



In this issue of *Logistically Speaking*, we focus on Logistics Readiness and look back on the pioneering career of Medical Director Benjamin Franklin Bache, USN (1801-1883), the first head of the Naval Laboratory, Brooklyn, NY, and the father of Naval Medical Logistics Command. Dr. Benjamin Franklin Bache reported to Brooklyn in 1850 to serve as officer-in-charge of what was the largest and arguably the most significant of the Navy's hospitals. In addition to being located in one of the busiest shipyards in the nation, the Naval Hospital Brooklyn was unique in that it contained a small pharmaceutical laboratory that manufactured medicines for the hospital's wards and later for all of the Navy. Read this fascinating story in this issue of *Logistically Speaking*. (Photo credit U.S. Navy Bureau of Medicine and Surgery Archives).



Vice Adm. Forrest Faison, Navy surgeon general and chief, Bureau of Medicine and Surgery, visited Naval Ophthalmic Support and Training Activity (NOSTRA), Yorktown, VA, on Mar. 21. NOSTRA's commanding officer is officially designated as the surgeon general's program director for Department of Defense optical fabrication. Navy Medicine relies heavily on NOSTRA for accounting, standardization of equipment and materiel life cycle management practices related to optical fabrication. (Photo by HN Desiree Robles, NOSTRA command photographer).



Vice Adm. Forrest Faison, Navy surgeon general and chief, Bureau of Medicine and Surgery (BUMED), visited Navy Expeditionary Medical Support Command (NEMSCOM), Williamsburg, VA and Naval Ophthalmic Support and Training Activity (NOSTRA), Yorktown, VA, Mar. 20 and 21. NEMSCOM supports medical readiness requirements for combatant commanders with the right medical resources through configured expeditionary medical logistics tailored to meet clinical missions. NEMSCOM provides capabilities-based, technically advanced deployable medical systems to support U.S. and allied forces in the event of contingency operations anywhere in the world. It is responsible for designing, procuring, assembling, and pre-positioning Expeditionary Medical Facilities. From left to right, Capt. Rick Zeber, Commanding Officer NOSTRA, Vice Adm. Forrest Faison U.S. Navy Surgeon General, Capt. Richardson, Commander, Naval Medical Logistics Command, and Capt. Mike Kemper, Commanding Officer NEMSCOM.

As the Navy Medicine center for logistics and procurement expertise, we deliver world class medical-readiness and logistics solutions to military missions. Naval Medical Logistics Command's vision is - *We will become DoD's premier medical logistics support activity.*



On the Cover: Benjamin Franklin Bache came to Brooklyn, N.Y. to serve as the officer-in-charge of what, in 1850, was the largest and arguably the most significant of the Navy's hospitals. In addition to being located in one of the busiest shipyards in the nation, the Naval Hospital Brooklyn was unique in that it contained a small laboratory where medicines in short supply could be manufactured for use on the wards. Left, the U.S. Naval Medical Supply Depot command leadership board hangs today at Naval Medical Logistics Command headquarters on Fort Detrick, Frederick, Maryland, where the list starts with Benjamin Franklin Bache.

Table of Contents

Commander, Naval Medical Logistics Command	4
From the Command Master Chief	5
U.S. Navy Surgeon General visits NEMSCOM and NOSTRA	6-11
NMLC Celebrates Women's History Month	12
Learning from the Holocaust: Legacy of Perseverance	13
Compassion is Part of the Duties at Naval Medical Logistics Command	14
Log Talk print blog-An Update on Unauthorized Commitments in FY18	15
Contract Modification Release Language (Legal)	16-17
Dr. Bache and the founding of the U.S. Naval Laboratory; looking back at the Navy's own "Benjamin Franklin"	18-21
What's the Buzz with Small Business Programs	22-23
Cybersecurity for Medical Devices - An Integral Part of Mission Readiness	24-25
Janis LeBlanc - One Woman's Incredible Journey	26-27
Naval Ophthalmic Support and Training Activity Promotes Marte to LT	28-29
Our Greatest Resource is our People	30-31



Capt. Tim Richardson

Commander, Naval Medical Logistics Command

In this issue of *Logistically Speaking*, we highlight the roles of two of our subordinate commands at the forefront of Logistics Readiness. In March, Vice Adm. Forrest Faison, U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery (BUMED), visited Navy Expeditionary Medical Support Command (NEMSCOM) and Naval Ophthalmic Support and Training Activity (NOSTRA). The visits were noteworthy and timely, as both operations are leaders in managing the resources and facilitating the achievement of the surgeon general's strategic priorities of readiness, health, partnerships and Human Capital. Read about our trip starting on page 6.

Earlier in the year, a cadre of our military personnel attended Casualty Assistance Calls Officer training. Our coordinator explains how this solemn training makes a lasting difference in the lives of family members.

My on-staff legal counsel contributed an article that helps readers wade through the release language of contract modifications. This article covers what's required to minimize the risk of using language that might lead to users finding themselves in a legal bind. It specifically identifies the issues covered by releases and denying claims based on the release terms. If this is in your lane, I strongly suggest that you read this article.

In this issue we also look back at the origins of the Naval Medical Logistics Command which started at the Naval Hospital Brooklyn, N.Y. Originally commissioned in January 1838 and in operation until June 30, 1948, the Naval Hospital Brooklyn was one of the most important Navy medical facilities throughout much of the 19th and early 20th centuries. In August 1845, the hospital became the home of a small laboratory where pharmaceuticals were manufactured for use on site. In 1853, under the helm of surgeon Benjamin Franklin Bache - the great grandson of Ben Franklin - the laboratory was established as a separate command responsible for supplying the medical needs for the entire naval service. The Naval Laboratory - later known as the Naval Medical Supply Depot - would serve as the forerunner of today's Naval Medical Logistics Command.

Frankline Asah and Terrell McCaa, who represent our Medical Equipment and Logistics Solutions directorate, collaborated on an informative article that discusses how medical devices could be vulnerable to cybersecurity threats. In an age where Internet intrusions are more prevalent today than in any other time in our country's history, this article couldn't be more relevant.

On the other end of the spectrum, Janis LeBlanc shares the incredible journey through her battle with breast cancer and brain cancer. This is a very touching personal account of her story and it also shares her viewpoint on medical equipment—some of the same equipment for which she is responsible in her role here at work.

We touch on a lot of topics in this issue and we remain receptive to your suggestions. Reach out to my PAO to share your ideas. As always, I hope you enjoy this issue of *Logistically Speaking*. **LS**

Naval Medical Logistics Command

Capt. Tim Richardson

Commander

Cmdr. Steve T. Aboona

Deputy Commander

HMCM(SS/SW/FMF) Patrick B. West

Command Master Chief

Mr. Darin L. 'Cal' Callahan

Chief of Operations

Lt. Robert Y. Barragan II

Dir, Resource Management

Lt. Cmdr. Kathleen A. Colter

Dir, Medical Equipment/Logistics Support

Lt. Cmdr. Matthew W. DeShazo

Director for Administration

Mr. Julius L. Evans

Public Affairs Officer

Mrs. Julia P. Hatch

Counsel

Ms. Marianna 'Mimi' McReal

Small Business Programs Officer

Mr. Leonard Morrissey

Logistics Business Systems &
Navy Senior Service Representative

Mr. Richard J. Schlegel

Dir, Operational Forces Support

Mr. James E. Watkins

Director, Acquisition Management

Staff/Distribution

Mr. Julius L. Evans

Public Affairs Officer

Mr. Philip Boroughs

Website Support

NOSTRA Command Photographer

HN Desiree Robles

Julius.L.Evans.civ@mail.mil

(301) 619-9650

DSN 343-9650

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

Readiness is an important part of our duty as military members. In times of peace and conflict it is important that service members stay ready for any responsibilities that may be asked of you. Readiness is not just about being ready to deploy, it is a broad spectrum of personal and professional responsibilities that make us well-rounded Sailors.

