designated an echelon one command. Each lower level follows numerically. The subordinate levels could be as low as level five or six.

Even before this enterprise-wide change, NMLC had been evolving. To understand some of the complex, interoperable business relationships among its partners, it would be helpful to understand a few intricate details about some of the daily activities of the command.

One NMLC director and Executive Steering Committee member explained the evolution of the command's responsibilities regarding purchasing.

"NMLC was granted permission to delegate procurement authority to Navy Medicine procurement offices and to establish a Procurement Performance Management Assessment Program (PPMAP) to review the exercise of that authority, said Gilbert "Bert" Hovermale, Director, Acquisition Management and Analytics Directorate. "The U.S. Navy Supply Systems Command (NAVSUP) also

directed NMLC to establish a Government Purchase Card (GPC) program and to review the use for Navy Medicine activities."

Being granted this authority placed NMLC in the classic, theoretical position of 'Big Brother,' meaning that its very character was to provide oversight and guidance to procurement offices throughout the Navy Medicine enterprise. NMLC has been delegated Head of Contracting Activity authority for Navy Medicine, which means NMLC can delegate and/or rescind procurement authority for Navy Medicine contracting offices by exercising NAVSUP's HCA authority. The PPMAP is a part of that oversight.

Through the PPMAP responsibilities, NMLC has procurement authority to assess Simplified Acquisition compliance with governing instructions. Simplified Acquisition is merely applying a streamlined method to purchasing supplies and services. However, the PPMAP is not streamlined by any stretch of the imagination.

"The PPMAP is an in-depth review of GCPs, ordering and contracting transactions. Processes are reviewed to ensure all files are complete, fully documented and are in compliance with all applicable regulations, instructions and policies," Hovermale said. "When NMLC assumed this responsibility for Navy Medicine procurement activities within the United States, it also reviewed for compliance with BUMED standard operating procedures and otherwise ensured the activi-



Andrea Greybush-Mangroo, Kate Skowronski, Mentor Team from which the NMLC PPMAP

ty was audit ready."

In addition to PPMAP responsibilities, NMLC also began receiving medical non-personal services contract requirements from stateside Navy Medicine activities for performance in fiscal year 2015. These included both clinical requirements (doctors, nurses and allied health professionals) and non-clinical support requirements (transcription, coding, medical records and appointing clerks).

The PPMAP Team is nested within the NMLC Contract Support Division headed by Kelly Sherman and Aurita Rose. Because this division conducts PPMAPs across the Navy Medicine enterprise, creating such a large PPMAP demand on such a small team that services the Navy Medicine Military Treatment Facility (MTF) procurement offices, they found it advan-

Bridges MTF Capability Gaps



Heather Skimson and Sheila Gorman form the NMLC Fellowship spawned.

tageous to supplement their PPMAP audits. The division reached out to personnel in the Acquisition and Analytics Directorate, seeking specialists to further provide this service to MTFs.

While conducting a PPMAP at an MTF, NMLC personnel noticed some of the challenges the MTF faced were because of a manpower issue that doesn't have an easy solution.

"When we conducted the PPMAP on this particular MTF, we audited their ordering, their open market contracting and their GPC program," said Heather Skimson, Contracting Officer on the Research Services Directorate a member of the NMLC PPMAP Cadre Team and the PPMAP Fellowship.

"They did well in some areas and not so well in others. Instead of focusing on shortfalls, we worked with the

outlined in a new employment atmosphere, as there are intricate aspects for various locations. The challenge is to balance the time-consuming training process with meeting mission requirements.

"This MTF asked for assistance to improve their situation. We knew we had the ability to provide assistance within the areas where improvement and opportunities existed, so we created what is known as the NMLC PPMAP Mentor Team," Skimson said. "We have a lot of established processes at NMLC, and we've had a lot of practice in establishing those processes, such as mapping – and they needed to establish some processes for improvement. So we put together a mentor team to help guide them through certain processes and to identify some of the key elements of what

MTF to uncover a number of opportunities to explore. Since they experience a lot of personnel turnover there, they are challenged with training new people – all the time."

This turnover in personnel created a unique challenge many organizations face. By losing institutional knowledge with regard to ordering procedures and processes, new personnel have to be 'trained-up' to properly follow established guidelines. New hires are not expected to walk into a new position and understand the guidelines

they should consider going forward. We also guided them to establish a training plan."

