



# Fort Detrick The Standard

A Sustainable Community of Excellence



## ***Laragione Eager to Make Lasting Impression at USAMRDC***

*By Ramin A. Khalili, USAMRDC Public Affairs*

For so many in the Army, the journey associated with a military career – the friendships, the contributions, the sacrifices – is the true centerpiece of the experience. For Victor Laragione, who accepted his new role as Command Sergeant Major of the U.S. Army Medical Research and Development Command on August 12 at Fort Detrick, Maryland, his latest move is just one more step down an ever-evolving, always-exciting path.

“I am truly grateful to be part of this team, and I am excited to get started,” said Laragione during his

assumption of responsibility ceremony. The ceremony, held in the Fort Detrick auditorium, featured brief comments from Brigadier General Michael Talley, Commanding General USAMRDC and Fort Detrick, who was quick to note Laragione’s leadership style and abilities, and how those traits make him a key contributor in the overall USAMRDC effort moving forward.

“Command Sergeant Major Laragione is a proven leader of the highest caliber, and I have tremendous confidence that he will be a force multiplier for this

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*New U.S. Army Medical Research and Development Command Command Sgt. Maj. Victor Laragione (left) receives the Command flag from Brig. Gen. Michael Talley, Commanding General USAMRDC and Fort Detrick, Maryland, during Laragione’s assumption of responsibility ceremony on August 12.*

*Photo credit USAMRDC Public Affairs*

Command,” said Talley during the ceremony.

Prior to his assignment at USAMRDC, Laragione most recently served as Command Sergeant Major at Madigan Army Medical Center, located on Joint Base Lewis-McChord. Under his watch, Madigan notably launched the Department of Defense’s new electronic health record system among numerous other wellness and protocol initiatives. Additionally, as part of the ongoing effort to combat novel coronavirus pandemic, Laragione was personally recognized for his work in establishing COVID-19 screening sites and checkpoints within the hospital itself.

Now, however, his sights are set on new and different priorities.

“When I think about MRDC, I think about the people developing and then delivering life-saving measures out to the Warfighter,” said Laragione during an interview on August 6. “I’m looking forward to doing what I can to enable those that are actually doing the

job – to increase the survivability of our Soldiers on the battlefield.”

Indeed, Laragione says one of his key focus areas during his USAMRDC tenure will be professional development and the continued fostering of quality professional relationships between the USAMRDC’s civilian employees and contractors; a desire that dovetails with longstanding Army dictum that the organization’s greatest asset is its people. Says Laragione, “It’s important, I think, to develop our next generation of leaders. And that’s what I want to focus on, taking care of people.”

Originally from Texas, Laragione’s only other experience on the east coast was at West Point in 2001, which makes his assignment at USAMRDC a return of sorts. The main difference between those days and now, however, is his family; and Laragione is eager to show his family – who made the more than 2,700 mile journey across country with him – the history of the area.



But first, the task at hand. For Laragione, he is eager to get up-to-speed during an integral time when the USAMRDC has a number of key and competing efforts taking place simultaneously. For him, such efforts are part of the reason his journey has been both so memorable, and so successful.

“To the teams of USAMRDC, you can count on me” said Laragione in closing during the ceremony. “I’m here to do my best to enable and support you.”

**New U.S. Army Medical Research and Development Command, Command Sergeant Major Victor J. Laragione speaks to the assembled crowd during his assumption of responsibility ceremony on August 12 at Fort Detrick, Maryland.**

*Photo by Ramin A. Khalili, USAMRDC Public Affairs*



# Fort Detrick First Responders Continue To Show Selflessness

By Lanessa Hill, USAG Public Affairs

Army core values include loyalty, duty, respect, selfless service, honor, integrity, and personal courage. The Forest Glen Annex Fire Department demonstrated every core value while assisting Montgomery County first responders and leadership recognized the team for their efforts.

On May 31, 2020, members of Engine 54 arrived at a scene in Silver Spring, Maryland, and despite a hectic scene, together, they rose to the occasion, stepped in and assisted local companies in every way they could. This included providing exceptional pre-hospital care to a civilian in cardiac arrest, which ultimately saved their life.