Healthy living involves eating the right foods, getting enough sleep, exercising regularly and avoiding alcohol. A healthy weight can also add years to your life. Practice good hygiene for social, medical and psychological reasons to reduce the risk illness and also improves how others view you and how you view yourself. Try to do something you enjoy every day to relax, i.e. taking a walk, yoga or reading.

Family is an integral part of our

lives and plays a large role with keeping us happy. As military members, we are all busy with our careers and managing our home lives can be challenging. Make time for your family to connect with them. Whether it's watching TV, playing a video game or sending a text message, just living in your family member's world shows them that you care.

Professional development is key to ensuring the longevity of our careers and providing financial stability to our personal lives. Warfare/watch qualifications, professional military education, off-duty education, and professional certifications are all ways we can obtain and maintain professional development. You should take advantage of all these great opportunities to improve your career.

Readiness should be treated as a lifestyle and not just something



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

you rush to accomplish hastily. I challenge you to take the principles I mentioned above and implement them into your own life. **LS**



NMLC Command Master Chief Patrick West at Naval Ophthalmic Support and Training Activity, Naval Weapon Station Yorktown in March.

Navy Surgeon General visits Medical Logistics Readiness Centers of Excellence



Vice Adm. Forrest Faison (center), U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery (BUMED) visited Navy Expeditionary Medical Support Command (NEMSCOM), Williamsburg, VA, and Naval Ophthalmic Support and Training Activity (NOSTRA), Yorktown, VA, two Navy Medicine Readiness Centers of Excellence on Mar. 20 and 21. Pictured from left to right are Cmdr. Brian Hatch NOSTRA's executive officer, Capt. Richard Zeber, NOSTRA's commanding officer, Vice Adm. Faison, Capt. Tim Richardson, Commander, Naval Medical Logistics Command's (NMLC), BUMED Force Master Chief Hosea Smith, NOSTRA's Command Senior Chief Hospital Corpsman Richard Laxa, and NMLC's Command Master Chief Patrick West. (Photo by Julius L. Evans, NMLC Public Affairs).

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

Vice Adm. Forrest Faison, U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery (BUMED) visited two commands at the forefront of Navy Medicine logistics readiness on Mar. 20 and 21.

Navy Expeditionary Medical Support Command (NEMSCOM), is located on Cheatham Annex, Williamsburg, VA. Naval Ophthalmic Support and Training Activity (NOSTRA), is located on Naval Weapons Station Yorktown, VA. Nestled on the Virginia Peninsula, both report to Naval Medical Logistics Command, which

is located on Fort Detrick, in Frederick, MD, and is headed by Capt. Tim Richardson.

The visit was noteworthy and timely, as both operations are leaders in managing the resources and facilitating the achievement of the surgeon general's strategic priorities of readiness, health and partnerships.

NEMSCOM, led by Capt. Michael Kemper, provides capabilities-based, technically advanced deployable medical systems to support U.S. and allied forces in the event of contingency operations anywhere in the world. NEMSCOM is responsible for

designing, procuring, assembling and pre-positioning Expeditionary Medical Facilities. This allows NEMSCOM to support medical readiness requirements for combatant commanders with the right medical resources through configured expeditionary medical logistics tailored to meet clinical missions.

The Fleet Hospital Support Office, which NEMSCOM was known by earlier in its establishment, was responsible for the first successful deployment of three 500-bed wartime-ready Navy Fleet Hospitals in the early 1990s in support of Operation Desert Shield and Operation Desert Storm. It also deployed a fleet hospi-



tal in support of Operation New Horizon/Uphold Democracy in Haiti.

During the operation, more than 350 military personnel from Fleet Hospi-

tal Jacksonville, FL, staffed the fleet hospital, providing medical assistance to 20,000 U.S. troops as well as thousands of Haitian refugees during various humanitarian missions.

The Fleet Hospital Support Office responded during Operation Enduring Freedom by deploying a one of a kind 36-bed Expeditionary Medical Facility to Naval Station Guantanamo Bay, Cuba. Still employed today, the Expeditionary Medical Facility provides medical care to detainees.

Earlier this year, NEMSCOM supported the Humanitarian mission Continuing Promise 2018 to Colombia, Panama, Guatemala, Dominican Republic and Honduras, which provided medical care

to local populations that might otherwise not have received it.



Top, Capt. Michael Kemper, commanding officer, Navy Expeditionary Medical Support Command briefs the surgeon general on his capabilities-based, technically advanced deployable medical systems. NEMSCOM is at the forefront on Navy Medicine logistics readiness. Below, Vice Adm. Faison shares with NEMSCOM personnel the importance of their role in his view. "What you do allows us to respond with our mission partners right now."



Matthew Hetrick, in the blue apron, explains the reclaim process to the surgeon general. During the reclaim process, Hetrick takes a metal alloy, which is used in the blocking process of surface lenses. It is then melted back down into a liquid and reused hundreds of times throughout the day. James Kent, center, is the Director of Production and escorts the surgeon general to each of the work stations where workforce personnel explain the lean processes they use in the daily functions. (Pictures by HN Desiree Robles, NOSTRA Public Affairs).

NOSTRA, headed by Capt. Richard Zeber, is also at the forefront of the Navy Medicine strategic priorities in its role as the lead service agent for the Optical Fabrication Enterprise

(OFE). It provides optical fabrication services in support of all operational, contingency and humanitarian missions worldwide, in peacetime and during wars. In conducting its mission, NOSTRA

provides optical fabrication support by fabricating military eyewear, prescription gas mask inserts and combat protective eyewear inserts. It also operates the Tri-Services Optician School, also known as TOPS, the Department of Defense's only training program for Opticians and Optical Fabrication Specialists.

NOSTRA annually produces 33% of the workload for the entire enterprise. In addition, NOSTRA maintains command and control of operations, funding, workload distribution, personnel and materiel management of the labs located in Navy Medicine facilities at Quantico, VA, Camp Lejeune, NC, and Mayport and Pensacola, FL.

The command has had up to six detachments in the past. All locations are sustained with support Memorandums of Understanding between NOSTRA and host MTFs. NOSTRA and its detachments are staffed by 165 military and civilian personnel.

During his visits, Faison relayed important messages to the staffs at NEMSCOM and NOSTRA about their role in providing patient care to warfighters around the world.



HN Leticia Hernandez (back to camera) and HN Stacy Rodriguez speak with Vice Adm. Faison. (Photo by SN Desiree Robles).



“Our ability to save lives on day one of a conflict and throughout the conflict, depends on what you do. You also ensure that when a disaster occurs, we can rapidly respond with our strategic partners to provide the medical care necessary,” he stressed.

Faison had lunch with the enlisted members at both commands and held All-Hands Calls where he shared information about the pending changes that are set to take place in October 2018 as it relates to the NDAA and the changes within the DHA.

During the All-Hands Calls, he held question and answer sessions, which were well-received by those in attendance. Carolyn Thomas, a prescription eyeglass maker supervisor/specials, when asked how she felt about the surgeon general’s visit and his presentation, explained how what he said left an impact on her.

“I appreciated that he expressed

Con’t next page



Above, Versability Contractor Kija Payton shows Vice Adm. Faison how materials are pulled to ‘tray-up’ jobs for the production team. Staff Sgt. Jeremy White and Cmdr. Hatch, NOSTRA’s executive officer, looking on. Below, Angela Howell interprets for Darin Gillis (hearing impaired), and the surgeon general as they laugh when Gillis mentions how young he was when he was first hired at NOSTRA. Now, he and Mr. Kent, not pictured, are much older but they still work there. (Pictures by HN Desiree Robles, NOSTRA Public Affairs).



Prescription Eyeglass maker Supervisor/ Specials Carolyn Thomas and Prescription Eyeglass maker/Specials Kim Siebert work in NOSTRA's fabrication facility.

himself in layman's terms to ensure everyone in his audience understood what he was trying to convey. {And while walking throughout the production floor}, he never seemed too busy to say hello to anyone and for me, that's important," Thomas said. "His speech held my attention the

entire time. I learned some new things and I have a greater appreciation for the job I hold. So I must say Bravo Zulu to Vice Adm. Faison."