The PPMAP Mentor Team's focus was to bridge the gap between the MTF's missing experience from personnel turnover and NMLC's existing capabilities and experienced knowledge base. Comprised of experts with varied backgrounds so that they complement each other, the mentor team included Sheila Gorman, Andrea Greybush-Mangroo, Kate Skowronski and Heather Skimson.

The efforts of the PPMAP Mentor Team led to the foundation of the NMLC Fellowship program. The Fellowship program is comprised of resident experts who possess a wealth of knowledge in the contracting, acquisition and procurement processes and procedures. A fellow could be partnered with an MTF acquisition team to work on things such as training programs, collaboration of ideas, and developing new processes.

"There are various parts of the contracting function that will be reviewed at various times. It could depend on the volume of audits being performed during that time frame or the type of activity being audited," Skimson said. "I was selected because of my work experience. The team thought I was a good match to conduct certain types of audits."

The PPMAP Fellowship not only assesses a variety of procurement processes; it helps put sourcing optimization control back in the hands of those at the MTFs. It helps protect MTF purchasing capability, and it helps to mitigate the gaps provided by repeated personnel turnover. If a program like this could benefit your command, send an inquiry to usn.detrick.navmedlogcomftdmd.list.NMLCPPMAPFELLOW-SHIP@mail.mil. **LS**
(Remove the hyphen in Fellowship in the email address).

MELS Assists NMLC in Realizing Its ‘Premier Medical Logistics Support Activity’ Vision

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

In 2013, Naval Medical Logistics Command adjusted its vision. It previously focused on designing, executing and administering individualized state-of-the-art solutions to meet customers’ medical materiel and health care service needs. Today, NMLC’s expanded vision is to become the Department of Defense’s premier medical logistics support activity.

The Medical Equipment and Logistics Support Directorate (MELS) is leading the charge in helping NMLC realize that vision.

Headed by Lt. Cmdr. Christopher Barnes, MELS ensures technical assistance and management of applications that support the Budget Submitting Office (BSO)-18 Enterprise. The Bureau of Medicine and Surgery (BUMED) is the BSO corporate headquarters activity for all Navy Medicine commands. This function encompasses virtually all aspects of policy implementation and management responsibility for the provision of healthcare support to the operational forces of the Navy and eligible beneficiaries under Title 10 of the United States Code.

MELS directly impacts Navy Medicine’s mission through its approach to the management and sustainment of equipment programs. It ensures healthcare networks have the most up-to-date and advanced medical technologies. Through this virtue, it supports warfighters healthcare readiness needs and the needs of their beneficiaries. Meeting this demanding requirement within the MELS Directorate is the Equip-



Joel Guajardo teaches students how to use the Hand Held Terminal (HHT), for equipment inventory and importing IUID data. The training tool, which assists in demonstrating the HHT, has an application that allows instructors to project on the screen the functions students will execute on their terminal.

ment Technology & Material Support division.

This division is comprised of a cadre of highly technical professionals who frequently travel to Military Treatment Facilities (MTF) globally. They provide the vital training, which is merely one aspect of their overall mission, to teach the proper use of the Motorola Hand Held Terminal (barcode scanner), through what is commonly known as Automatic Identification Technology (AIT) Workshops. These two-day workshops provide users with familiarity of the Defense Medical Logistics Standard Support (DMLSS), an automated information system for theater level III hospitalization units, including Army combat support hospitals, Air Force expeditionary medical systems,

Navy hospital ships and Navy expeditionary medical force hospitals.

“The workshop provides familiarity with the DMLSS Equipment Management Module, and teaches users how to install and support all the required software,” said Gary Simpson, a BUMED Property Management Office Functional Analyst and a member of the NMLC MELS Equipment Technology & Material Support Division. “We provide an overview of the scanner, discuss installation and setup of the scanner, provide information on the installation and update of the software, and we demonstrate use of the software for conducting equipment inventories. In addition to all of that, we show users how to import manufacturer provided Item Unique Identification data into the

system.”

While she agreed with the above description regarding the support visits, one member of the team summarized their efforts in another way.