During a visit to Forest Glen Annex on July 30, Fort Detrick Garrison Commander, Col. Dexter Nunnally and Command Sgt. Maj. Jason Gusman presented the Forest Glen Fire Department with awards for their efforts. Additionally, Fire Captain Jeff Miller was given an award for exceptional service for pulling the team together to seamlessly work with other first responders to provide medical care under extreme conditions.

After the ceremony, Engine 54 presented the Garrison command team with a U.S. Flag display made of engine fire hoses that have reached their lifecycle.



*Members of Engine 54 at Forest Glen Annex pose for a picture with Garrison leadership after they receive an award for exceptional service for their efforts which saved a citizen in July, 2020.*

*Photo by Lanessa Hill, USAG Public Affairs*



*As a way to say thank you for their support, members of the Forest Glen Fire Department proudly present the Garrison command team with a US flag made of engine fire hoses that have reached their lifecycle. Pictured from left to right: Fort Detrick U.S. Army Garrison Commander, Col. Dexter Nunnally, Assistant Fire Chief Jerry Dorsey, Lieutenant Richard Ennis, firefighter Justin Houpt, firefighter Damon Baldini, firefighter Charles Montanaro, Captain Jeff Miller, firefighter Thomas Mullins, Lieutenant Marquis Beavers, Director of Operations Raymond Wharton, Fire Chief Sean Edwards, and U.S. Army Garrison Command Sgt. Maj. Jason Gusman.*

*Photo by Lanessa Hill, USAG Public Affairs*



# USAMMDA Interns Graduate With Invaluable Army Medical Acquisition Experience



*Program Management-Acquisition interns from the U.S. Army Medical Materiel Development Activity stand 6-feet apart amid the COVID-19 pandemic to take one last picture at Nallin Pond Farm, Fort Detrick, Maryland, before completing their internship. Left to right: Army Maj. Christopher Morgan, Army Maj. Edilberto Santos, Army Maj. Frank Liles, and Army Capt. Alexandra Fajardo. Photo by Carey Phillips, USAMMDA Public Affairs*

*By Ashley Force, USAMMDA Public Affairs*

The U.S. Army is gaining four well-rounded officers versed in the defense acquisition system. Army Capt. Alessandra Fajardo, Army Maj. Frank Liles, Army Maj. Edilberto Santos, and Army Maj. Christopher Morgan make up the graduating class of the U.S. Army Medical Materiel Development Activity's Program Management–Acquisition Internship Program. This one-year program, which falls under the Long-term Health Education and Training program within the U.S. Army Medical Department Center and School, better equips the interns to serve in the world of Army acquisition.

“The training the officers get in the program will benefit them throughout their careers,” said Army Col. Ryan Bailey, 8X medical acquisition consultant for The Army Surgeon General. “Their new knowledge and skills will help them deliver medical solutions to the Warfighter quicker.”

The PM–AIP provides the officers with an understanding of the Army requirements process, the defense acquisition system, and the planning, programming, budgeting and execution process. Through this program, the interns complete all coursework for level-two Program Management certification. The PM–AIP requires them to spend one year completing all institutional Defense

Acquisition University requirements, while completing on-the-job training supporting product cost, schedule and performance. After the interns finish their year at USAMMDA, they must complete two years of utilization.

“This experience allowed me to develop relationships with our civilian workforce, something that I haven’t had the opportunity to do thus far,” said Fajardo. “I have mainly served in medical brigades and tactical units. Being able to see how we can work together with civilians was very impressive to me.”

This is USAMMDA’s third year hosting interns, and this particular group has made quite the impact on the organization. For example, when COVID-19 took the world by storm, Morgan demonstrated flexibility and dedication when he transitioned from the Warfighter Protection and Acute Care Project Management Office, to Force Health Protection in response to the worldwide pandemic.

“He was kind enough to step in and help us with treatment protocols in response to COVID-19 and work as the product manager for the expanded access Investigational New Drug protocol for convalescent plasma. He has done an amazing job,” said Army Lt. Col. Sandi Parriott, director, Force Health Protection Division.

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"You all are amazing. The insight you brought from your previous organizations and your job experience has contributed tremendously to our ability to move programs forward successfully," said Dr. Tyler Bennett, project manager for Warfighter Deployed Medical Systems PMO.

