



200125-N-KB540-1134 PACIFIC OCEAN (Jan. 25, 2020) Navy aircraft carrier USS Theodore Roosevelt (CVN 71) transits the Pacific Ocean. The Theodore Roosevelt Carrier Strike Group was on a scheduled deployment to the Indo-Pacific. (U.S. Navy photo by Mass Communication Specialist Seaman Alexander Williams)

Navy Expeditionary Medical Support Command (NEMSCOM), located on Cheatham Annex in Williamsburg Va., has the unique capability to erect Expeditionary Medical Facilities anywhere in the world in relatively short notice. A subordinate command to Naval Medical Logistics Command, Fort Detrick, Md., NEMSCOM provides comprehensive, shore-based medical support to U.S. and allied forces in the event of contingency operations. It is responsible for designing, procuring, assembling, pre-positioning, storing, maintaining and providing life cycle support for Expeditionary Medical Facilities (EMFs). This global involvement allows NEMSCOM to support Combatant Commanders with the right medical resources through configured expeditionary medical logistics capabilities tailored to meet critical clinical missions.

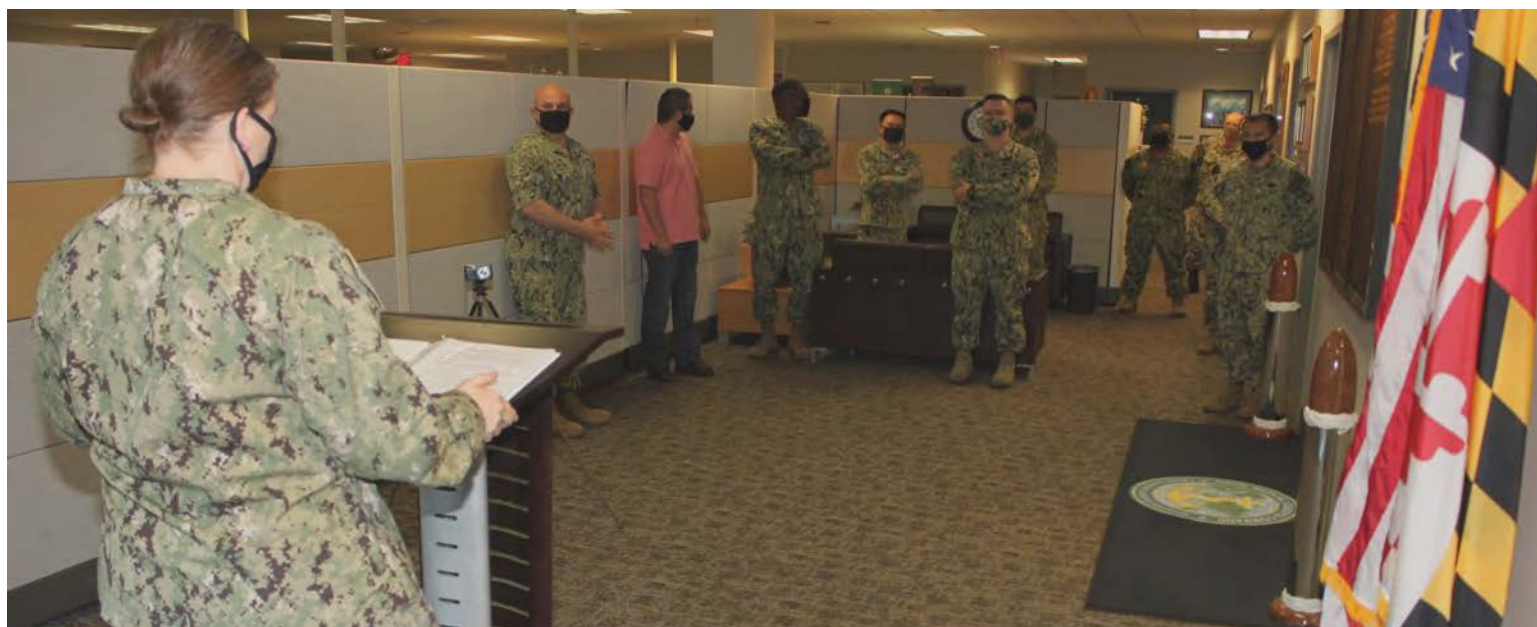
In this issue, read about how NEMSCOM deployed an Expeditionary Medical Facility Activation Team (EMFAT) to Guam to provide rapid response for the on-island medical infrastructure support in response to the global COVID-19 coronavirus pandemic.

LOGISTICALLY *speaking*



Naval Medical Logistics Command Medical Service Corps Officers pause in a moment of unity during the COVID-19 pandemic. Pictured from left to right are Lt. Jennifer Nestor, Lt. T.J. Kucera, NMLC Deputy Commander, Cmdr. Matthew Marcinkiewicz, NMLC Commander, Capt. Steve Aboona, Lt. Cmdr. Robert Barragan, Lt. Cmdr. Jenny Frasco and Royal Australian Navy LEUT Claire Jeavons-Fellows.

NMLC Celebrates Women's Equality Day story on page 18



Lt. Jennifer Nestor served as the Master of Ceremonies during the NMLC Women's Equality Day celebration. The event was recorded and distributed to all command personnel who could not attend in person because of the COVID-19 pandemic. Both the video and the article can be found by using any Internet search feature.



HM1 Justin Washington, HM1 Keith Fox and HM2 Justin Miller were all recognized for their outstanding performance and support to the command and to the fleet. HM1 Washington was recognized for his selection as BUMED’s Enlisted Technical Leader for Medical Laboratory Technology. He also received a Flag Letter of Commendation for his expertise and superb technical skill assisting the Navy’s operational forces laboratory medical assets Coronavirus response. HM1 Fox was recognized as the Naval Medical Logistics Command Senior Sailor of the Quarter and HM2 Miller was recognized and the Junior Sailor of the Quarter for the third quarter of 2020.

On the Cover: After recently having returned to their home port of San Diego in May, Sailors aboard USS *Theodore Roosevelt* (CVN 71), are now preparing to deploy again. In an article published in Navy Times, “Several sources from within the carrier’s community said the crew has been told to expect to deploy anywhere from November 2020 to January 2021, with a restriction-of-movement period, taking place as soon as October to make sure everyone is COVID-19-free before they ship out. The “double pump” of the TR — sending it out on two deployments in the same 36-month readiness cycle — follows news that the carrier USS *Dwight D. Eisenhower* (CVN 69) will be doing the same thing soon from the East Coast early next year.” Earlier this year in May when the ship was about to depart Naval Station Guam, the aircraft carrier’s Commanding Officer, Capt. Carlos Sardiello, said, “the ship will leave Guam with a scaled-back crew of about 3,000, leaving about 1,800 Sailors on shore still in quarantine. That included up to 14 Sailors who tested positive a second time, just days after getting cleared to return to the carrier.” The COVID-19 reappearance in the Sailors added to the difficulty in getting the ship’s crew healthy again, and fueled questions about the quality of the testing and just how long Sailors may remain infected or contagious, Navy Times wrote. Now, shortly after returning from an arduous Indo-Pacific deployment, they are preparing to deploy again. Read how NEMSCOM supported USS *Theodore Roosevelt* on page 6.