Additionally, the surgeon general discussed the future of the Navy and certifications for Hospital Corpsmen. He mentioned that lessons learned from Operation Iraqi Freedom and

Operation Enduring Freedom highlighted that, amongst service members who left active duty, the group that had the highest unemployment rates were those who specialized in the medical field; combat medics and Navy corpsmen. The reason for that reality was upon leaving the military, these service members did not have



Vice Adm. Faison made time to greet practically every person on the factory floor at NOSTRA during his recent visit in late March 2018.



HN Desiree Robles, NOSTRA's command photographer, captures a picture of surgeon general Vice Adm. Forrest Faison as he addressed all command personnel during the All-Hands Call held in the NOSTRA production warehouse. Faison also held an executive session the NOSTRA leadership before having lunch with the enlisted crew.

certifications.

To address this shortfall, the surgeon general said the Navy started a new program that will compensate personnel who successfully complete a 'C' Class school that has an equivalent certification. In addition, once a person attains that certification, the Navy will pay to help keep it current. This will allow Sailors to turn their military training into civilian employment once they leave the service.

"This will also allow me to look into the eyes of American moms and dads and tell them that everyone involved in your son's or daughter's care has received the same or better certification as anyone in the civilian sector," Faison said.

The surgeon general left both commands with the three expectations that he wants everyone to take with them.

As the surgeon general closed his remarks, he summarized his expectations. "Be worthy of the trust that's been placed in your hands and the privilege of caring for America's sons and daughters. Be worthy of the uniform you wear and be worthy of the privilege of leadership. And if you do these three things for me, we can with confidence look into the eyes of American moms and dads and say we will take care of your son or daughter and do all within our power to return them home safely to you."

Considering the changes that are forthcoming, NEMSCOM and NOSTRA have already proven they both are leading the way to meet any expectation that lays ahead. **LS**



Vice Adm. Faison addresses All-Hands at NOSTRA.



HM3 Kurtis Reid had direct interaction with the surgeon general during the All Hands call. Reid was promoted through the Meritorious Advancement Program (MAP), which authorizes commanding officers to advance eligible personnel in paygrades E3, E4, and E5 to the next higher paygrade. MAP gives commands the opportunity to recognize their best Sailors, advancing them when they are ready for the next level of responsibility.

NMLC Celebrates Women's History Month

Each year, Naval Medical Logistics Command (NMLC) pauses to recognize diversity through a multitude of ceremonies, celebrations and days of remembrance. This year, NMLC, headed by Capt. Tim Richardson, joined the nation in honoring the contributions of women through its locally hosted Women's History Month program.

Hospital Corpsman Petty Officer 1st Class Keith Fox, NMLC's Diversity Officer, was Master of Ceremonies during two ceremonies the command recently held.

During the Women's History Month celebration, command member Janis LeBlanc shared the story of her journey battling breast cancer. At one point, it was thought to have been defeated. Not only did it return, it further spread to her brain.

She explained how her job was to ensure that lifesaving medical equipment was provided to Military Treatment Facilities around the world. Ironically, once she was scheduled to have a Magnetic Resonance Imaging (MRI) screening, it dawned upon her the significance of the equipment she worked with routinely. You can read her story in this issue of *Logistically Speaking* on page 26.

A second presentation on Women's History Month highlighted the career of Australian Lieutenant Bianca Prain, who supports NMLC's Operational Forces Support Directorate.

Prain described her journey from being an enlisted sailor in the Australian navy until her commissioning and becoming part of the Australian Officer Corps.

Recognizing diversity is engrained in the culture here and Capt. Richardson, the leadership team and all hands generally take time from their busy schedule to support the activities and the events hosted by command personnel. Look for these and other stories on the command's internal and external social media pages. **LS**



Janis LeBlanc shared a gripping account of how she faced and defeated breast cancer. But the victory was short lived. The cancer not only returned, it spread to her brain. She and her husband stood together while going through a harrowing journey.



Lieutenant Bianca Prain shares the story of her career.



Deputy Commander Steve Aboona, Janis Leblanc, Lt. Bianca Prain, NMLC Commander, Capt. Tim Richardson, Command Master Chief HMCN Patrick West and Chief of Operations Dr. Darin L. Callahan.

Learning from the Holocaust: Legacy of Perseverance

History is laden with countless vivid stories about occurrences and events of which many people do not have a full understanding. It's important that time is set aside, lest we forget the heritage so many cherish. One way Naval Medical Logistics Command (NMLC) honors the memory of events from the past is celebrations and recognition ceremonies.

Holocaust Days of Remembrance are observed from Sunday, April 8 to Sunday April 15, 2018. The internationally recognized date corresponds to the Hebrew calendar's 27th Day of Nisan. One NMLC Sailors described for command personnel the history of the Jewish ghettos that were districts that Nazis forced them to live in terrible conditions, subject to starvation and disease.

Operations Specialist Petty Officer 2nd Class Robin Peskin, of NMLC's Administration Directorate, explained the word Holocaust is Greek in origin and means sacrifice by fire. He also related how German authorities targeted groups because of their perceived racial inferiority. Those groups includ-



HM1 Keith Fox was Master of Ceremonies during the Holocaust Remembrance Days and introduce the special guest speaker of the event OS2 Robin Peskin.

ed individuals with disabilities, people of Polish and Russian descent. But they didn't stop there. They were in-different to people with different polit-

ical, ideological and behavioral grounds. Peskin also highlight the plight of U. S. Army medic in the 70th Infantry Division, when he—along with 350 U.S. Soldiers— was captured by the Germans following the Battle of the Bulge, one of the bloodiest battles of World War II.

"I was honored when asked to give this presentation," Peskin said. "This give me the opportunity to talk about history that my family shared and about some of the family traditions we have practiced in the past."

NMLC routinely recognizes diversity and ensures all command personnel have an opportunity to celebrate the rich ethnic traditions of various cultures and heritage that comprise the entirety of the workforce.

Many of the celebration photographs can be found on the command's Facebook page. Be sure to search for 'diversity' on the NMLC social media sites for these and other upcoming events. **LS**



OS2(SW) Robin Peskin passionately relates the story of Army medic Specialist Anthony Acevedo, the first Mexican American to register with the United States Holocaust Memorial Museum's Holocaust survivor list. Acevedo was a 20-year-old medic in the U.S. Army's 70th Infantry Division, when he, along with 350 U.S. soldiers, was captured by the Germans following the Battle of the Bulge, one of the bloodiest battles of World War II.

Compassion is Part of the Duties at Naval Medical Logistics Command

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

Naval Medical Logistics Command (NMLC) personnel stationed at Fort Detrick, MD, participated in Casualty Assistance Calls Officer (CACO) training Jan 31.

Casualty assistance calls and funeral honors support coordination are governed by OPNAV Instruction 1770.1A which outlines the responsibilities for commands participating in the program.

Naval District Washington (NDW), the regional authority, is responsible for the areas that include the District of Columbia, Maryland, and the Virginia counties of Arlington, Stafford, Fairfax, King George, Prince William, Fauquier, Loudoun, Westmoreland and Warren.

Various commands have responsibility for specific geographic locations. Capt. Tim Richardson, NMLC's commanding officer, is responsible for areas that encompass parts of Maryland, Virginia and parts

of West Virginia.

Being assigned a CACO brings the responsibility of providing information, resources and assistance to the primary and secondary next of kin in the event of a casualty. NMLC recently had to meet this responsibility.

"I was assigned by NDW to be the CACO for a family member on the date of his son's death," said Lt. Nathan Wedwick, from NMLC's Medical Equipment and Logistics Solutions directorate. "From there, the family and I built a relationship and I was able to use a 'work toward yes' mentality, ultimately helping the family obtain approval for all their requests."

NMLC is also sometimes tapped to provide military funeral honors in addition to CACO assignments. When a command provides this service, family members receive funeral honors that are tantamount to paying respect for the military member's ser-

vice and demonstrates the gratitude from a grateful nation.