At USAMMDA, the interns were exposed to the bigger Army Medicine picture, which only broadened their initial bank of knowledge. They were assigned to a PMO and given guidance while assisting in the procurement of medical products.

"I was assigned to the Warfighter Health Performance and Evacuation PMO. I was lucky enough to assist with the TEMPER Air Supported Shelters. I also worked with the Water Distribution and Waste Water Management Set, and even got to experience a fielding," said Liles.

After graduating from the PM-AIP, the interns will be going their separate ways and moving on to new roles. Fajardo will be moving forward to Virginia to work as a program manager for the Defense Health Agency Headquarters. Liles is projected to be the plans officer for the G357 at the Army Medical Logistics Command at Fort

Detrick. Morgan will be completing utilization as a product manager, working with the same USAMMDA team he was assigned to during his internship, the Warfighter Protection and Acute Care PMO. Santos is moving on to Washington, DC, to serve as a Department of the Army Systems Coordinator and Executive Officer, Medical Systems, for the Assistant Secretary of the Army for Acquisition, Logistics and Technology.

"Our year is over. To my fellow interns, we have come a long way. I hope to maintain our working relationship throughout our careers in Army acquisition," said Santos.

With one year of hands-on training behind them, these four Army officers maintain that they are more familiarized with Army Acquisition than ever before. They can now move forward with confidence toward the bright futures that lie ahead of them.

"I want to congratulate the interns on their hard work this year. The Army needs you. We are looking forward to you getting to your next assignments and doing a great job," said Bailey.

## Gamers Battle During One Day Tournament



A recent one day tournament for gamers was a huge success at Fort Detrick.

The Family, Morale, Welfare and Recreation Directorate sponsored a gaming tournament where thirteen people played Super Smash Bros: Ultimate on the Nintendo Switch.

This was the first year and FMWR hopes to make this an annual event and increase participation. After defeating five other players and the Garrison Commander, the winner SPC. Nathan Chupp of 114<sup>th</sup> Signal Battalion was congratulated by Col. Dexter Nunnally, Fort Detrick Garrison commander (right photo).



Photo by SSG Brenden Sherman, BOSS

# USAMRDC Answers the Call for COVID-19

*James A. Black, USAMRDC Combat Casualty Care Research Program*

On February 11, when the World Health Organization announced a formal name for the novel coronavirus, there were fewer than 1,200 fatalities worldwide – the vast majority of which were concentrated in China, the country of the outbreak's origin.

By the middle of March, however, several cities in the U.S. became hot spots for the fast-moving pandemic for a variety of reasons; including, notably, after the return of American citizens from global travel to places such as Asia, Europe, and South America.

"I never imagined that COVID-19 would spread so quickly and become the most devastating health crisis in more than 100 years," said Cpt. Bryan Haines, a member of the U.S. Army Reserve and current staffer with the U.S. Army Medical Research and Development Command's Combat Casualty Care Research Program. Haines was called to duty to help fight the pandemic just a few months ago.

By trade, Haines is a neurotrauma research portfolio manager at the CCCRP who earned a doctorate in cell and molecular biology from the University of Hawaii. As a reservist, he brings his scientific background to the forefront by providing safety recommendations.

For instance, back in March – on St. Patrick's Day, no less – Haines received a call from his reserve unit early in the morning and was told to prepare for travel in short order as New York became the epicenter of the pandemic.

"My first task was to draft cleaning and disinfecting guidance for essential work spaces that were exposed to sick individuals suspected of contracting COVID-19," said Haines.

Haines has since been working with the U.S. Army Corps of Engineers, with his immediate group being tasked with protecting and influencing health care policy for the hundreds of alternative care facilities being constructed and staffed throughout the country.

The USACE is currently executing eight mission assignments in collaboration with the Federal Emergency Management Agency, and has dispersed more than 1,110 Soldiers to build ACFs across the country.

When Captain Haines joined the U.S. Army Reserves, he knew there would be opportunities to travel, but he didn't anticipate being such a frequent-flyer.

"I've visited Detroit, Chicago, Miami, Loveland, and Denver," said Haines in recalling his aerial duties – efforts that once included a flight aboard a Black Hawk helicopter high above the aforementioned Mile High City.