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Capt. Steve Aboona

From the Commander

In this issue of *Logistically Speaking*, we take a look at the critical mission Navy Expeditionary Medical Support Command had in assisting USS *Theodore Roosevelt* (CVN 71) to nurse itself back to health after the crippling events that lead to it being docked in May 2020 due to the Coronavirus COVID-19 pandemic. Our Public Affairs Officer interviewed personnel who were on the ground and received first-hand accounts of what was involved with the massive evolution to move manpower, material and equipment from state-side to OCONUS in this support mission. The teamwork involved in helping to restore the ship to operational readiness was key and you will hear directly from NEMSCOM's Com-

manding Officer, Capt. Chris Morrison and his Executive Officer, Cmdr. Janine Espinal. You will also read direct statements from Lt. Brian Howard, the Officer-in-Charge of the Guam mission. Read about that incredible undertaking on page 6.

BUMED's Historian Andre Sobocinski does it again by contributing an article that sheds light on another part of the mobilization effort that took place as a result of the global response to the COVID-19 pandemic. This deployment marked the first use of the newly established Acute Care Team and the Rapid Rural Response Team Medical Platforms. You can read about this groundbreaking effort in page 10.

Ed Doorn from our Medical Equipment and Logistics Solutions Directorate contributed an article that takes an in-depth look at the Picture Archiving and Communication Systems at Medical Treatment Facilities. Please thumb to page 12 to get an understanding of the latest technology that makes a difference in how medical providers take a close look at internal organs.

Sharon Leathery revisits and updates her information on how to avoid Unauthorized Commitments. This regularly featured article generally appears at the beginning of the new Fiscal Year and provides tips on how to stay out of hot water. You can find this article as our special feature of the LogTalk Print Blog on page 14.

The command's Diversity and Inclusion Committee members were hard at work this past quarter and their efforts paid off in a big way. While the command's manning in our building is currently at less than 25 percent, we have maintained active communication through a number of tools. Our Public Affairs Officer and Management Information Directorate (MID) worked together to provide teleworking members streaming and video recordings of the diversity events held here. But for those who still like reading their news, two articles grace the pages of this issue. On page 15, you can read how Naval Medical Logistics Command Celebrated National Hispanic Heritage Month. On page 18, you can read about the command's Women's Equality Day celebration.

Another of our subordinate commands is also featured in this issue and the timing is perfect. Each year, the Army and the Navy faceoff in mortal combat on the flag football field here at Fort Detrick. On the other side of the world in Germany, a Sailor from our command competed in the U.S. Army's Better Opportunities for Single Service members (BOSS) virtual 100-mile endurance run challenge. You've heard the coined phrase 'Go Navy, Beat Army,' right? That's exactly what HMC Montoya did. He beat more than 600 Soldiers at their own game. Read this story on page 16.

There are a couple other features included, but I'm certain you will enjoy all the material provided in this issue of *Logistically Speaking*. As always, if you have stories ideas, please contact our PAO.

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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 COVID-19 pandemic has changed the way we conduct business as Sailors like never before. The “new normal” of operating in this challenging environment requires very demanding and effective measures in preventing the spread of COVID-19 to others.

The critical means of protecting yourself and your shipmate includes: limiting close contact and physical distancing, self-monitoring and screening, temporarily removing yourself from the work center if exhibiting symptoms, cleaning and sanitizing work spaces, frequent handwashing, proper COVID supplies use and enforcing standards among one another are essential. While looking out for the mission and shipmates is a top priority, we must also recognize that self-care of your mind and body is just as critical.

It is normal to feel stressed or overwhelmed during uncertain times. Emotions in response to un-

certainty may include anxiety, fear, anger and sadness. You also could feel helpless, discouraged and occasionally, out of control. Physical responses may include headaches, muscle tension, fatigue and sleeplessness, however there are measures you can take to increase your physical and mental well being.

A well-balanced diet, drinking plenty of water, daily exercise, getting seven to eight hours of sleep every night, avoiding risky behaviors and spending time outdoors is critical for your physical health. Maintaining a routine, using technology to engage in social connections, taking a break from news or social media that make you anxious, reading or listening to music and focusing on pleasant thoughts are somethings that are helpful to your mental health.

Additionally, we must be aware of feelings that may interfere with daily functioning outside of the



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

norm such as trouble focusing on routine activities, increased anxiety, difficulty managing emotions and feelings of hopelessness or helplessness.

It can feel overwhelming due to new information, long work hours and caring for your family and yourself. It's important to pause for a moment and collect your thoughts.

Remaining calm can have a positive impact. With resiliency and initiative we can protect ourselves and shipmates and continue to provide services to frontline workers and the warfighter.

If you need assistance with strategies or any of the other issues discussed previously, please reach out to a shipmate, a friend, your supervisor or a family member for help. **LS**



This picture of the front of Building 693 illustrates the new normal on Fort Detrick. The majority of the workforce continue to telework leaving once bustling buildings virtually empty. Since March 2020, Naval Medical Logistics Command personnel have teleworked.

NEMSCOM Supports USS Theodore Roosevelt, Erects Expeditionary Medical Facility in Guam

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



This picture was taken a short distance from the site where the Expeditionary Medical Facility was erected in Guam with the support of NEMSCOM personnel.

Months before a United States Navy aircraft carrier pulls into a foreign port, a multitude of systems are activated to ensure the appropriate amount of space is available. Not just for the ship, but also for the thousands of Sailors who immerse themselves in the local communities. To accommodate crews from the carrier and ships accompanying the carrier, the host nation must prepare for the influx of visitors.

Local vendors hire additional staff, ground transportation units are increased, hotel vacancies are managed to ensure rooms are available, cleaning staffs are increased, more food is ordered, and practically everything imaginable is planned, stocked and prepared prior to their guests' arrival.

That was the case when USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) visited the Central Vietnamese city of Da Nang in March 2020. The city extended a hearty welcome to the officers and crew of the ships. Published reports documented that Sailors from both ships participated in cultural exchanges and community service projects.

One professional exchange focused on cooperating on infectious disease prevention. (US Indo-Pacific Command).

After Roosevelt departed Vietnam, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the cause of the COVID-19 pandemic, was detected on the carrier while she was at sea. Affected members of the crew were evacuated and the ship was ordered to Naval Base Guam. For two months, the ship remained pier side with practically its entire crew cycled through the 14-day quarantine on shore before being allowed to return to the ship.

But the ship and Naval Base Guam faced an immediate challenge - where to provide medical screening for nearly 5,000 Sailors, of which, hundreds had already tested positive for COVID-19.

As it turned out, the United States Navy already had an asset in its inventory with the capability to respond to such a cause and it is specially equipped to handle this exact type of mission.

Navy Expeditionary Medical Sup-

port Command (NEMSCOM), Williamsburg, Va., is responsible for building and maintaining rapidly deployable medical systems to support contingency operations, humanitarian assistance, and real-world events and exercises around the globe. In order to address emerging requirements more responsively, Navy Medicine transformed the legacy Fleet Hospitals into more agile, flexible, scalable, modular Expeditionary Medical Facilities (EMF) to support the full range of military operations.