In this instance, the father expressed his gratitude to NMLC based on the command's participation in his son's funeral. After the CACO assistance and the ceremony, the father made a non-standard request to the assigned officer.

"During the course of normal discussions, I mentioned to the family that our command was hosting a CACO course. The father volunteered to speak to the class because he wanted to express the significance to a family for a Navy representative to be available, by their side, during this whole process," Wedwick explained. "The father also requested to meet Capt. Richardson, to let him know how much he appreciated my direct interaction with him and his family."

The interaction also made a lasting impression on Wedwick. The family expressed that they will be changing the way they approach every difficult situation in the future, he said.

"On top of that, the family has been a big influence in my life, reminding me that life is precious and we need to remember to love our family even if they make mistakes. The little things that bother us about our family don't matter in the big picture of things."

Now, like Wedwick, NMLC has a number of active duty service members who are ready to take the call of helping family members who have loved ones who have answered the call of duty to his or her country. **LS**



Members of the United States Navy Ceremonial Honor Guard from Jacksonville, FL, participate in a military funeral ceremony. (Courtesy photo).



An Update on Unauthorized Commitments in FY18

By Sharon Leathery, Naval Medical Logistics Command, Contracting Officer for Unauthorized Commitments, Contract Support Division

Unauthorized commitments (UACs) are primarily created by individuals who do not possess purchasing authority and they order supplies or services without obtaining proper approval. When the required purchasing protocols are not followed and a UAC is created, submission of a ratification request and documentation by the activity is the only way to reimburse vendors for outstanding UAC obligations. For FY18, we have currently had five UAC requests submitted for ratification. However, numerous potential UACs have recently been identified during the course of Procurement Performance Management Assessment Program (PPMAP) and BMAP audits, as well as during activity assist visits.

The most common reasons for the occurrence of UACs are:

1. **Policy Adherence** – placing orders prior to approval of a purchase order or executing orders without an SF 1402 Certificate of Appointment for purchasing warrant. Example: A supply technician begins placing Electronic Catalogue or Prime Vendor orders before completing training and receiving their warrant in accordance with BUMED Letter 4200 Series M42/15UM40180 “Ordering Officer Requirements Guide for Defense Logistics Agency E-commerce Contracts.”
2. **Boundary Violation** – exceeding total orders or expenditures authorized on contracts, or placing orders against expired contracts. Example: Failure to request the exercise of an expiring contract option may result in staff continuing to place orders under an expired contract.
3. **Assumption** – assuming that a purchase request has been processed and approved or that an order is covered under an existing contract without verifying. Example: An employee submits a requisition form but fails to follow up on its approval by the purchasing office prior to ordering and accepting supplies or services.
4. **Transition** – new personnel tasked with ordering or Contracting Officer’s Representative responsibilities are not provided with necessary guidance. Example: A new staff member is not provided with purchasing Standard Operating Procedures (SOP) or contract tracking spreadsheets, resulting in orders being placed that exceed the established contract ceiling for total items, hours or funding.
5. **Emergency Situation** – urgent or after hours requirements are obtained without purchase authorization or verbal approval. Example: A patient seen in the Emergency Room outside normal business hours requires a medication not stocked by the hospital or local contracted vendors, resulting in an unauthorized purchase.

The best practices to avoid creating UACs include complying with the biannual requirement to complete UAC training through SWANK, following up on the status of requisition approval prior to engaging vendors, the creation of purchasing SOPs that address after-hours and emergency procedures to be followed, and providing clear and detailed information for new employees with purchasing and contract tracking responsibilities.

Current guidance on the ratification process for UACs can be found in FAR 1.602-3, NAVSUP Contracting Handbook, 1.602-3, and NMCARS 5201.602-3. In addition, BUMED Policy Letter 4200 Series M46/17UM40116 (10 Aug 17): “Logistics and Financial Guidance on Unauthorized Commitments and Constructive Changes Resulting in Claims” provides updated information on determining whether issues may be processed as UACs or claims. Outstanding obligations arising from contract overages or orders placed just outside the scope of an expired contract are generally treated as claims under the new guidance. However, activities are still required to submit complete UAC documentation through their Regional Logistician so that NMLC can make the determination regarding how the outstanding obligation will be processed. Additional information on the requirements for UAC ratification, templates, and samples can be found in the NMLC Ratification of Unauthorized Commitments Guidebook, and activities are encouraged to contact NMLC for assistance in determining whether a specific issue constitutes a UAC.

Improving Contract Modification Release of Claims Language

By Jeffrey R. Clark, Naval Medical Logistics Command Assistant Legal Counsel



Release of claims language is a common contractual tool used in contract modifications to prevent parties from bringing claims against each other for resolved matters. Although commonly used, contracting offices occasionally learn that the release language it used failed to protect one of the parties. To minimize the risk of this occurring, contracting staffs must (1) specifically list the issues or claims covered by the release, and (2) precisely define terms contained in the general release clauses. Additionally, contracting staffs need to account for future events, such as later contract changes and audits when drafting the release terms. Lastly, contracting staffs should document all communications and negotiations relating to the release in the contracting file because

such extrinsic evidence will help prove intent if a contractor later challenges the release language.

Specifically Identifying the Issues Covered by the Release

While being as specific as possible with contract terms is known as a best practice, using precise language sometimes proves cumbersome when the release is contained as part of a larger contract modification or other contract documents. Regardless, contracting staffs must concisely list the issues and disputes covered by the release to protect the Government's interests.

For example, the following generic release language is commonly found in release modifications, yet can prove problematic given its

vagueness:

"The parties agree that this mutual agreement warrants no other change or equitable adjustment to this contract. The contractor does hereby release the Government from any and all liability under this contract for equitable adjustments, claims, demands, or causes of action arising from, by virtue of, or in consequence of this contract modification."

The issue that potentially arises when using such generic language without much more is that the facts and

circumstances that gave rise to the contract modification are not fully described in the modification let alone in the contracting file. If the Government cannot clearly prove the underlying facts and circumstances that gave rise to the modification and were, therefore, within scope of the agreement, then a contractor's likelihood of prevailing on an argument that the scope of the release modification did not cover the items that it is currently claiming.

For example, envision a modification that expanded the work hours the health care workers could potentially be required to work and nothing else, including pay rates for the health care workers. As a result of the changes, the hospital began scheduling health care workers for longer shifts, but did not increase the total number of hours



worked each week. Subsequently, the contractor submitted a claim for more money to cover the overtime rates it had to pay the health care workers because of the longer shifts. In such a case, ambiguity would exist as to whether the parties clearly understood that the expanded hours would increase the hours worked during a shift.

Similarly, consider whether such vague terms should be defined. For the “underlying facts and circumstances” example, a Contracting Officer could add a sentence to define what those underlying facts and circumstances are in the modification. This provides clarity, particularly for ongoing contracts that may require additional modification; the Contracting Officer can increase the odds that a future, predictable event is considered by both parties to be in scope of the release modification.

Therefore, the best practice is to be as detailed as possible when listing out the items the parties intend to be covered by the release modification in the terms of the modification itself

as well as in a memorandum for record in the contracting file.

Denying Claims Based on the Release Terms

Along these lines, if a contractor requests an equitable adjustment (REA) or submits a claim that the Contracting Officer believes the release covers, then the Contracting Officer must specifically cite to the terms of the release modification as a basis for denying the REA or claim. If the Contracting Officer fails to do this, the Government will likely need to defend an argument that the Government either (1) waived its release, or (2) did not cite to the release modification as a basis of the denial when it denied the claim because the items in the instant claim are outside the scope of the release. In other words, if the Contracting Officer entertains such an REA or claim after the release modification, such actions suggest that the Contracting Officer only entertained such a submission because he did not think the release

modification covered the underlying items of the instant REA or claim. This underscores the importance of listing out specifically what is covered by the release modification and using that modification for its intended purpose (namely, denying the claim or otherwise preventing additional liability for the contract change in question) if the contractor later tries to renege on or back out of that agreement.