“Our on-site training program is a major tenant of what we do as part of BUMED M-46, Property Management Office, and it allows us to discuss real world scenarios with customers in their own work environment,” said Elizabeth A. Erdman, Management Analyst, Equipment Technology & Material Support Division. “It is a cliché, but I have found that putting ‘faces to names’ helps to bridge the gap between NMLC and our customers tremendously.”

Throughout 2016, a team from the Equipment Technology & Material Support Division has traveled to or plans to visit the MTF at San Diego, Camp Pendleton, 29 Palms, and Lemoore, CA; San Antonio and Corpus Christi, Texas; Charleston and Beaufort, SC, Camp Lejeune and Cherry Point, NC; Groton, CT, and Newport, RI.



“The workshop provides familiarity with the DMLSS Equipment Management Module, and teaches users how to install and support all the required software,” said Gary Simpson, a BUMED Property Management Office Functional Analyst and a member of the NMLC MELS Equipment Technology & Material Support Division.

These workshops are conducted with a combination of instructor-led training as well as hands-on practical sessions that allow the student to perform the tasks outlined in the training sessions. This training is aimed at Equipment Management personnel,

Bio Medical personnel, Information Technology/MID personnel, Inventory Team personnel and the DMLSS System Administrators.

As highlighted, the Equipment Technology & Material Support Division plays an important role in NMLC achieving its vision. Through the MELS Directorate, NMLC is the field operating agent for non-clinical immunization issues related to logistical support of vaccine programs for the Navy. It executes the Navy’s radiographic Picture Archiving and Communication System and serves as Navy Medicine’s representative for electronic business systems development and maintenance.

Clearly, the complex array of support provided by MELS and the Equipment Technology & Material Support Division are pillars upon which NMLC relies for delivering patient-centered logistics solutions for military medicine. **LS**



The workshops are conducted with a combination of instructor-led training as well as hands-on practical sessions that allow the student to perform the tasks outlined in the training sessions.

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.

The Navy Office of Small Business Programs' Training Forum, Atlanta, GA April 4-8, 2016

By Mimi McReal, NMLC, Small Business Professional

After a short hiatus from small business training, the Department of the Navy (DoN) Office of Small Business Programs (OSBP) held training on April 4-8, 2016, in Atlanta, GA. With just over 500 attendees, the training was much-anticipated and well-received. While there had been more recently held Department of Defense (DoD) small business training, there had not been a Department of the Navy (DoN)-specific small business training symposium since 2012, due to limited funding availability. With the recently appointed Navy OSBP Director, Emily Harman, one of her primary initiatives was to arrange a training workshop.

During her introductory briefing, Harman highlighted several focus areas, to include: professional workforce development, enhancing collaboration in the acquisition process, increasing communication, training for the DoN acquisition workforce, and capturing metrics to track and target performance of the Navy's small business program. The workshop was intended to rejuvenate the small business community, highlight the need for continuous improvement, and maximize synergy. During this week, several awards were also presented to recognize many successes with the program.

The week kicked-off with a one-day seminar, "Crucial Conversations: Tools For Talking When The Stakes Are High," facilitated by an instructor



Department of the Navy's Office of Small Business Programs (OSBP) presented training to Navy Small Business Professionals in Atlanta, GA, April 4-8, 2016. Pictured (from left) are Ms. Emily Harman, OSBP Director, and Ms. Mimi McReal, NMLC.

from the Defense Acquisition University (DAU). The focus of this seminar was to recognize not only how significant effective communication is, but to look at communication and conversations from a place of shared understanding. Effective acquisition planning necessitates several conversations between program proponents and the small business professional (SBP). The ability to come to a place of mutual understanding in the early acquisition planning stages, and recognizing those benefits, will lead to greater overall success of any acquisition.