"We were first alerted to the possibility of activating an EMF in March. We anticipated a warning order to deploy the USNS Mercy (T-AH-19), the USNS Comfort (T-AH-20), and an EMF for the Guam mission to support the USS Theodore Roosevelt," said NEMSCOM's Commanding Officer, Capt. Robert C. Morrison, "It was anticipated that EMF capabilities would be set up somewhere in the continental United States to support COVID-19."

The pandemic became a widespread health emergency throughout the world with USS Roosevelt report-



USS *Theodore Roosevelt* (CVN 71) is pushed pier side by multiple tug boats at the Naval Station Guam.

with some on-island resources, onsite military installations and air terminals, less complications due to customs clearance, and close proximity of the activation site to the receiving air terminal,” Howard said.

In a telephone interview, he went on to say, one of the most incredible aspects of this entire evolution is that amount of time it took to set this up. Normally, it would take months considering the pre-planning, the shipping the logistics and everything else involved. We set this up in 10 days.

“Because of the urgent nature of the mission, we worked around the clock to ensure that multiple shipments arrived on-island. As quickly as material could be packed, then transportation was arranged. Material was shipped via multiple methods. Strategic Airlift, Military Channel Flight, Surface (Ship), and FEDEX/DHL were all used to execute the mission,” Howard explained. “Only through the support, collaboration and assistance of United States Fleet

Forces Joint Operation Planning and Execution Planners, Load Masters, United States Pacific Fleet Planners, Army Materiel Command personnel, United States Transportation Command and the United States Army Surface Deployment and Distribution Command, was the material able to successfully be delivered in one third of the normal time.”

Because of COVID-19, NEMSCOM was encouraged to send a smaller EMFAT than usual. Guam wanted to minimize the number of personnel traveling to the island. There was even discussion of sending no personnel and having the local Seabee Detachment do the complete set up with remote direction from NEMSCOM.

“Once it was determined that the EMFAT expertise was critical to the activation, the seven personnel team was still hampered by the requirement to restrict movement for 14 days and be tested for COVID-19. The EMFAT was determined to get

to Guam to ensure the EMF build was successful and was able to successfully navigate the COVID-19 restrictions.” Espinal said.

“Normally, the personnel required to erect an EMF come from NEMSCOM, the Naval Expeditionary Medical Training Institute, a Construction Battalion Maintenance Unit (CBMU), and the deployed EMF Hospital Staff. In this instance, the build received significant support from Naval Mobile Construction Battalion 5 Detachment already on island,” Howard said. “That support was beneficial since the COVID-19 restriction of movement delayed support normally provided by the CBMU 303 and the hospital staff.”

Furthermore, as noted previously, the set-up of the EMF on site to meet expected timeframes was a challenge. The production and delivery of the push block material that was critical to attaining Full Operational Capability (FOC) to meet required timeframes was another logistical

challenge. The EMFAT was enthusiastic to meet the challenges and worked together to achieve the mission and erect the EMF within the required timeline.

“Normally the EMF has 90 days to acquire, produce and transport push block material. Due to the urgent nature of this mission, a period of roughly 30 days was allotted,” Howard said. “It is amazing that in one third of the time, 94 percent of the push block material was provided. The EMF as a whole had 98.8 percent of the material requirement fulfilled.”

Morrison explained how the urgent nature of this mission and many other missions they complete are managed by his team of diverse professionals; and this fuels their passion.

“NEMSCOM is in the business of saving lives. We accomplish that mission by building and maintaining rapidly deployable medical systems to support contingency operations, humanitarian assistance, and real-world events and exercise around the globe. Our staff consists of Active Duty, Government Service Civilians, and a

team of dedicated contractors who embodies the idea of strength through diversity,” Morrison said. “This diversity is made up of the individual subject matter experts who possess unique skills sets required to accomplish the mission. This diversity allows NEMSCOM to be the most capable and adept command within the Department of Defense in regards to the design, production, and delivery of deployable medical capabilities.”

Given a chance to speak with Combatant Commanders, he had a specific message that they should know about NEMSCOM’s capabilities and how it can help them further achieve their mission requirements.

“NEMSCOM understands the evolving nature of mission requirements and that various Combatant Commanders have unique requirements for their Areas of Responsibility with respect to the products that NEMSCOM can provide. Requirements for CENTCOM differ from those of EUCOM/AFRICOM and those of PACOM. NEMSCOM is ready to continue to adapt to these differing mission requirements. We

are already taking steps to better support more rapid deployment capability,” Morrison said. “However, NEMSCOM would like to open up discussions and opportunities (once available) for representatives from the various Combatant Command’s to meet at NEMSCOM to shape the future requirements, improvements and planning with NEMSCOM/BUMED personnel.”

Considering how NEMSCOM completed the requirements they faced in the midst of a real-world, global pandemic, Espinal expressed her pride and gratitude for the team and its highly successful mission.

“The highlight of this evolution was working collaboratively with key stakeholders in Guam to include the EMFAT team. It was rewarding to know that the EMF set-up would be assisting USS THEODORE ROOSEVELT Sailors in the COVID-19 recovery process,” she said.

For more information about NEMSCOM, visit their homepage by clicking on the following link <https://www.med.navy.mil/sites/nemscom/Pages/Gallery.html>. **LS**



Navy Expeditionary Medical Support Command (NEMSCOM), Williamsburg, Va., is responsible for building and maintaining rapidly deployable medical systems to support contingency operations, humanitarian assistance, and real-world events and exercises around the globe. In order to address emerging requirements more responsively, Navy Medicine transformed the legacy Fleet Hospitals into more agile, flexible, scalable, modular Expeditionary Medical Facilities (EMF) to support the full range of military operations. This desert EMF is one example of the capability NEMSCOM provides to operational fleet forces.

Navy Medicine Mobilizes New Platforms in the Whole-of-Nation Fight Against COVID-19

By André B. Sobocinski, BUMED Communications

On July 20, 2020, Navy medical providers were mobilized to Texas as part of U.S. Northern Command's pandemic response in support of the Federal Emergency