Haines, who was previously tasked with the U.S. Army's 18th Field Hospital, says regardless of the mission, the hours, or the location, he has deep respect and admiration for the many doctors, nurses, and support staff working long hours on the front lines; all of whom often expose themselves to high risks in search of executing a common goal. According to new data from the Centers for Disease Control and Prevention more than 60,000 health care workers have been infected by COVID-19, with nearly 300 deaths resulting from those cases.

Despite the time away from his family, Haines says his tour of duty has given him an amazing perspective through witnessing the resourcefulness and resiliency of Americans, many of whom are experiencing financial hardships and coping with other challenging circumstances.



Haines says he is "one of the lucky ones," who is able to return home occasionally to Maryland to visit his family.

"I'm confident that the research being conducted by the best and brightest scientists worldwide will produce a vaccine that helps us turn the corner on COVID-19," said Haines. "Until then, we will all just have to be Army Strong!"

***US Army Corps of Engineers supporting local communities amid the Covid-19 pandemic.***

***From left: United States Army Corps of Engineers Command Surgeon CDR Thomas Janisko; Cpt. Bryan Haines, Combat Casualty Care Research Program; Cpt. Cindy Vindman; LTG Todd Semonite, 54th Chief of USACE.***

***Photo credit: USACE Public Affairs Office***



# ***USAMRDC Celebrates Top Honor in Streamer Ceremony***

*By Ramin A. Khalili, USAMRDC Public Affairs*

Speaking to a small crowd of Soldiers, staffers, and employees on Blue Gray Field on July 1, Brigadier General Michael Talley, Commanding General, U.S. Army Medical Research and Development Command (USAMRDC) and Fort Detrick, ran through a quick, detailed list of the USAMRDC's most recent and notable accomplishments.

"This is an organization that's been able to discover vaccines, remedies, and countermeasures for endemic diseases," said Talley. "This is the organization that has developed those countermeasures, year after year."

Indeed, it's that very same brand of consistent and significant commitment to the health and safety of the Warfighter that spurred the gathering the first place. Talley, along with leadership staff from both USAMRDC headquarters and the USAMRDC Walter Reed Army Institute of Research called the early summer ceremony to celebrate the awarding of a new campaign streamer to the Command flag.

Said Talley, "When you're talking about an organization that is considered a generating force, especially considering all the things we do for Soldiers, Sailors, Airmen, and Marines on the battlefield, this is hugely significant."

The award itself, granted by order of the Secretary of the Army – and which specifically names the USAMRDC's commitment to duty and its impact on the healthcare of both Service Members and their families as superlatives – focuses explicitly on the years 2015 to 2017, a two-year period which saw the development of a number of key medical achievements.

Notably during that time period, the USAMRDC directly supported the research that led to the development of the drug Ervebo, the first-ever preventive vaccine for Ebola virus disease. Ervebo was given U.S. Food and Drug Administration approval in December 2019 thanks in large part to work performed by both the U.S. Army Medical Research Institute of Infectious Diseases and WRAIR.

While singling out a number of other Command achievements during the aforementioned time period, Talley was keen to point to the large-scale impact of vaccines and related prophylactic measures as an important contribution to any battlefield effort, and one which undergirds the USAMRDC mission as a whole.

"Historically, what takes Soldiers out of the fight is not a weapons system or kinetic effects," said Talley, "but it's usually disease and non-battle injury."

To that end, Talley – whose address was also streamed on the Internet via Facebook Live due to social distancing guidelines – was quick to thank the assembled Soldiers, staffers, and their respective labs and teams for their ongoing work in developing the countermeasures required to combat the novel coronavirus pandemic. Perhaps one day in the near future, he posited, the USAMRDC might receive yet another streamer for the integral work they're performing now.

"That's the power of serving at MRDC," said Talley in closing. "And so congratulations to everyone who has served in this great Command."



*Command Sergeant Major Timothy J. Sprunger, Command Sergeant Major, U.S. Army Medical Research and Development Command and Fort Detrick (left) and Brig. Gen. Michael J. Talley, Commanding General, USAMRDC and Fort Detrick, Maryland, affix a streamer to the Command flag on July 1, 2020 on Blue Gray Field.*

*Photo by Ramin A. Khalili, USAMRDC Public Affairs*

# USAMMA Hosts Change of Command

By C.J. Lovelace, AMLC Public Affairs

The U.S. Army Medical Materiel Agency hosted a Change of Command ceremony Aug. 7, honoring outgoing commander Col. Timothy Walsh and welcoming incoming commander Col. John “Ryan” Bailey.