Drawing on the example used above, the modification that expanded the work hours the health care workers could work at the hospital. That modification could add a couple of sentences to the modification. Instead of a modification that simply stated the expanded hours of the hospital and the general release language, the modification could add additional content to provide clarity. For example, block 14 of the modification could read as follows:

“This modification is to expand the work hours at Naval Medical Center San Diego to 0600-1800 hours local time, Monday through Friday. The expanded work hours could mean that the health care workers will work longer shifts or more hours on any given day. However, the total number of hours worked each week will not change. The rate for the services provided under this contract has not changed nor has the total contract value as a result of the expanded hours and potential longer work shifts or hours worked each day. The parties agree that changes contained in this modification reflect the entirety of the agreed upon changes and that this mutual agreement warrants no other change or equitable adjustment to this contract. The contractor does hereby release the Government from any and all liability under this contract for equitable adjustments, claims, demands, or causes of action arising from, by virtue of, or in consequence of this contract modification.”

If you ever have questions about how to properly describe the full extent of the underlying facts and circumstances in a modification, please contact NMLC Counsel. **LS**

Dr. Bache and the founding of the U.S. Naval Laboratory; or looking back at the Navy's own "Benjamin Franklin"

By André B. Sobocinski, Historian,
BUMED

"He was a brilliant conversationalist, and recited by the hour experiences and observations in his long life of the most entertaining character. He bore a strong resemblance to his distinguished ancestor; and his side face was almost the counterpart of that shown in the best pictures of Benjamin Franklin." ~ In Memoriam for B.F. Bache, The Medical Record, 1881

Benjamin Franklin Bache came to Brooklyn, N.Y. to serve as the officer in charge of what in 1850 was the largest and arguably the most significant of the Navy's hospitals. In addition to being located in one of the busiest shipyards in the nation, the Naval Hospital Brooklyn was unique in that it contained a small laboratory where medicines in short supply could be manufactured for use on the wards.

As the new head of the hospital, Bache brought 26 years of naval experience which included tours as Fleet Surgeon for the Mediterranean (1841-1843) and Brazilian Squadrons (1843-1844, 1847-1850).

Over the next few years, Bache would work diligently on expanding the Naval Laboratory's mission. In addition to manufacturing the hospital's pharmaceuticals, it began supplying much-needed medicines to the entire fleet; testing and analyzing the quality of medical supplies obtained from contractors; and training newly commissioned medical officers in laboratory techniques and chemical analysis.

With the backing of the Bureau of Medicine and Surgery (BUMED) and the Secretary of the Navy, the Naval Laboratory was established as a unique command under Bache's helm in 1853.

The Naval Laboratory's first director had been born on February 7th, 1801 in Albemarle County, VA, the

second child - and first son - of Dr. William Bache and Catherine Sarah Wistar, both of Philadelphia, Penn. His father William was the son of Sarah and Richard Bache and in turn the grandson of Benjamin Franklin. Catherine was the sister of the eminent Philadelphia anatomist Dr. Caspar Wistar (who himself was the namesake of the Wisteria tree).

The Baches' new son shared the name of William's deceased older brother, the firebrand journalist and editor of the Democratic-Republican newspaper Aurora, Benjamin Franklin Bache (1769-1798). When a yellow fever epidemic hit Philadelphia the summer of 1798, taking the life of

William's brother, the Baches fled the city. It was at the behest of their friend Thomas Jefferson that they resettled on a farm outside of Charlottesville, VA, fittingly dubbed "Franklin."

Whether or not the Baches were able to adhere to the ideals of the Jefferson agrarian republic or not, they did not remain on the farm for long. In 1802, Jefferson appointed William Bache the director of the merchant marine hospital in New Orleans; and Catherine returned to Philadelphia with their two young children. The family would reunite with William the following year when he was appointed surveyor of the port of Philadelphia.

There is not a great deal written about Benjamin Bache's early life in



Philadelphia, but it is easy to conjecture it would not have been a life lacking in opportunity. The Baches and Wistars were two of the most prominent families in the city, and Bache could boast of an extended family well-positioned in politics, the military and medicine.

Historical records do reveal that while in his mid-teens, Benjamin served for a time as a merchant seaman. His Seaman Citizenship affidavit dated 1816 lists him as standing five foot nine and a half inches in height, dark hair and, like his ancestor, grey eyes.

After graduating the College of New Jersey (Princeton) with a Bachelor of Arts at the age of 18, Bache would obtain a medical degree from the University of Pennsylvania in

1823. A year later, on July 9, 1824, he entered the Navy earning his commission as a Surgeon's Mate, and ranking first among six candidates approved for commissions. Next time appearing before the naval board in 1828, he would be promoted to the then senior most rank of Surgeon.

As a naval surgeon who spent most of his career at sea, Bache would have to run daily sick call on the ship, supervise the medical components aboard, report on the health of the crew to the captain but also oversee and maintain the accounts for pharmaceuticals and other medical articles used during a cruise.

When Bache entered the service the Navy obtained its medical supplies through what was termed a "medical purveyor system." At each naval yard, a specially-designated purveyor would be responsible for

outfitting ships and medical facilities with stores. When a vessel returned to the yard, the purveyor would inspect the surgeon's account books; determine what was used, what could be reutilized and what needed to be reordered. All losses in the medical department which count not be accounted for were deducted from the pay of the surgeon and his assistants. Medical supplies were typically allocated based on a supply table that had first been developed in 1818.

Although well-meaning, this system was anything but flawless as Bache and fellow shipboard surgeons would duly note in their correspondence with the Secretary of the Navy. Ships were not always supplied with adequate or good quality medicines and purveyors relied on contracts with local druggists and other manufacturers who could exhibit less than

scrupulous tendencies. Navy contracts were always awarded to the lowest bidder and there was no way of assessing the quality of the product or trustworthiness of contractor beforehand.

One day in August 1845, Surgeon William Ruschenberger, then senior medical officer at Naval Hospital Brooklyn, discovered that the hospital had been running low on laudanum (tincture of opium). Taking the pint-sized bottle with him he visited the Brooklyn druggist who had been contracted for supplying the medicine. Ruschenberger's request for a refill was met by the question, "Do you get the shilling or two shilling laudanum?"

According to Ruschenberger that simple response would lead him to outfitting Naval Hospital Brooklyn with the tools for preparing their own





quality medicines. The work of this hospital laboratory would continue under Surgeon Water Smith in 1847 and ultimately under Bache beginning in September 1850.

Bache had been dedicated to finding improved ways on how the Navy purchased supplies and drugs even, as it would later be written, confronting many individuals who “hoped to profit from the unlawful schemes of the contract system.” He used the laboratory to analyze the samples provided by contractors and compared them to what was delivered. In turn, he discovered that the government was often getting the “raw end of the deal.”

Bache was not alone in this crusade, and the Naval Laboratory was fortunate to have a young Assistant Surgeon named Edward Squibb join its staff in 1852. The Delaware-born Squibb, a former apothecary-apprentice turned-physician, had been a student of Bache’s cousin Dr. Franklin Bache while at Jefferson Medical College in Philadelphia. He

had also served briefly under Bache in the Mediterranean Squadron.

In the 1850s, Bache and Squibb began looking at the medical chests typically furnished to ships and removing all drugs that were determined to be antiquated and/or ineffectual. They also began compiling prices for the remaining drugs, and drew up estimates for manufacturing costs at the Naval Laboratory. This work would result in cost savings as well as the issuance of the Navy’s first medical supply table in nearly 40 years (1857). The tables would be modified thereafter with some regularity with updates appearing in 1863, 1864, 1867, 1873, and 1878.

In the spring 1853, Bache authorized Squibb to research new methods for manufacturing and supplying ether. Ether was a much in demand anesthetic that many physicians avoided due to the inconsistency of quality, and the crude and difficult means of distilling it. Squibb would use the Naval Laboratory’s facilities to devise a new method for distilling

a very pure quality of ether by using steam.