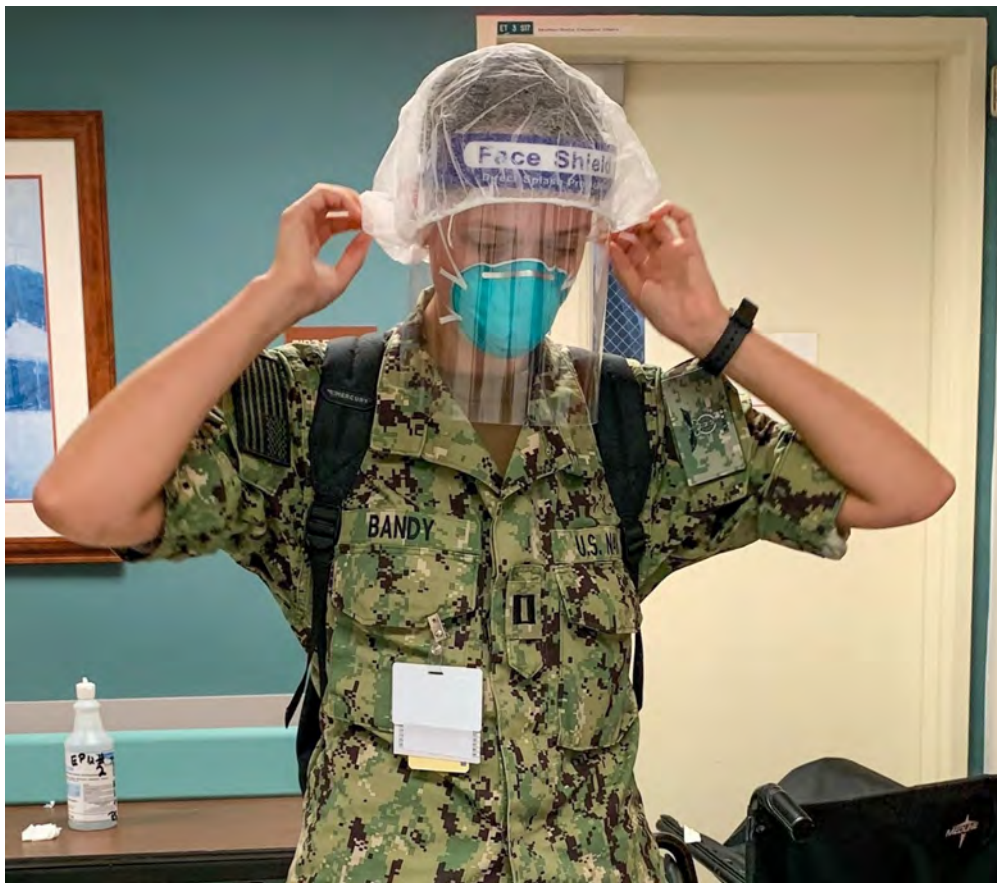
March and April 2020.

“Based on lessons learned from the early deployments in support of civil authorities during the pandemic, we used rapid cycle feedback to rework

Navy Medicine modelled the new medical teams based on an existing FEMA construct to address the need for more nurses and corpsmen in COVID-19 response missions. Unlike the larger EMFs, which can carry up to 450 personnel and are equipped to provide initial wound surgery in a combat theater—these platforms are considerably scaled down and specifically tailored to support COVID-19 patient surges.

The ACT consists of 44 individuals ranging from internal medicine physicians and advance care practitioners to medical and surgical nurses, pharmacy officers, X-ray and respiratory technicians. The platform is designed to care for COVID-19 positive patients in larger civilian hospitals.

Rapid Rural Response Teams are 7-person teams comprised of critical care physicians, critical care nurses and a respiratory technician. Cmdr. Suzanne Decker, Director of the Current Operations Division at the Bureau of Medicine and Surgery (BUMED) noted, the teams are designed to “provide care for patients in areas where access to care or capacity is limited.”



U.S. Navy Lt. Tess Bandy, a nurse from Naval Medical Center, Camp Lejeune, N.C. assigned to the U.S. Navy Acute Care Team, dons personal protective equipment in preparation for one-on-one training with hospital staff caring for patients in an Enhanced Precaution Unit at Valley Baptist Medical Center-Harlingen in Harlingen, Texas, July 19, 2020. The training is part of the team's integration prior to caring for patients at the hospital as part of the Department of Defense's ongoing COVID-19 response efforts. U.S. Northern Command, through U.S. Army North, remains committed to providing flexible Department of Defense support to states in need as well as the Federal Emergency Management Agency in support of the whole-of-nation COVID-19 response. (U.S. Army photo illustration by Maj. Bonnie Conard/U.S. Army North Public Affairs)

Management Agency's request for Defense Support to Civil Authorities.

This deployment marked the first use of the newly established Acute Care Team (ACT) and Rapid Rural Response Team (RRRT) medical platforms.

ACTs and RRRT were forged out of lessons learned from the deployments of Expeditionary Medical Facilities to Baton Rouge, Dallas, New Orleans, New York, and Stamford in

the teams to provide the specific expertise required by local acute care facilities to fight this relentless virus,” said Rear Admiral Bruce Gillingham, Surgeon General of the U.S. Navy. “This is a true ‘win-win.’ We have the privilege of standing shoulder to shoulder with our civilian colleagues helping them care for our fellow Americans while honing and sustaining our critical care skills for future deployments.”



U.S. Navy Acute Care Team nurses from Naval Hospital Pensacola, Pensacola, Florida, and elsewhere are introduced to their Enhance Precautionary Unit staff prior to beginning their one-on-one training with them at Valley Baptist Medical Center-Harlingen in Harlingen, Texas, July 19, 2020. (U.S. Army photo illustration by Maj. Bonnie Conard/U.S. Army North Public Affairs)

These smaller, tailored teams also allow for greater flexibility in deployment.



200718-A-AP748-747 U.S. Navy Acute Care Team from Naval Hospital Pensacola, Pensacola, Florida, and elsewhere receive a welcome brief from Vice President for Mission and Ministry, Joe Perez, during orientation at Valley Baptist Medical Center- Harlingen in Harlingen, Texas, July 18, 2020. The orientation is the final step before the 44-member team begins integration into the hospital as part of the Department of Defense's ongoing COVID-19 response efforts. U.S. Northern Command, through U.S. Army North, remains committed to providing flexible Department of Defense support to states in need as well as the Federal Emergency Management Agency in support of the whole-of-nation COVID-19 response. (U.S. Army photo by Maj. Bonnie Conard/U.S. Army North Public Affairs)



U.S. Navy Cmdr. Jennifer Maguire, a nurse from Naval Health Clinic, Cherry Point, N.C. assigned to the U.S. Navy Acute Care Team, conducts one-on-one training alongside staff in an Enhanced Precautionary Unit at Valley Baptist Medical Center-Harlingen in Harlingen, Texas, July 19, 2020. (U.S. Army photo illustration by Maj. Bonnie Conard/U.S. Army North Public Affairs)

EMFs have a dedicated command and control element, which are staffed from personnel assigned to the platform and require personnel to undergo pre-deployment training. ACTs and RRRTs, on the other hand, are short-notice units generated from specialized skillsets and different medical treatment facilities across the Navy Medicine enterprise. All ACT and RRRT personnel fly into the Joint Reception, Staging, Onward Movement and Integration site via commercial air.

As of July 27, a total of 72 Navy medical providers have been deployed with one Acute Care Team to the Valley Baptist Medical Center in Harlingen, Texas and with four Rapid Rural Response Teams – one each to Del Rio and Eagle Pass and one to Rio Grande City. Navy Medicine is prepared if additional mobilizations are requested by FEMA to other are-

as impacted by COVID-19.

With regard to the future use of these platforms, Decker sees great promise.