USAMMA is a direct reporting unit of Army Medical Logistics Command. Walsh served as not only USAMMA commander but was also “dual-hatted” as the AMLC deputy commander during his tenure.

AMLC Commander Col. Michael Lalor presided over the ceremony and recognized Walsh’s steadfast leadership during a time of great organizational change and high operations tempo for the unit, citing that Walsh was “absolutely the right person at the right time.”

“There is no playbook for a global pandemic,” Lalor said. “And no one could have done it better than Tim Walsh and his team.”

In support of the COVID-19 global response, Walsh led the USAMMA team to increase medical maintenance operations in order to rapidly calibrate, repair and rebuild high-priority medical devices, including ventilators and oxygen generation systems.

Walsh also oversaw USAMMA’s distribution of medical supplies in unit deployment packages, or UDPs, for three Army hospital centers supporting New York and Washington – two of the states initially hit hardest by COVID-19. This mission included support to Army medical professionals from the 531st Hospital Center from Fort Campbell, Kentucky, the 627th Hospital from Fort Carson, Colorado, and the 9th Hospital Center from Fort Hood, Texas.

Each UDP included potency and dated items tailored to each medical team’s needs – everything from syringes and suction tubes to blood products and oxygen, all intended to bolster each unit’s capability to delivery health care support where it was needed most.

Walsh, who will continue serving as AMLC deputy commander, said the past two years have been unlike any others during his 27-year career, adding that the COVID-19 response has “reinforced the importance of medical logistics readiness” for the Army and beyond.

“You are the best and brightest our country has to offer,” Walsh said to the workforce, many watching the ceremony online due to physical distancing restrictions. “This has been one of the



**Col. John “Ryan” Bailey accepts the U.S. Army Medical Materiel Agency’s colors to assume command during a Change of Command ceremony Aug. 7 at Fort Detrick, Maryland. Presenting Bailey with the colors is Col. Michael Lalor, commander of Army Medical Logistics Command. USAMMA is a direct reporting unit to AMLC**

*Photo by C.J. Lovelace, AMLC Public Affairs*

most challenging assignments of my career, and there is no way I would be standing here today without the teamwork, cooperation and dedication of the civilians and military of USAMMA and AMLC.”

Bailey, who recently served as the commander of the U.S. Army Medical Materiel Development Activity, is well-known in the medical and Fort Detrick communities. In fact, his relationship with Walsh dates back to 1993, when they were commissioned together into the Army Medical Service Corps.

Lalor said Bailey brings tremendous operational experience, and a diverse background in acquisition and medical logistics at the tactical, operational and strategic levels, which will help USAMMA and AMLC as they continue to evolve under Army Materiel Command.

“To the USAMMA team, I look forward to the next two years,” Bailey said. “Together, we will continue to transform medical logistics and ensure readiness of our Armed Forces. I promise to lead with passion, humility and honor.”

The ceremony also doubled as a Change of Responsibility with Master Sgt. Stacey Varga relinquishing duty as USAMMA’s top enlisted Soldier to Sgt. Maj. Monnet Bushner.

Varga initiated the passing of the colors during the ceremony before stepping aside for Bushner, who accepted the maroon-and-white USAMMA flag from Bailey to complete the Army tradition.



# ***Once Again, for the First Time: Shoemaker Joins USAMRDC Team to Tackle Pandemic***

By Ramin A. Khalili, USAMRDC Public Affairs

LTC David Shoemaker was nearly a decade removed from Army life when he got the itch again. Sitting at home in Maine, enjoying retirement with his wife, he – like so many others across the country – spent the early part of 2020 watching the global spread of the novel coronavirus pandemic from his living room sofa. That’s when he decided to spring into action.

“I told my wife that I’d like to be able to help out somehow,” says Shoemaker. “I said, ‘If the Army was willing to take me back, I think I could make a difference.’”