The training forum included several other highlights, as well as some high-profile speakers in the Department of Defense acquisition office and the Department of Navy small business program office. Two of the key speakers were Elliott Branch, Deputy Assistant Secretary of the

Navy, Acquisition and Procurement (DASN (AP)), and Kenyata Wesley, Acting Director for the Department of Defense Office of Small Business Programs (DoD OSBP). Branch provided an overview of mission and guiding principles related to success of the small business program. He asked the audience, "What can you do in your organization? and ...does our vision and the way we walk reflect the small business advocates as true professionals and bring value [to our organizations]?" He outlined the following elements: integrity, compassion, respect, accountability, flexibility, transparency, and trust as being critical to the success of the small business program. Wesley delivered remarks about the strategic plan and vision for the small business professional (SBP) series and updates for the SBP career path. It was recognized that approximately 50 percent

LOGISTICALLY *speaking*

of the Navy's SBPs are retirement-eligible in the next five years. This presents talent management challenges, as well as opportunities for knowledge sharing. During the week, there were also several breakout sessions and panel discussions, to include, leveraging best practices and the importance of the SBP early in the acquisition planning stage; conducting effective market research; legislative regulatory policy and small business goaling updates; mentor-protégé programs; and data integrity and an explanation of the small business performance dashboard methodology.

Another benefit of this training was networking with other SBPs in different Navy SYSCOMs. This forum enabled good cross-pollination of successful practices and benefits of lessons learned. The workshop strengthened existing partnerships and built new relationships among several acquisition professionals. Several of the attendees found the week's training to be extremely informative and came away with a renewed outlook on how to strengthen and

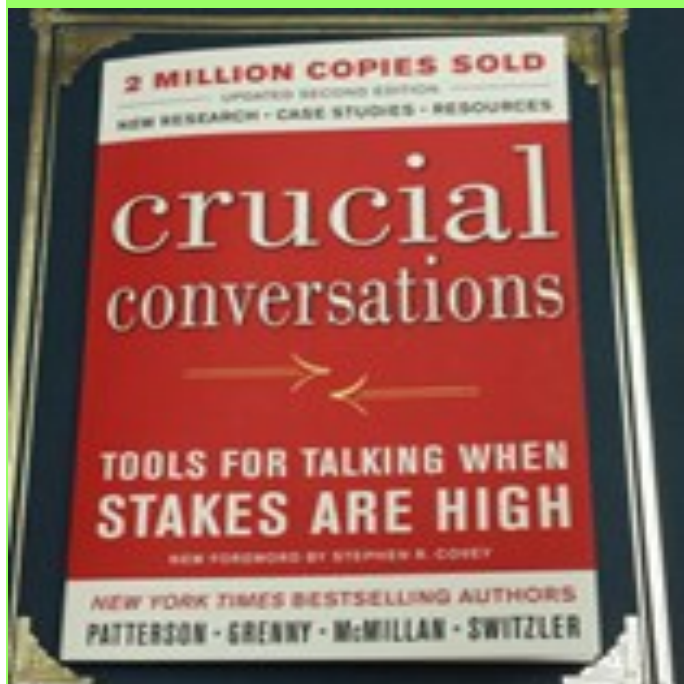


Recognition for Outstanding Performance was presented for standing-up two regional small business offices: one at Navy Medicine East, and another at Navy Medicine West. These small business offices will provide enhanced management and support of Navy's small business programs and track Navy medicine's small business spend. In FY15, Navy medicine's small business spend achieved 68 percent (68 cents of every dollar awarded on a Navy medicine contract went to a small business). The statutory goal is 23 percent annually for the Federal government.

and promote their respective small business programs. This conference was a huge hit and I look forward to next year's training event!

For any questions on this article or if you have any suggestions for future articles, please contact Marianna McReal at Marianna.mcreal.civ@mail.mil.

The book "Crucial Conversations: Tools For Talking When The Stakes Are High" and its companion toolkit were provided to the attendees. During the one-day seminar, attendees were paired with SBPs in different systems commands with whom they would later collaborate on the effectiveness of putting these lessons into practice and serve as virtual mentors to each other.



NAVY EXPEDITIONARY MEDIC

By Lt. Dave Crain, NEMSCOM Director for Administration and Public Affairs



The annual exercise for Navy Expeditionary Medical Support Command, (NEMSCOM), TRIDENT ARCH-16 kicked off on May 19, at Naval Weapons Station Yorktown, Cheatham Annex in Williamsburg, Virginia.

The first phase of the exercise was completed on May 27 and was led by Operations Director, Lt. Cmdr. Teresa Kinyon, SC, USN. The shipment phase was overseen by Lt. Lance Wesen, SC, USN, who was assisted by Construction Mechanic Chief Petty Officer, Mike Williams and Construction Electrician 1st Class, Mike Perez de Jesus. Navy Cargo Handling Battalion One (NCHB-1) assisted in this exercise providing Drivers, Ground Guides and Tracking Staff for loading the Expeditionary Medical Facilities (EMF) gear.