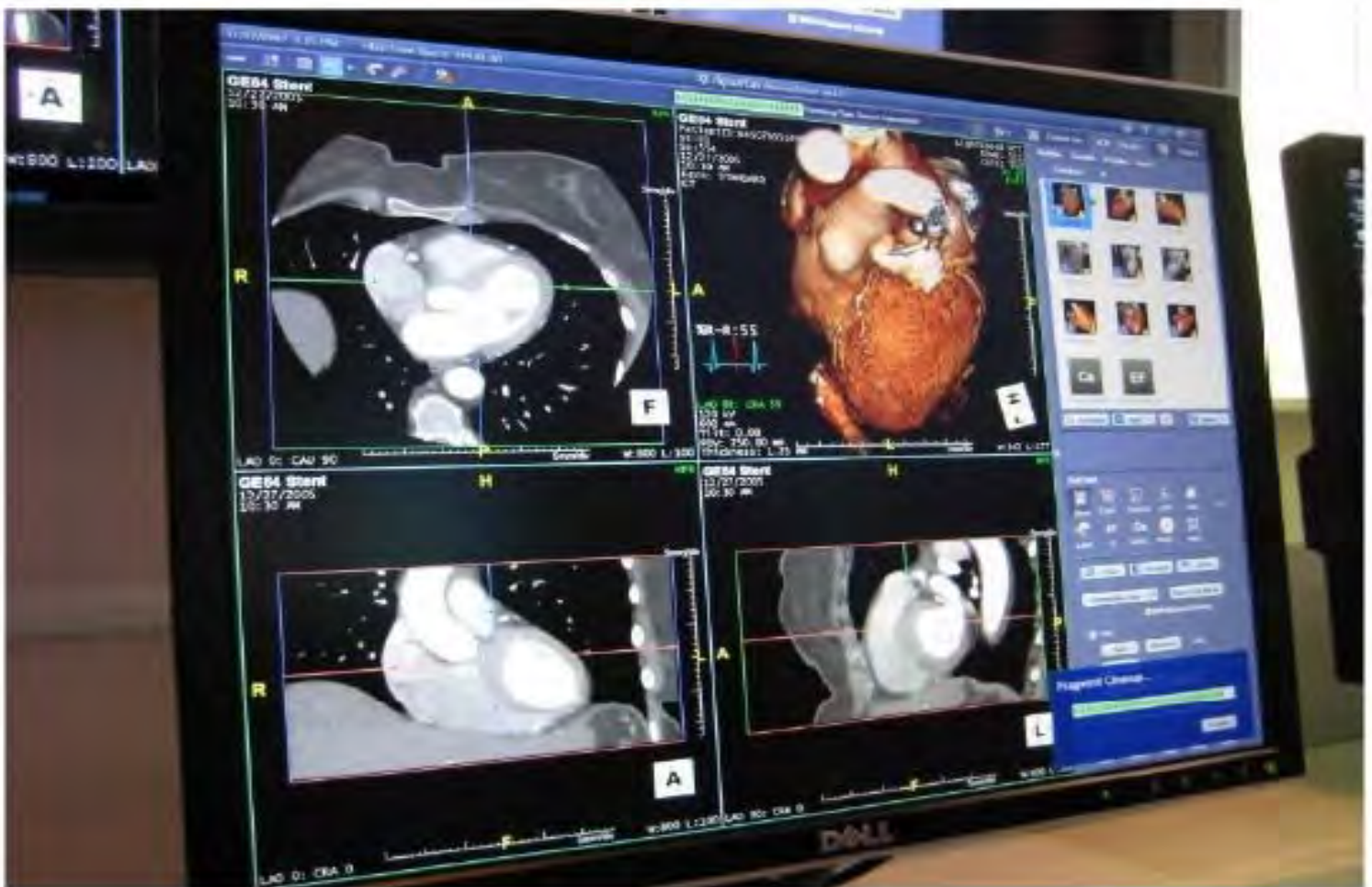
“I believe these teams will eventually be formally incorporated into BUMED doctrine and may very well become a Program of Record to become its own unit to support our civilian counterparts in our DSCA mission” said Decker.

“When called upon, we can activate these specialized teams and move them quickly to help people get the care they need.” **LS**

Picture Archiving and Communication Systems at Navy Military Treatment Facilities

Naval Medical Logistics Command Medical Equipment and Logistics Solutions at its finest

By Ed Doorn, NMLC Medical Equipment and Logistics Solutions Directorate



A working illustration of the Picture Archiving and Communication System.

Naval Medical Logistics Command (NMLC) has played a fundamental role in the configuration, initial outfitting, and ongoing support and maintenance of Picture Archiving and Communication Systems (PACS) at Navy Military Treatment Facilities (MTFs) and ships across the world starting back

in 1999 when the Department of Defense first started fielding commercial off the shelf PACS'. Radiology was an early adopter of PACS, so the initial deployment of this technology was in support of radiology departments at every Navy MTF.

The installation and use of PACS at Navy MTFs transformed radiology

departments, making the entire department more efficient. For example, it became virtually impossible to lose images. Radiologists suddenly had tools at their fingertips that allowed them to manipulate images with ease in order to see finer detail than they ever could on film.

Over the years, as technology ad-



A handheld display illustrates mobile Picture Archiving and Communication System capabilities.

vanced, developments in PACS technology provided even more tools and workflow efficiencies to better support clinical processes, including the ability to gather and analyze important departmental data such as medical device utilization, patient throughput, and radiologist efficiency.

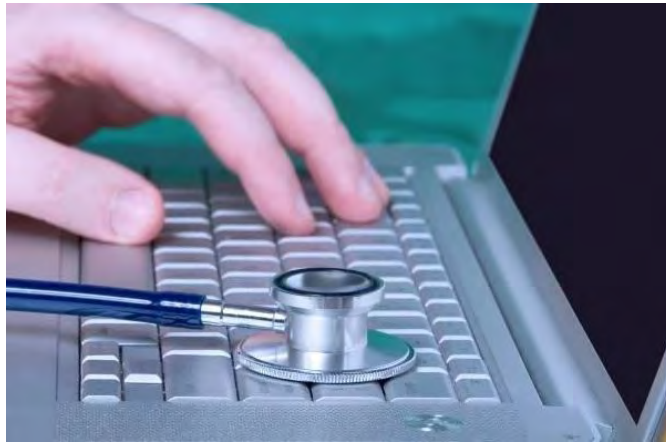
Today, newer PACS capabilities include making use of artificial intelligence to assist with identifying abnormalities and moving imaging studies with critical findings to the top of the radiologist's worklist.

Over the years, other clinical specialties that create or utilize medical imaging data have adopted PACS. Supported by image management and medical device experts at NMLC, the Navy was an early implementer of dental PACS at all Navy MTFs and ships. In addition to dental PACS, NMLC manages the procurement and deployment of cardiology PACS, commonly referred to as Cardiovascular Information Systems, or CVIS.

Most recently, NMLC led the DoD effort in fielding and Ocular PACS (OPACS) that will bring the efficiencies of PACS to all MTF ophthalmology and optometry clinics worldwide, including Army and Air Force MTFs. Many other clinical specialties that produce medical image data such as dermatology, pathology, obstetrics and gynecology are on the

roadmap for centralized PACS type image management systems.

The PACS Team at NMLC, which is part of the Medical Equipment and Logistics Solutions Directorate Imaging Informatics Division, in addition to outfitting MTFs with PACS, also assists with purchasing and managing ancillary systems that are connected



Laptop computers are a vital tool that supports Picture Archiving and Communication Systems.

to, or are used in conjunction with each system. Examples include digital voice dictation systems, radiologist peer review and radiology critical test results management systems, as well as the forthcoming radiation dose monitoring system. The radiation dose monitoring system will assist healthcare providers and medical

physicists with tracking radiation dose each patient receives during the course of a radiology exam. The team also manages the Enterprise Clinical Imaging Archive (ECIA) which is a central repository of medical images that each of the various PACS' described here have access to. This allows healthcare providers across multiple clinical specialties to share data in order to provide the best care possible to DoD beneficiaries.