Even though Bache was placed on the retired list on February 7, 1863, he continued to serve as head of the Naval Laboratory until finally stepping down in 1871.

Up until his dying day on November 9, 1881, Bache would remain a fixture in the neighborhood and stay connected to his beloved Navy in Brooklyn. He would be laid to rest at the Green-Wood Cemetery and was survived by his wife and four daughters, three of whom were married to naval officers. A son had predeceased Bache in 1868.

In the decades following Bache’s death the Naval Laboratory would continue to evolve to meet the needs of the changing Navy. Today, one cannot tell the story of medical logistics without mentioning of the important role Bache played in establishing its foundations and forever changing the way Navy Medicine did business. **LS**

References:

“Bache, Benjamin Franklin.” Biographical Statement, ZB Files. Navy Department Library.

Blochman, Lawrence. Doctor Squibb: The Life and Times of a Rugged Idealist. New York: Simon & Shuster, 1958.

Crandall, R.P. “The Naval Medical Supply Depot.” Naval Medical Bulletin, July 1917, Vol. XI, No. 3.

Historical Narrative of the U.S. Naval Medical Supply Depot and Materiel Division, Bureau of Medicine and Surgery: From their Inception to July 1, 1945. Navy Medical Publication Collection. BUMED Archives.

Langley, Harold. A History of Medicine in the Early U.S. Navy. Baltimore: Johns Hopkins University Press, 1995.

Montgomery, A.B. “The Supply Table of the Medical Department, United States Navy.” Naval Medical Bulletin, April 1926, Vol. XXIV, No. 2.

Ruschenberger, William. “Letter to the Editor: The Naval Laboratory—Error Corrected,” dated August 29, 1883. Journal of the American Medical Association, 1883.

Shrady, George (Ed.) “Benjamin Franklin Bache.” The Medical Record. A Weekly Journal of Health and Medicine. New York: William Wood & Company, 1881.

Despite serving as the helm of hospitals, Medical Officers were not permitted to use the term “Command” or “Commanding Officers” in the 19th century. “Command” was termed saved for the Line Navy only.

Prior to his time as a Fleet Surgeon, Bache served aboard USS North Carolina (1824-1827), USS Falmouth (1828-1830), USS Pennsylvania (1837-1838), USS Fairfield (1838-1840) as well as at Pensacola Navy Yard (1830-1834) and Naval Asylum in Philadelphia, Penn. (1844-1847).

Bache also served as a professor of natural history and chemistry professor at Kenyon College in Gambier,

Ohio during periods of furlough between 1834 and 1838.

Bache’s cohort William Ruschenberger claimed that this is an error and that Bache was actually born on February 1st. Most obituaries and his biographical in the Navy Department Library list February 7th and his birthdate.

Bache was born on a farm fittingly named “Franklin” near the Jefferson estate.

Days after his inauguration, Jefferson would be among the first to receive an announcement of Benjamin’s birth. As William Bache would write: “If the fame of our new born has not reached your ears I now announce the birth of the young Benjamin Franklin Bache. May his name remind him of the patriotism of his predecessors, & may that remembrance stimulate him to an imitation of their virtues.” (<https://founders.archives.gov/documents/Jefferson/01-33-02-0198>).



Brooklyn Navy Yard. View along the waterfront, probably in the Summer-Fall of 1866. Ships present are (left to right): USS Wampanoag (1867-1885), fitting out; A screw gunboat of the Kansas or Cayuga class; USS Madawaska (1867-1886), preparing for trials; USS Susquehanna (1850-1883); USS Idaho (1866-1874), laid up after her unsuccessful trials (across the channel from Wampanoag); Two Double-Ender side-wheel gunboats; and USS Vermont (1862-1902), in the extreme right background. Courtesy of Naval History and Heritage Command.

SMALL BUSINESS PROGRAMS



WELCOME TO BIZ BUZZ !

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

What's the BUZZ?

What's the Buzz? SMART-PROC Conference 2017! In December, 2017, NMLC's Small Business Advisor was invited to speak as a panel member to educate industry about Navy medicine acquisitions and potential business opportunity.

"SMART" stands for Strengthening the Mid-Atlantic Region for Tomorrow and is an organization that executes the vision of the SMART Congressional Caucus from Maryland, Pennsylvania, New Jersey and Delaware. The conference goal is to build stronger relationships, provide teaming partnerships, and discuss upcoming procurement forecasts among industry, community, government, and academia. It is an opportunity to highlight business opportunities with government and private industry and reinforce the importance of partnering for greater economic success.

SMART-Proc '17, or SMART Procurement 2017, marked its fifteenth consecutive year and the first year where the event spanned two days. Since 2002, SMART has provided a low-cost venue for small businesses, attracting



Mimi McReal is part of a panel discussion, "Contracting with the Military: Priorities and the FY-19 Budget for Small Business," during the 2017 SMART Procurement conference.

over 10,000 attendees from government, industry and academia with 50 annual exhibitors. The location of the event, in close proximity to Fort

levels) shared their insights on priorities and budgets in their respective programs and how partnerships with industry support the overall mission.

Detrick where several medical logistics commands reside, attracts many participants. Attendees are invited to network and "talk business" with acquisition professionals, as well as meet numerous representatives from the construction, healthcare, and cyber/IT industries, to name a few.

U.S. Senator Chris Van Hollen, Maryland (D) was the featured keynote speaker at the event. He spoke about the importance of collaboration between government and industry to maximize innovation and best business practices. In addition, several other local military leaders and government executives (from the federal, state, and local

LOGISTICALLY *speaking*



Frederick County Executive, Jan H. Gardner, welcomes attendees to the 2017 SMART Procurement conference held at the Francis Scott Key mall. After 15 years in service, this marked the first year the conference spanned two days. More than 10,000 government and industry personnel attended from across a four state area.

In addition to the keynote speaker and the general session, the conference featured several different breakout sessions. These sessions were designed to help industry better understand potential business opportunities, with which agencies the op-

portunities are, and provided several “how-to” sessions to help companies shape their business portfolios and leverage teaming and partnering opportunities. Government subject matter experts spoke on a variety of topics and provided an overview of the commodities they procure and potential, future busi-

ness opportunities. Several segments of industry were represented at the conference to include cyber-security and communication firms, military construction, and medical staffing services firms. One breakout session featured a panel discussion with DoD subject matter experts and was entitled, “Contracting with the Military: Priorities and Budget for FY19 for Small Business”. Mimi McReal, NMLC’s Small Business Advisor, was among the panelists. McReal presented an overview of

NMLC’s acquisition portfolio and a breakdown of NMLC’s spend in recent years. As the Small Business Advisor, McReal wanted to emphasize the importance NMLC places on maximizing opportunities for small business firms, the specific types of products and services NMLC buys, and highlighted successful performance in meeting annual small business goals.

Following the panel discussion, several individuals from industry met with the speakers to share their firms’ contact information and ask additional questions. Through the networking that followed, it was clear that these companies are eager to partner with government agencies to support upcoming requirements and ensure their firms’ capabilities are known. Several weeks after the event, McReal is still contacted by conference attendees who want to learn more about NMLC and how they can help support Navy requirements.

If nothing more, the networking that takes place on that day is greatly valuable to everyone. For industry, it allows firms to learn more about upcoming government business opportunities. For government, the opportunities to network enhances market research and promotes strong business relationships that carry on far into the future. The annual event was easily as successful as last year’s and perhaps even more so. Based on the successes of past events, the SMART Proc ’17 organizers’ decision to expand this year’s event across two days was well-received and the attendance level and interest from industry remained high, thereby demonstrating that such an event should take place every year.