Different TRIDENT ARCH evolutions take place at various times of the year. Here, team members lift an ambulance to be transported to a barge. Notice another ambulance already situated on the barge, in the background.

AL SUPPORT COMMAND KICKS OFF TRIDENT ARCH-16



Staff members from Navy Cargo Handling Battalion (NCHB)–1 provide ground guidance for the container lift. NCHB also provided drivers and tracking staff for loading the Expeditionary Medical Facility gear.

TRIDENT ARCH is an annual exercise that has been conducted at NEMSCOM for the past 16 years in Williamsburg. TRIDENT ARCH started on the West Coast in Alameda, California, in 1994. According to Mr. Mark Meeter from the Design Directorate, “TRIDENT ARCH signifies three locations in the world, Alameda, California; Adak, Alaska; and Sagami, Japan which forms a triangle and hence the name.” The purpose of the exercise is two-fold: one is to perform the exercise in a joint manner and the other is to inspect, verify, update and restock the prepositioned Expeditionary Medical Facilities (EMF) around the globe (namely in Sasebo and Okinawa, Japan) but also at Camp Carroll, Republic of Korea.

This year’s TRIDENT ARCH was unique in that it involved the United States Transportation Command (TRANSCOM) for the first time and all of the Expeditionary Medical Facility–150 Delta (EMF-150 D) material was transported by approximately 100 commercial trucks to Port Hueneme, California.

These trucks hauled all of the EMF Gear including large 7-ton work trucks, bull-dozer, fuel trucks, and 298 freight containers. In previous exercises, Military Sealift Command (MSC) ships docked at the Cheatham Annex pier and the EMF gear was “rolled-on” as part of the shipment of the gear. NEMSCOM partnered with the U.S. Army from nearby Fort Eustis and Naval Reserve detachments in the area making it a joint exercise. TRANSCOM viewed this as a cost-savings venture overall as compared to years past when there was a larger budget for this exercise.

According to Wesen, “This is the first time in our command’s history that we have done it like this with just shipping trucks and line-hauling it all across the U.S. It’s pretty impressive.”

NEMSCOM staff will meet the trucks at Port Hueneme to ensure proper accounting and loading onto the awaiting Military Sealift Command transport ship. From there the EMF gear will be shipped to Sasebo, Japan to be swapped out with EMF-150 CHARLIE. Once the offloading phase of the new EMF gear is completed, the EMF-150 CHARLIE gear being replaced will then be loaded onto the MSC ship and returned back to Port Hueneme and line-hauled back to NEMSCOM at Cheatham Annex. TRIDENT ARCH-16 will be completed in the August/September timeframe. **LS**

NEMSCOM Gets New Skipper, Sullivan heads to the United States Marine Corps

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

In March, Naval Medical Logistics Command's (NMLC) former executive officer was frocked to his present rank aboard USS Constellation in the Baltimore Harbor. On 29 April, he took command of the Navy's largest medical logistics support command, Navy Expeditionary Medical Support Command (NEMSCOM), located in Williamsburg, Virginia.

Capt. Michael J. Kemper relieved Capt. Edward J. Sullivan as commanding officer of NEMSCOM. The command provides comprehensive, shore-based medical support to U.S. and allied forces in the event of contingency operations anywhere in the world. It is responsible for designing, procuring, assembling, prepositioning, storing, maintaining and providing life cycle support for Expeditionary Medi-

cal Facilities around the world. This global involvement allows NEMSCOM to support combatant commanders with the right medical resources through configured expeditionary medical logistics capabilities tailored to meet clinical missions.

Rear Adm. Rebecca J. McCormick-Boyle, Commander, Navy Medicine Education and Training Command, San Antonio, Texas, recently assumed administrative authority for NMLC and its subordinate commands, which include NEMSCOM, Naval Ophthalmic Support and Training Activity, Yorktown, Virginia, and NMLC Detachment Pirmasens, Germany. In her comments, she highlighted their critical responsibility for supporting and equipping deployed expeditionary medical personnel.