The latest effort that the PACS Team is assisting with is ensuring that each of the PACS' managed by NMLC can connect seamlessly to the DoD's new Electronic Health Record (EHR), Military Health System (MHS) Genesis. MHS Genesis is the DoD version of Cerner Corporation's commercial EHR, Cerner Millennium. NMLC has assisted the MHS Genesis implementation team with integration to the ECIA so that all providers utilizing the new EHR has access to all images stored within it. For patients that have had imaging studies completed, the referring physician can click on a link within the EHR, which will launch a viewer so that they can review the images. This capability is available for radiology studies completed at any MTF where MHS Genesis has been deployed.

The same capability for CVIS and OPACS is being developed. In addition to connecting MHS Genesis to the ECIA, the NMLC PACS Team is working with the MHS Genesis implementation team to implement Cerner's Visual Desktop Integration, or VDI, is a tool that will allow radiologists to access all patient data within the EHR without having to log in to a separate system, right from their PACS workstation. This

capability will vastly enhance the level of care provided by radiologists.

The best thing about managing a program such as PACS is that there is always something new and exciting on the horizon. Medical technology evolves extremely fast, and NMLC has always been, and will continue to be on the cutting edge of it. **LS**

An Update on Unauthorized Commitments in FY-20

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

Unauthorized commitments (UACs) are primarily created by individuals who do not possess purchasing authority ordering supplies and 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 obligations. The Naval Medical Logistics Command (NAVMEDLOGCOM) is responsible for the processing of ratification requests for all medical supplies and services, as well as items that are within an activity's own procurement authority in accordance with their normal method of purchase. In FY20, a total of 11 UACs were submitted to Naval Medical Logistics Command for ratification, down from a total of 21 UACs submitted in FY19 and 20 in FY18.

Both UACs and claims represent a breakdown in purchasing controls, and therefore the submission of complete UAC documentation as outlined in the UAC Guidebook is required for both. In addition to NAVMEDLOGCOM's UAC Ratification Guidebook, current guidance on the ratification process can be found in FAR 1.602-3, NAVSUP Contracts Handbook, 1.602-3, NMCARS 5201.602-3, and BUMED Policy Letter 4200 Ser M46/17UM40116 (10 Aug 17). This process ensures that individuals and sites take responsibility for errors and are given the opportunity to correct purchasing processes that are not functioning well. Determination of whether the issue will be processed as a UAC or claim will be made by NAVMEDLOGCOM upon receipt of the complete documentation.

Continuing the trend from last year, essential medical facility accreditations and staff certifications are still an area where UAC and claim actions have increased. These include hospital and laboratory accreditation services as well as training and certification for healthcare staff that are required in order to conduct graduate medical education programs, normal operations, and patient care. Annual contracts to cover these services should be utilized whenever possible to avoid issues with tracking expiration that could lead to lapses in facility accreditation or staff certification, which may also represent legal liabilities. It is recommended that medical treatment facility (MTF) Program Coordinators be designated to assure that these requirements are renewed prior to expiration, as most vendors do not provide any warning of impending expiration of their accreditation, and many do not invoice until well after the new accreditation period has already begun. Regardless of the vendor's billing procedures, it is up to Navy activities to ensure that proper federal purchasing guidelines are adhered to by obtaining purchase approval and obligation of funding prior to the explicit or implicit acceptance of any supplies or services.

Another issue that was noted on multiple occasions in FY20 for both UAC and claim submissions was the purchase of medical gas supplies and tank rental services that also was not in conformance with normal Navy purchasing policy. Since monthly consumption of medical gas by MTFs is usually not substantial, payments for recurrent usage of this type of supply or other services, such as utilities, are often handled as government purchase card (GPC) transactions. However, this is often not appropriate for two reasons: (1) invoices are routinely paid after the fact without prior approval of the services/ items as noted above; and (2) absence of the GPC holder can result in disruption of services and payment. Therefore, it is recommended that regular monthly charges such as medical gas and medical waste disposal services be put on contract to correctly place the approval of purchases prior to their receipt in order to prevent lapses that can lead to UACs and claims. **LC**

Naval Medical Logistics Command Celebrates National Hispanic Heritage Month

By Julius L. Evans, NMLC Public Affairs



Cmdr. Steven Romero, Deputy Director, Operational Forces Support Directorate, was the special guest speaker for the National Hispanic Heritage Month celebration.

Every year, Naval Medical Logistics Command recognizes National Hispanic American Heritage Month with large and festive celebrations. Even though the world-wide Coronavirus pandemic changed the way this year's event was observed, it did not prevent the command from acknowledging the phenomenal support Hispanic Americans have bestowed upon this country.

This year, the command celebrated the heroic achievements of four noted Hispanic American military service members on Sept. 15.

During a celebration held on its quarterdeck at the home office Command Suite, on Fort Detrick, Md., Chief Hospital Corpsman Denise Galvan was the Master of Ceremonies and introduced Deputy Director, Operational Forces Support Directorate Cmdr. Steve Romero.

"The Department of Defense joins the nation in paying tribute to the Hispanic Americans who demonstrated selfless service and sacrifice in the U.S. Armed Forces: Army, Army Air Forces, Marine

Corps, Navy, Coast Guard, National Guard, and the home front during World War II.

"When war was declared on December 8, 1941, thousands of Latinos were among those who rushed to enlist. They fought in every major battle in the European Theatre where U.S. Armed Forces were involved, from North Africa to the Battle of the Bulge, and in the Pacific Theater of Operations, from Bataan to Okinawa," Galvan said as she concluded her introduction.

"To celebrate National Hispanic American Heritage Month, it is my pleasure to introduce our guest speaker, Cmdr. Steven H. Romero for today's event."

After the brief biographical sketch was presented to the audience, Romero took the podium and described the military service members, Sgt. Consuelo Mary (Macias) Hartsell, Cpl. Julius Casarez, Staff Sgt. Ladislao "L.C." Castro and Sgt. Alfredo "Freddy" Gonzalez, who each had unique experiences during their time in the military.

Romero, who is of Hispanic de-

scend himself, related personal experiences that held a tie and a connection with one of the featured honorees.

"Alfredo 'Freddy' Gonzalez, born in Edinburg, TX, only child of Dolia Gonzalez. Despite his small size, 135 pounds, he enlisted in the Marine Corps in July 1965 and became a rifleman," Romero said during his speech, noting that on the day he enlisted in the Navy, he was 135 pounds and also that he was born in 1965, the same year Gonzalez enlisted.

National Hispanic Heritage Month in the United States began on Sept. 15 and ends on Oct. 15, 2020. This year's theme is 'Hispanic Americans: A History of Serving Our Nation,' which was aptly addressed by Cmdr. Romero.