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



Cybersecurity for Medical Devices - An Integral Part of Mission Readiness

By Frankline Asah, Information System Security Officer and Terrell McCaa, Medical Technology Cybersecurity Officer Medical Equipment and Logistics Solutions Navy PACS Office

Mission readiness is at the forefront of everything we do at Naval Medical Logistics Command (NMLC) and cybersecurity for medical devices is an integral part of this mission readiness. Ensuring the selection of medical devices for procurement meet Department of Defense (DoD) cybersecurity

requirements is not always an easy task. Technological advances in recent years, specifically in the healthcare industry, have brought about capabilities that just a few years ago would have been considered possible only in the realm of science fiction. Following in the steps of traditional Information Technology

(IT), the adoption of Business and Artificial Intelligence (BI/AI) is rapidly becoming the standard by which medical systems equipped with powerful algorithms are capable of performing in-depth analysis of clinical information. These systems to some degree formulate computer based diagnosis without human intervention.

As medical technology continues to evolve at such an unprecedented rate, the added complexities in both architecture and functionality have resulted in a much greater system footprint. This is evident in the number of software applications required to perform a single function.

Today's medical devices encompass a vast array of interrelated software applications working in conjunction and heavily dependent upon each other, all in real-time. This sudden increase in functionality is further compounded by the recent adoption of software virtualization, which is a software abstraction technique that's becoming a prevalent way to maximize the use of hardware by implementing multiple distributed subsystems within a single unit host.

In response to the increase in complexity in healthcare technology, the practice of cybersecurity and the application of its three foundational tenets; Confidentiality, Integrity and Availability (CIA) has had to advance in such a way to keep up with the constant demand for technology that is ever more powerful, more accurate and more efficient.

NMLC addresses cybersecurity readiness for medical technologies by performing a detailed security baseline analysis during the technical evaluation prior to contract award. As such, medical device manufacturers, commercial vendors, and resellers alike are required to complete



Frankline Asah and Terrell McCaa of NMLC's MELS PACS Office collaborated to explain how cybersecurity is taking a front row seat in protecting medical devices today.



Today's medical devices encompass a vast array of interrelated software applications working in conjunction and heavily dependent upon each other, all in real-time. This sudden increase in functionality is further compounded by the recent adoption of software virtualization, which is a software abstraction technique that's becoming a prevalent way to maximize the use of hardware.

the Medical Device Risk Assessment (MDRA) Questionnaire. As set forth by NMLC cybersecurity contracting language, medical device manufacturers must complete the appropriate sections of the MDRA questionnaire in order to ascertain security compliance in agreement with federal, DoD, DON, and DHA directives and policies. The questionnaire addresses suitability requirements for Risk Management Framework (RMF). Completion of the questionnaire allows NMLC to determine whether medical devices under consideration may or may not attain an RMF Authority to Operate (ATO) which permits the devices to function on DoD networks. The process by which this determination is made requires a technical evaluation to be performed. Should a proposed medical device exhibit an initial security baseline that is acceptable and is subsequently pro-

cured on behalf of a Naval MTF, NMLC will initiate the RMF authorization process upon completion of the MDRA in its entirety.

Ensuring the initial security baseline is well known before a procurement is made allows NMLC to make a more effective decision based not solely on clinical capabilities and best value, but just as importantly, identifying cybersecurity weaknesses. This allows NMLC to begin the cybersecurity vulnerability remediation and mitigation process early in the implementation phase of the proposed solution.

A medical device exhibiting an acceptable cybersecurity baseline is not only suitable for RMF, but is also a device more likely to withstand a cyber-attack and defeat any attempt to compromise one of our most valuable assets; DoD patient information. From a cybersecurity perspective, a

system is adequately maintained by receiving all applicable security controls, patches and updates once they have been validated by the manufacturer. A system that encrypts information deemed sensitive such as Personally Identifiable Information (PII), or electronic Patient Healthcare Information (ePHI) and a system that can counteract in real-time abnormal behavior due to compromise, is a system that holds a much higher state of readiness once it's placed into production.

We support the warfighting mission by enabling our medical practitioners at Naval MTFs to access information that is adequately protected, accurate, available, and timely. Cybersecurity readiness is achieved by the review of a security baseline and through continuous monitoring of MTFs assets throughout the lifecycle of the ATO. **LS**

The Incredible Journey - How One Woman Beat Cancer and a Metastatic Brain Tumor: The Janis LeBlanc Story



Janis LeBlanc and her husband George both battled with cancer and won.



I have always been an active person, and tried to live a very healthy life style. I joined the Army and met my husband while stationed at the Presidio of San Francisco. We PCS'd from San Francisco to Fort Detrick in 1993, and I started working at the Naval Medical Logistics Command in the Acquisitions Directorate in 1995. In 1999 I moved over to the Medical Equipment and Logistics Solutions Directorate, and became the O&M Program Manager and then later moved over to the Capital Equipment Program Manager position.

In my work as a Program Manager, I have dealt with a lot of Medical Equipment for our Navy facilities, but it wasn't until I was diagnosed

with Breast Cancer that I truly had an understanding how important this equipment was.

In 2012 I was in great shape and had been training for marathons for the last couple of years. I ran the Marine Corps Marathon in October 2012 and was really happy to have completed this accomplishment.

Unfortunately, just five months later, I was diagnosed with Breast Cancer. Treatment included a tough regimen of treatment for Human Epidermal Growth Factor Receptor 2 (HER2) and estrogen positive breast cancer, including a double mastectomy, chemotherapy and 36 radiation treatments to the chest wall.

After a year of treatment, all of that was behind me. I had received a

clear PET Scan and went on vacation with my husband in May to celebrate.

But just three months after the trip, I didn't feel well. I was starting to have trouble using my phone, typing emails, remembering things and accomplishing simple tasks. I felt like I was in a fog. I was at lunch with my husband and I was trying to text my son and was having a lot of issues typing it. My husband asked if I was ok and I said "I don't know." He said "Do I need to take you to the hospital?" I replied yes. An MRI and CT scan revealed the bad news - the breast cancer had spread to my brain. I had a metastatic brain tumor, five centimeters across, that was crowding the left frontal lobe of my brain. I was admitted to the hospital and they

LOGISTICALLY *speaking*



performed a craniotomy to remove the tumor.

I found a lot of strength in my husband, who is a retired Special Forces Medic. I knew he would take care of me and that he understood everything I was going through. He had battled Mantle Cell Lymphoma twice to include a Bone Marrow Transplant in 2010 at Johns Hopkins.

I readied myself for more cancer treatment. More IV Chemotherapy, Cyber Knife Radiation, and Oral Chemotherapy. Nevertheless, within months, the metastatic breast cancer cells returned, which meant more Cyber Knife Radiation, then another, and another.

Finally, my radiation oncologist recommended that I consult the Comprehensive Brain Tumor Center at Johns Hopkins.

The Johns Hopkins team performed another craniotomy to remove the stubborn brain tumor, and also implanted small “seeds” of radioactive material directly into the tumor area to discourage the tumor’s return—a technique known as brachytherapy.

My brain surgery was on a Monday, and I went directly to the Neuro ICU for a couple days, and was released that Thursday. I started teleworking the Monday after my surgery.

My command was very supportive and allowed me to take time off, but I was glad to stay busy and keep

my mind focused.

I still check in with my neurosurgeon, radiation oncologist, and oncologist every three months, which includes a brain MRI, CT scan and Bone scan.

My co-workers have been great and we always do a Breast Cancer Walk together each October. **LS**



Naval Ophthalmic Support and Training Activity Promotes Marte to Lieutenant



Story and Photographs by HN Desiree Robles, Naval Ophthalmic Support and Training Activity Command Photographer

Naval Ophthalmic Support and Training Activity (NOSTRA) promoted its Director for Administration, Lt. Sipriano Marte, to his current rank during a ceremony held in his honor at the Naval Weapon Station, Yorktown, VA, on Apr. 9.

Command personnel were present for the ceremony as Marte's family witnessed him take the Navy Officer Promotion Oath.

Marte enlisted in the Navy on May 27, 2008, as a Yeoman. After completing boot camp in Great Lakes, IL, and "A" school in Meridian, MS, his first tour was with the Cougars of VAQ 139 at Naval Air Station Whidbey Island, WA. In 2016, Marte was commissioned as a Lieutenant j.g. in the Medical Service Corps (MSC), through the Navy's MSC In-Service Procure-



NOSTRA executive officer, Cmdr. Brian Hatch, congratulations Lt. Sipriano Marte after presiding over his promotion ceremony. Marte took the Naval Officer Oath Apr. 9.