"Being there; where it matters, when it matters" is the Navy motto," she said. "We are deployed and ready to deploy around the world, 24/7, to support the warfighter and ensure Sailors and Marines are ready to carry out their missions." She also said wherever Fleet Forces go, Navy Medicine is there. "And it is you, NEMSCOM, that provides the expeditionary medical logistics capabilities that save lives."

Sullivan can take heed in the role he played in preserving, expanding and modernizing these capabilities. Now, he departs NEMSCOM after a two-year tour of duty, and heads back 'home' to Headquarters, United States Marine Corps, Washington, DC, in



Wife Renee Kemper affixes the Ashore Command pin to her husband's uniform, Capt. Michael J. Kemper, as the Commanding Officer, Navy Expeditionary Medical Support Command.



Capt. Michael Kemper salutes Capt. Mary Seymour as he takes command of NEMSCOM.

somewhat of a home coming.

"When I was growing up, my dad always told me the stories of Belleau Wood, Frozen Chosin and Iwo Jima. We lived on Long Island, so there were few, if any, military personnel in that area. We did not have any immediate family members in the military; so these stories had a significant influence on my life," Sullivan said. "The Marines were always outnumbered three to one; they always faced insurmountable odds; but in the end, the enemies were always decimated. I always thought these were the greatest stories. So as you might imagine, I wound up joining the Marine Corps. However, when I got to Fleet Marine

Force, as a 2nd Lt., it became readily apparent that I had no idea what I had gotten myself into.”

Sullivan went on to explain that he found himself in trouble adjusting to the Marine Corps way of life. He said his saving grace was the gunnery sergeant who took him under his wing and laid out the facts of life by looking out for him. On one particularly bad day, the gunny said, ““Lieutenant, this isn’t hard! You need to do three things to be successful here. Take care of your people; take care of your people, take care of your people.””

“That has worked for me throughout the years and I want to compel all of you to do that for your people as well, as you ascend through the ranks throughout your careers,” Sullivan said.

Capt. Sullivan has since applied this leadership insight in his career as a Navy Medical Service Corps Officer and will no doubt lean on this wisdom as he returns to working with the Marine Corps.

With that, Capt. Sullivan read his orders and stood ready to be relieved by Capt. Kemper. Then, Kemper took the podium and read, “When directed, detach from Naval Medical Logistics Command and report as Commanding Officer to Navy Expeditionary Medical Support Command.”

Capt. Mary Seymour, NMLC’s commanding officer, presided over the exchange of authority through the rendering of salutes. That traditional exchange signifies the formal passing of responsibility, authority and accountability of command from one officer to the next. At that point, Mrs. Renee Kemper joined her husband to adorn his uniform with the Command Ashore pin. Then, Kemper greeted all those present, including his new officers and crew.

“To the men and women of Navy Expeditionary Medical Support Command, I feel like the luckiest Sailor in the United States Navy. I can honestly say there is no other command I would rather be assuming today. I am very excited about the journey we are about to embark upon together, and I have the utmost confidence we will continue the NEMSCOM legacy of being the small command that gets big things done,” Kemper said.

Prior to Kemper taking the podium, Capt. Seymour highlighted several key points about NEMSCOM’s success.

“Capt. Sullivan and his team listened to the customer’s wants, needs and desires, and helped shape solutions that were instrumental in identifying those flexible and adaptive operational medical capabilities critical to the development of an expedient path for delivery to the warfighter across the full Range of Military Operations. They enthusiastically assembled the Expeditionary Medical Unit BRAVO (EMU-10B) ashore demonstration, and the subsequent rapid deployment, employment and retrograde of this \$2 million, 10-bed hospital aboard the USNS Choctaw County (JHSV-2). As a result of the deft execution of this evolution, the USNS Choctaw County was able to return to station ahead of schedule. The command’s contribution to this initiative was critical to the success of this evolution, which included the Office of the Chief of Naval Operations, United States Fleet Forces Command and United States Pacific Fleet. This is an ongoing effort and is just one part of our move toward capabilities-based medical treatment facilities,” she continued.

“Like Capt. Sullivan, Capt. Kemper served as my XO previously, so I may be a little biased when I say you are again in good hands. Capt.