When asked to make this presentation, Romero explained why he selected the people he chose to highlight. "I personalized my brief and made comments based on my own research," he said. "I was honored and felt it was a privilege to acknowledge the substantial contributions that Hispanic Americans have provided to our Armed Forces and our great nation."

By September 2021, COVID-19 restrictions may be lifted and the command may be able to return to the full fledged celebrations it is accustomed to holding with all hands' participation. But if not, command personnel can rest assured that it will continue to acknowledge the contributions Hispanic Americans have made to the United States.

Headed by Capt. Steve Aboona, NMLC's mission is to deliver patient-centered logistics solutions for military medicine and its vision is to become the Department of Defense's premier medical logistics support activity. **LS**

U.S. Navy Sailor Wins the Army's BOSS Endurance Run Challenge

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



Chief Hospital Corpsman Armando Montoya, Naval Medical Logistics Command Detachment, United States Army Medical Materiel Command Europe, at one point ran 17 miles in the morning and 20 miles that evening, ultimately out pacing 654 runners. Here, he is pictured near Schmalenberg Germany, completing his miles in the woods. This was taken during the last week of the BOSS challenge.

In keeping with the age-old adage “Go Navy, Beat Army,” a United States Navy Sailor won the U.S. Army’s Better Opportunities for Single Service members (BOSS) virtual 100-mile endurance run challenge that was held from 21 April through 24 May 2020.

Chances are you may never have heard of the Army’s BOSS virtual 100-mile endurance run challenge. The BOSS program represents the voice of the single service-member of all ranks. BOSS members advocate for quality of life issues on installations and in the barracks, to senior leaders on post and throughout the Army and its partner Services.

Organized by the Garrison BOSS Garrison Commander at U.S. Army Garrison Rheinland-Pfalz, the Senior

Enlisted Advisor, the Morale Welfare and Recreation Advisor and the BOSS President, 654 runners were registered from the single Soldier community – active duty, the National Guard and Reservist units - and single parents, geographical bachelors, and other branches of service and Foreign Service Members.

The Navy has programs similarly focused on quality of life issues for single Sailors. Much like the Navy’s programs, BOSS has three basic pillars; quality of life, community service and recreation and leisure.

For Sailors who are forward deployed, a program like this takes on special meaning, especially in today’s COVID-19 Coronavirus pandemic environment. Touted as a way to ensure military members had an

opportunity to remain active while gym facilities were closed, the event attracted runners from all skill levels, both male and female.

Chief Hospital Corpsman Armando Montoya, assigned to the Naval Medical Logistics Command (NMLC) Detachment Pirmasens, Germany, United States Army Medical Materiel Command Europe (USAMMCE), won this year’s race. That he beat out more than 600 other runners, was a pleasant surprise to him, but he was well prepared.

“I try to sign up for at least one marathon every year, and to keep myself in shape. I have completed the Chicago, Seattle and Tokyo Marathons, before 2016,” said the Chicago, IL, native.

“After transferring to Germany

two years ago, I started long distance endurance training, with the intention to put a few check marks on a goal list; and while in Europe, those marks included completing the [Zurich] Sevilla and Lisbon [Portugal] Marathons, and also a few trail runs in the Italian, Swiss and French Alps, which will be some of the best memories from living in Europe.”

He also said his first race in 2020 was on New Year’s Eve in Zurich, which was a half-marathon that started at midnight and went into the New Year. In fact, his entire unit is dedicated to personal physical readiness. Detachment Officer in Charge, Cmdr. Melissa Harnly, completed the Athens, Greece full marathon in November 2019. Hospital Corpsman Petty Officer 2nd Class Joyce Sang completed her first marathon in September 2019 on the outskirts of Paris, France.

“Unfortunately, this year the Barcelona, Paris and Edinburg marathons were cancelled because of the COVID-19 pandemic. The Edinburg marathon was supposed to take place May 24, 2020, the last day of the BOSS challenge,” Montoya explained.

In Europe, USAMMCE serves as the premier Theater Lead Agent for Medical Materiel in the Department of Defense (DoD) and the Medical Logistics Center of Excellence for the United States European Command (EUCOM), the United States Africa Command (AFRICOM), and the United States Central Command (CENTCOM) Areas of Responsibility (AoR).

The NMLC Customer Support Detachment is the lynchpin between the DoD’s largest sustainment unit and 997 Navy, Army and Air Force commands, their healthcare installation, operations, contingencies and continuing conflicts, located in the 5th/6th/7th Fleets’ AoRs.

One of the detachment’s core responsibilities is developing efficient and competent supply representatives in every unit, sustaining a viable supply chain between the United States Army Command and their location whether ashore or afloat, during peace time or conflict, and during time of world-wide epidemics; it serves as the sole supplier and dis-

tributor for pandemic medical supplies.

The team scheduled flights, enabling and accelerating testing events for the active duty and dependent population stationed overseas. Every movement of COVID-19 testing materiel delivered to EUCOM/AFRICOM/CENTCOM, was coordinated and distributed at USAMMCE.

The BOSS event spanned multiple Combatant Command AoRs considering the location of the participants and the number of people who enrolled.

While this event was originally organized for participants at U.S. Army Garrison Rheinland-Pfalz, according to the event’s organizer and president, BOSS garnered participation from more than 600 runners from around the world. “I didn’t plan for it to be that big – I honestly thought it’d be 10 to 20 Soldiers, but it just kept going and going,” Army Spc. Ethan Locklear said in a press release about the event. “We had people everywhere – people in Poland, Alaska and Missouri.”

The goal of the challenge was to run at least 100 miles and track the progress by sharing the results publicly. Montoya said it took him six days to complete his first 100 miles. When it was all said and done, he had completed 391.2 miles throughout the 24-day period.

“Several runners added each other

on the Nike App. During the middle and last days of the challenge, I noticed that if I ran a few miles in the afternoon, the other runners would run about the same distance. I did my best to keep up,” Montoya said. “My longest distance was during the last day of the challenge, with 17 miles in the early morning, and 20 in late afternoon to evening.”

Throughout the year, the BOSS organization schedules challenge endurance runs and other physical endurance activities, where Servicemembers can compete and become ambassadors for the military community. The BOSS challenge was the biggest endurance event of the year and it was very fitting that the Navy would score this colossal victory in a time when sporting events participation, both from fans and athletes, for the 2020 year is questionable, considering today’s COVID-19 pandemic environment.

Montoya couldn’t agree more and shared his thoughts for those who might consider participating in a potential upcoming event.

“To anyone interested in running or perhaps training for their first marathon, remember to enjoy every stride, and most importantly, have fun,” Montoya said. “If you are stationed in Europe, make it a goal to run a big race. You will not only be part of a great charitable event, you will also create great memories and



Cmdr. Melissa Harnly, Officer in Charge, NMLC Detachment Pirmasens, HMC Armando Montoya, BOSS Challenge winner, HMI Joshua Aycoc, Pirmasens Navy Liaison and TSgt Jason Nguyen, Pirmasens U.S. Air Force Liaison. The Pirmasens team scheduled flights, arranged charter plane deliveries and ultimately shipped more than six million tons of medical supply orders valued at \$100 million to 997 units in 78 countries and 20 deployed ships, enabling and accelerating testing events for the active duty and dependent population stationed overseas.