Jerrica Marte pins on her husband's new collar device at his promotion ceremony. Below, wife and family are all smile after the ceremony.

ment Program.

During his ceremony, Marte was congratulated by Capt. Rick Zeber, NOSTRA's commanding officer, and Cmdr. Brian Hatch, the command's executive officer. His wife Jerrica, pinned on his new collar devices.

Sharing a few words after the ceremony, Marte said, "I am grateful for my career progression and I have always been receptive to explore opportunities while overcoming obstacles. I'd like to encourage others to learn from this perspective. Also, I want to challenge you to never forget your roots; live up to your morals and remember that you are a member of the world's greatest Navy. You will be justly rewarded for the contributions you make as a member and as a person."

NOSTRA helps the surgeon general achieve his strategic priorities of readiness, health and partnerships through its role as the lead service agent for the Optical Fabrication Enterprise (OFE).

It provides optical fabrication ser-

vices in support of all operational, contingency and humanitarian missions worldwide, in peacetime and during wars. NOSTRA fabricates military eyewear, prescription gas mask inserts and combat protective eyewear inserts.

In addition, NOSTRA also operates the Tri-Services Optician School, commonly known as TOPS, the Department of Defense's only training program for Opticians and Optical Fabrication Specialists.

NOSTRA is the leading producer of prescription eyewear and the only command unit among nine Army and 15 Navy optical labs within the Department of Defense OFE, according to command documentation. NOSTRA annually produces 33% of the workload for the entire enterprise. In addition, NOSTRA maintains command and control of operations, funding, workload distribution, personnel and materiel management of the labs located in Navy Medicine facilities at Quantico, VA, Camp Lejeune, NC, and Mayport and Pensacola, FL.

Marte will transfer to Norfolk Naval Station in May 2018 where he will serve as the Medical Administration Officer (MAO) aboard USS Kearsarge (LHD-3). **LS**



Our Greatest Resource is our People



NEMSCOM was awarded the Surgeon General's Health and Wellness Blue 'H' Award. Committee members are HM1 Brandon Sabala, Luke McClelland, HM1 Anaberta Benitez, Rita Lopez, YNC Lisa Debose, Larry Davis and HM2 Joel Constancio. The committee sponsored health and wellness displays in common areas, a pedometer challenge, hypertension screenings and education, Health Fair set-up at Naval Weapons Station Yorktown, Cancer Awareness Run/Walk, Eight week weight loss challenge and a Great American Smoke out. This award was the first time NEMSCOM received this recognition and shows the command supports a healthy workforce.



NMLC web designer Phil Boroughs receives a Letter of Appreciation from Capt. Richardson.



Capt. Richardson presents Richard Schlegel, Roderick Bryan and Noel Bondoc with Letters of Appreciation for their outstanding readiness support of fleet forces. Annette Jackson is presented with a Letter of Appreciation in recognition of her nomination of Civilian of the Quarter.



Carlisi Selected as a National Contract Management Association Fellow



The National Contract Management Association (NCMA) is proud to recognize 12 remarkable individuals who have earned the Fellow designation in program year 2018. This is the second-highest award given by the association and is presented to professionals who have made significant contributions to the field of contracting and to NCMA.

“Our NCMA Fellows not only exemplify the dedication to the profession that so many contract managers possess today, they have shown tireless dedication to developing the

next generation of professionals. By volunteering their time, and giving of themselves in the areas of education, research, governance, certification, and overall learning and continuous growth, they become the lifeblood of our organization. Without their support, NCMA could not make the continuous advances we are making and we are forever grateful for their long-lasting contributions,” said NCMA Executive Director Michael Fischetti.

Congratulations and welcome to the Council of Fellows!

Warren Blankenship, Fellow; GSA/
FAS/ITS/QT2F

**Anthony Carlisi, Fellow; Naval
Medical Logistics Command**

Karen Coccio, CPCM, Fellow;
Department of Veterans Affairs
Jennifer Hanks, CFCM, Fellow; E3
Federal Solutions

Ellen Kelley, Fellow; MIT Lincoln
Laboratory

Jean Lohier, CPCM, CFCM, Fellow;
AT&T Government Solutions, Inc.

Wendy Masiello, CPCM, Fellow;
Wendy Mas Consulting, LLC

Raymond McCollum, CPCM, Fellow;
GSA/FAS/ITS/QT2F

Olin Newsome, CPCM, Fellow;

Environmental Protection Agency

Richard Porter, CFCM, Fellow;

Supply Chain Management, Hill AFB

Gregg Rupkalvis, CPCM, CPCM,

Fellow; Elbit Systems of America

Mindy Waldren, CFCM, Fellow;

Altamira Technologies Corporation

Founded in 1959, the National Contract Management Association (NCMA) is the world’s leading professional resource for those in the field of contract management. The organization, which has over 22,000 members, is dedicated to the professional growth and educational advancement of procurement and acquisition personnel worldwide. NCMA strives to serve and inform the profession it represents and to offer opportunities for the open exchange of ideas in neutral forums. For more information on the association, please visit www.ncmahq.org.




Dr. Anthony Metzger, Andrea Pakhomkin and Sharon Leathery receive recognition at the All Hands quarters presentation.

LOGISTICALLY *speaking*

Naval Medical Logistics Command, Fort Detrick, Maryland




Introducing the *I Read Logistically Speaking (IRLS) Campaign*. In each issue, the Commander, Naval Medical Logistics Command, sends a note encouraging readers to take time to view the publication. Through the pages of this professional journal, we provide you with a variety of material about Logistics, Logistics Readiness and the professionals who bring those things to you. Now, you will be able to find all things *Logistically Speaking* in a single location.



NMLC
NAVAL MEDICAL LOGISTICS COMMAND Fort Detrick, MD

I READ LOGISTICALLY *speaking* (IRLS)


[Submit an Article](#)
[About](#)
[Services](#)
[FAQ](#)
[Contact](#)




In this edition of Logistically Speaking, we take a historical view of Naval Hospital Brooklyn, N.Y., 1944. Originally commissioned in January 1838 and in operation until June 30, 1948, Naval Hospital Brooklyn was one of the most important Navy medical facilities throughout much of the nineteenth and early twentieth centuries. During the Civil War, the hospital was responsible for a quarter of the entire patient population treated at all naval hospitals. Later in World War I, the hospital admitted more than 24,393 sick and wounded and even operated special hospital transports for ferrying patients across the East River.

Among the naval hospital's other distinctions include serving as the home of laboratory school for newly commissioned medical officers (1877) and the employment of civilian women nurses (1898). Earlier, in August 1845, the hospital became the home of a small laboratory where pharmaceuticals were manufactured for use on site. In 1853, under the helm of Surgeon Benjamin Franklin Bache the laboratory was established as a separate command responsible for supplying the medical needs of the entire naval service. This Naval Laboratory, later known as the Naval Medical Supply Depot, would be the forerunner for today's Naval Medical Logistics Command.


Overview




USS Theodore Roosevelt Battle Group




USNS Choctaw County




Naval Medical Logistics Command



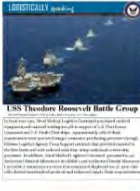
Special Report




Collaborative Effort




Expeditionary Medical Capability




USNS Choctaw County




Naval Medical Logistics Command




Special Report




Collaborative Effort




Expeditionary Medical Capability




USNS Choctaw County




Naval Medical Logistics Command




Special Report




Collaborative Effort



Expeditionary Medical Capability



USNS Choctaw County



Naval Medical Logistics Command



NAVAL MEDICAL LOGISTICS COMMAND

A "Ready Medical Force" / A "Medically Ready Force"

I Read Logistically Speaking

Strategic Initiatives FY18

Producing and Publishing Yellow Book



NMLC Recognized at NMBOTS



Medical Payroll System Exercise



NEMSCOM Medical Payload Shelter