Capt. Kemper, son Michael Jr., and wife Renee greet Rear Adm. Rebecca McCormick-Boyle prior to the start of the Change of Command ceremony.

Kemper is one of the most patient, kind-hearted and respectful gentlemen I have had the pleasure to serve with. I know how much he is looking forward to this new adventure with all of you and I am confident there is no one who will work harder to ensure you have a voice and the resources you need to accomplish the mission. Capt. Kemper, Mike, I couldn’t be more proud to be here today to celebrate this career milestone with you. Congratulations Skipper!”

As every eye in the front row was wiped dry and the congratulatory hugs were given with warm, compassionate embraces, the audience moved to the reception area that was ultimately filled with the sounds from a surprise bagpipe serenade by one of the NEMSCOM staff, belting out the tune “When Irish Eyes are Smiling,” a fitting tribute considering the heritage of those participating in the ceremony. **LS**

Hospital Corpsman Petty Officer 1st Class Alicia Chestnut

Each issue, we present command personnel in the Personality Feature section. In this issue, we highlight two outstanding military members.

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

Fayetteville, NC. Seventy-first Senior High and Columbia Southern University.

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

I was attending my second-year of community college when my tuition went up. I didn't quite qualify for full tuition assistance so I started working a full-time job to save money to help me finish my last year. When the spring classes ended, I decided to go to work full-time, and I just never returned to college, but it was always in my mind. One day, a Navy Re-

cruiter walked into my restaurant and tried to sell me on joining. At first, I disagreed. However, the more I thought about going back to school the more joining the Navy sounded like a better idea. So I went in to see him and signed up that day. A week later, I was shipped off to boot camp. This was 5 July 2000. My first duty station was 2nd Dental BN 2nd FSSG Camp Lejeune, North Carolina.

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

I arrived here on 1 July 2015. I came from the USS Theodore Roosevelt which was deployed at the time. I currently work in Code 04 as an Assemblage Manager for the aircraft carriers, submarines and Dental. **What are the most important efforts you have supported thus far? Provide a brief description of your involvement, the challenges you faced in accomplishing your tasks and how you overcame them.**

Two primary areas I support are the NMLC MWR and Diversity Committees. The command is 'rich' with knowledge from both civilian and retired military personnel. I've organized the Navy's 240th Birthday Celebration and other ceremonies. I also had the privilege of sharing my knowledge on Diversity Committee activities. Whenever you are the newest person at the command, that's always a challenge. You have to build that trust that comes with familiarity. So getting people to trust and support the efforts when it comes to Diversity and MWR is important.

What makes you a success here?

I think the thing that makes me a success here is being open minded and helping where I can help.

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

Right now I attend school, trying to finish my Masters in Health Care Administration and driving my sons



HM1(SW) Alicia Chestnut

to their different sports events.

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

For the most part, it shows that I am committed to completing and enhancing my education. It also shows that I can balance my work and personnel life.

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

As part of the Assemblage Management team, I assist with reviewing and researching items to place on the assemblages to ensure the fleet has the most up-to-date items so they can meet their mission. My knowledge of medical and dental helps me to be aware of the items needed to help a medical and dental clinics function. **LS**



Hospital Corpsman Petty Officer 1st Class Dametrius L. Mannings

Hospital Corpsman First Class Dametrius L. Mannings was born on the 22nd of June 1980 to Frances and David Mannings in Birmingham, Alabama. Petty Officer Mannings graduated from Hardin County High School in Elizabethtown, KY, in 1998. He enlisted in the Army National Guard March 31st 1998 as an Automated Logistical Specialist (92A). Upon Graduation from Army Boot Camp and AIT; he served with B BTRY 2/138th Field Artillery, BN Elizabethtown, KY. During his service he decided to continue his service active duty and was granted an Honorable Discharge and conditional release to join the Navy. He reported to recruit training at RTC, Great Lakes, in August 1999. Upon completion of recruit training, he reported to Dental Assistant, Basic, "A" school at Sheppard AFB, graduating with honors.