Naval Medical Logistics Command Celebrates Women’s Equality Day

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



Lt. Jennifer Nestor was the Master of Ceremonies for the NMLC Women’s Equality Day Celebration, Aug. 18, 2020.

In a virtual ceremony designed to include the entire command, even those who were not present, Naval Medical Logistics Command (NMLC) hosted a Women’s Equality Day celebration Aug. 18, which will be shared via its Facebook page.

Headed by Capt. Steve Aboona, NMLC’s mission is to deliver patient-centered logistics solutions for military medicine and its vision is to become the Department of Defense’s premier medical logistics support activity.

While 75 percent of the workforce conducts their daily functions from home, the remaining command personnel continue to achieve mission success, whatever that entails – including participating in ceremonies.

Lt. Jennifer Nestor, NMLC’s Medical Equipment and Logistics Solutions deputy director was the Master of Ceremonies. In her opening remarks, she described the morning’s event.

“The NMLC Diversity and Inclusion Committee members welcome you to the celebration of this year’s Women’s Equality Day recognizing the Women’s Suffrage Movement and the passage of the 19th Amendment to the Constitution,” she said. “To celebrate Women’s Equality Day, we have a notable active duty officer in the U.S. Navy and a pharmacist by profession.”

Cmdr. Tiffany Scott is the Program Manager for the Joint Deployment Formulary and Department of

Defense Pandemic Influenza medication and personal protective equipment stockpile. She earned her Doctorate of Pharmacy and Master of Public Health degrees from the University of the Sciences, Philadelphia, PA.

Dr. Scott described how, why and when the women’s suffrage campaign began. She intertwined the roots of the campaign with the societal norms of the time and the need for change, heeding the call that women earn their own identities.

Reading from historical literature, Scott said, “We hold these truths to be self-evident that all men and women are created equal, that they are endowed by their creator with certain inalienable rights that among these



Lt. Nestor introduced the special guest speaker for the Women's Equality Day celebration.



Cmdr. Tiffany Scott, is the Program Manager for the Joint Deployment Formulary and Department of Defense Pandemic Influenza medication and personal protective equipment stockpile.

are life, liberty, and the pursuit of happiness,” as proclaimed in the Declaration of Sentiments that the delegates of that time had produced.

After an informative brief dating back to the Civil War, highlighting Susan B. Anthony and describing how women won the right to vote, the ceremony was brought to a conclusion with applause from the attending audience.

In today's COVID environment, NMLC continues to demonstrate how it remains responsive to stakeholders through providing medical solutions to the Department of Defense, the Defense Health Agency and all other interagency partners for their medical equipment and logistics solutions needs. It also remains cognizant to the needs of its highly efficient workforce that continues to achieve mission whether teleworking or on site. **LS**

Our Greatest Strength is our People!

Mindy Franks

During this time frame, Ms. Franks did an exceptional job as a Team Leader and Contracting Officer procuring NMLC enterprise-wide requirements. As a member of the NMLC Emerging Technologies Committee, she was instrumental in researching new technologies in response to potential COVID-19 requirements and drafting acquisition templates to streamline the acquisition process. She was also responsible for procuring enterprise-wide NMLC COVID-19 requirements that included a surgeon general initiated urgent and compelling requirement to procure COVID-19 testing equipment and supplies for four CONUS and six OCONUS Military Treatment Facilities. As Team Leader and Contracting Officer, Ms. Franks eagerly pursued the task, being mindful of the impact of current supply, demand, and logistical environments. She continually coordinated with NMLC leadership, the contractor, and customers to affect the most efficient and practical acquisition process. In order to fulfill the requirements, Ms. Franks executed four contracts with a total value of \$19,558,010. Two of the contracts are IDIQ type, which will provide customers ordering flexibility. Her leadership, tenacity and flexibility during this period have been outstanding.



Lindsay Burdette



During this time frame, Mrs. Burdette did an exceptional job as a Contract Specialist for NMLC enterprise-wide requirements. She was responsible for procuring NMLC COVID-19 requirements that included a surgeon general initiated urgent and compelling requirement to procure COVID-19 testing equipment and supplies for four CONUS and six OCONUS Military Treatment Facilities. Mrs. Burdette's frequent communication with customers, contractors and Contracting Officer to discuss and update dynamic supply, demand, and logistical conditions was instrumental in timely contract award. In order to fulfill the

requirements, Mrs. Burdette negotiated and awarded four contracts with a total value of \$19,558,010. Two of the contracts are IDIQ type, which will provide customers ordering flexibility. Mrs. Burdette devotedly performed this task while managing a heavy workload, always displaying professionalism. Her flexibility, attention to detail, and customer service during this period have been outstanding. Mrs. Burdette's high quality work products reflect her competent decision making skills, good judgment, sound acquisition knowledge, and ability to prioritize multiple tasks.

Our Greatest Strength is our People!



Pictured from Left to Right: HM1 Daniel Quick, Lt. Cmdr. Jenny Frasco, Cmdr. Steven Romero, HM1 Justin Washington, HMC Xavier Perezmendez and HMC Denise Galvan.

Staff and co-workers took a moment to acknowledge HM1 Washington for being recognized for his selection as BUMED's Enlisted Technical Leader for Medical Laboratory Technology. This prestigious selection searches for qualified candidates throughout the rolls of Navy Medicine personnel and goes through a rigorous nomination process. Once selected, that selectee performs a multitude of duties in support enlisted Hospital Corpsmen throughout the Navy Medicine enterprise.

When asked about his selection, Washington provided a modest response.

"To me, being selected as Enlisted Technical Leader for Medical Laboratory Technology (ETL) meant a lot, not necessarily because of the position itself (which does mean a lot), but it meant more to be selected because it was my second time applying for the position," Washington said. "I applied in 2019 for the same position, but someone else was selected. This was a testament of all the senior leaders that I have encountered who advised me to never give up on something if you want. I believe this position is significant because I will become a liaison between my Specialty Leader, BUMED and the Enlisted Community Manager for the Navy Enlisted Classification Code, which in my case is a 1,000 plus Sailors. Some NECs are much smaller and some are much larger. I think this offers leadership experience in a different way. Primarily because people will come to me with issues relating to the Lab Tech community. They will seek answers for problems they may face and I will be able to offer an educated opinion or provide the resources to respond to their questions."

Washington also received a Flag Letter of Commendation for his expertise and superb technical skill assisting the Navy's operational forces laboratory medical assets Coronavirus response.



COVID-19 Face Covering Guidance

Face coverings worn with Navy uniforms will conform to the guidance promulgated by the Centers for Disease Control and Prevention (CDC). Please see NAVADMIN 194 /20 for additional guidance on proper wear.

WHEN IN UNIFORM

Type of acceptable coverings - must be a plain neutral color (see below) or matching camouflage pattern when wearing camouflage uniforms only.



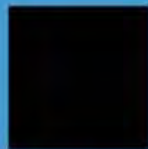
Type III
Camo



Grey



White



Black



Brown



Tan



Blue



Green

No lettering/wording, logos, symbols, prints or patterns other than matching camouflage uniform pattern are authorized

Coronavirus Disease 2019

COVID-19

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