Following DT "A" school, he was ordered to his initial tour of duty, reporting to Naval Branch Dental Clinic; Guantanamo Bay, Cuba. There he received his qualification as an Expanded Function Dental Technician. He was honored with a letter of commendation for his efforts. In September 2001, he reported to Naval Hospital Pensacola, Fleet Hospital Detachment. While attached to the command DT3 Mannings, completed On the Job Training as a Hospital Corpsman and was selected to attend Hospital Corpsman "A" School. HM3 Mannings graduated with Distinction, receiving a letter of appreciation for additional duties as the class Leading Petty Officer.

In August 2004 he reported to USS John F. Kennedy (CV 67), for General Duty. While assigned he earned his ESWS and EAWS and was promoted to Petty Officer Second Class. In July 2007 he was selected to attend the Advance Radiology Technologist School at the Naval School Health Sciences, Portsmouth, VA. After graduation he received orders to National Naval Medical Center Bethesda Casualty Receiving Treatment Ship Forward Detachment where he was selected for the role of the sole military Technologist for the Orthopedics Department. During his tenure in Bethesda, MD, HM1 was selected to deploy in support of Operation Enduring Freedom

(OEF) to Expeditionary Medical Facility Djibouti, Africa as the Sick Call Division Leading Petty Officer. In December 2012 HM1 was selected for orders to Pre-commissioning Unit SOMERSET as the Advanced Radiology Technologist. Following a successful commissioning in March 2013, he was assigned to USS SOMERSET (LPD 25) as the Health Services Department Medical Division Leading Petty Officer. He is currently assigned to NMLC Ft. Detrick in the code 03 Navy PACS division.

His personal awards include the Navy and Marine Corps Commendation Medal, Navy Achievement Medal, Good Conduct Medal (5), the Military Outstanding Volunteer Service Medal, and various campaign and unit awards. He is a qualified Enlisted Surface Warfare Specialist, Enlisted Aviation Warfare Specialist and Enlisted Expeditionary Warfare Specialist. His educational accomplishments include a Bachelors in Science in Applied Science and Technology from Thomas Edison State College, completion of the Senior Non Commissioned Officers Professional Military Education Course, Naval War College Primary Professional Military Education Course. HM1 is also Nationally Licensed through the American Registry of Radiologic Technologist and has also completed his course of study in Magnetic Resonance from Montgomery College.

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

I was born in Birmingham, Alabama, however raised as an Army Brat. I attended high school in Fort Knox, Kentucky, and Thomas Edison State University located in Trenton, NJ.

What were your first assignments in the military?

I originally joined the Army National Guard in 1998, after spending a year in the guard I decided to request a conditional release to pursue an active duty career. My first duty station was Guantanamo Bay, Cuba.



HM1(SW/EXW) Dametrius Mannings

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

I checked onboard 17 December 2015, coming from the USS Somerset homeport San Diego, CA. I am attached to Code 03, PACS Division.

What makes you a success here?

I believe my willingness to learn and be a team player should help me succeed here at NMLC.

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

From my brief introduction to the Navy PACS family we work closely with vendors, corporate managers, and medical imaging professionals, to coordinate strategic planning for medical imaging initiatives; which translates to diagnostic care for military members and their dependents. I hope to become more involved as I learn about the imaging informatics community. **LS**

Fort Detrick Sailors welcome FORCM (FMF/SW/AW) Terry J. Prince, Force Master Chief, Director Hospital Corps, Bureau of Medicine and Surgery



Sailors at Fort Detrick, Maryland, from Naval Medical Logistics Command, Naval Medical Research Center (Silver Spring/Frederick) and Defense Health Agency, greeted FORCM (FMF/SW/AW) Terry J. Prince, Force Master Chief, Director Hospital Corps, Bureau of Medicine and Surgery June 6. Master Chief Prince spoke of how the 'Corpsmen of 2025' is evolving just as Corpsmen of the early 1980's have evolved. He talked about how leaders must be honest with troops regarding Career Development Boards to benefit the Sailor and the Service. He also spoke of the importance of credentialing Corpsmen and providing additional educational opportunities to strengthen a Corpsman's academic ability to succeed both while in the Service and once a Sailor reaches the end of a career.



Lt. Cmdr. John Stage, Officer in Charge, NMLC Detachment Pirmasens, Germany says farewell to Chief Hospital Corpsman Stephen Armstrong as the Chief ends his tour there. Hospital Corpsman 2nd Class Austin Leavitt also stands by to say farewell.