So with twenty years of active service already under his belt, Shoemaker decided to do just that – to come back for more. In March, he called the U.S. Army Medical Research and Development Command’s (USAMRDC) Principal Assistant for Acquisition, Ms. Dawn Rosarius, and asked, in so many words, if the Command needed someone with his skillset. Turns out they did, and by May 29 he was back in the saddle once again – this time as a so-called “Retiree Recall” – supporting the Command’s Additive Manufacturing Working Group and U.S. Department of Defense (DOD) diagnostic efforts by providing both technical and regulatory expertise.

Specifically, Shoemaker spends his days focusing on the nearly 200 different COVID-19 testing assays the U.S. Food and Drug Administration (FDA) has currently cleared for use via Emergency Use Authorization (EUA).

“There are some regulatory nuances that are very important for the leadership of the Army to understand when you are using and deploying these tests,” says Shoemaker. “And that’s where I really thought I could be of use, was assisting the DOD with the regulatory aspects of their tests.”

Shoemaker’s previous service career, which spanned from 1993-2013, makes that tall order easier to fill than you might imagine. Indeed, while he spent a large chunk of that time overseeing the development of diagnostic tests for bio-threat agents (even serving at USAMRDC’s United States Army Medical Research Institute of Infectious Diseases (USAMRIID) from 1998-2002), Shoemaker’s specialty was the diagnostic area of regulatory aspects; in



*LTC David Shoemaker in a photo taken prior to his initial retirement from the Army in 2013. (Photo Courtesy of the Shoemaker family)*

fact, the Army once sent him to the FDA for a one-year training assignment to further ingratiate himself into the system.

Those kinds of bona fides make Shoemaker a key part of USAMRDC’s effort moving forward.

“LTC Shoemaker was a great add to our team at a very critical time,” says Rosarius. “His knowledge, expertise, and ability to provide clear guidance to help safely and efficaciously support our Warfighters and the Nation have proven to be of critical value.”

“I do feel successful in what I’ve been doing,” says Shoemaker, noting that he’s been able to use the DOD connections he’s garnered over the years to help facilitate

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a new generation of partnerships. “I’ve been able to reach out to [those same people] for assistance and for help, and I’ve been able to connect people I’m working with at USAMRDC to other people from my previous network.”

He’s doing all that work from home, of course, just like so many other people these days. But for Shoemaker, home is now an apartment in Frederick, Maryland; he moved down from Maine when he started at USAMRDC, leaving his wife – a retired civilian microbiologist who formerly worked at the National Institutes of Health (NIH) – at home for the time being, some 550 miles away.

“It’s kind of like being deployed,” says Shoemaker, who points out that his wife is fully supportive of his effort (“She’s a trooper,” he says). “We went into this thinking that we would be a part for at least a year, that we wouldn’t see each other for at least a year.”

The clock has been ticking on that new, extra year of military service – 21 years overall, if you’re counting at home – for the past few months. Shoemaker is technically designated as an “activated reservist,” and his orders at USAMRDC are capped at 179 days (though leadership has been clear, he says, that he can stay longer if he likes).

In the end, Shoemaker’s story is like so many others within the military, within the DOD at-large: someone volunteers, or someone makes a personal sacrifice because they feel they can impact the larger effort in some capacity. As for how long this second tour with the Army will truly last, Shoemaker admits the ultimate arbiter will be the combined effort to combat the novel coronavirus itself.

Says Shoemaker, “I hope that point is when we have effective vaccines and treatments for COVID-19 and we can get back to some semblance of normal living again.”

## ***Laughter, Tears as McKnight Retires, Says Goodbye***

*By Ramin A. Khalili, USAMRDC Public Affairs*

To get to the end, LTC James McKnight has to start at the beginning. It sounds fairly intuitive, sure, but for McKnight, who retired from the Army on July 10 during a small ceremony at Fort Detrick, the launch point of his near 30-year military career is perhaps the most important part of the story.

“I told the recruiter I wanted to be a medic,” said McKnight, who most recently served as the deputy director of the U.S. Army Medical Research and Development Command’s (USAMRDC) Military Operational Medicine Research Program (MOMRP). “And when they told me no, that I’d have to wait four years to do that, I signed up to be a parachute rigger instead.”

It is perhaps that position – which McKnight describes as both grueling and yet intensely rewarding – that gave him the discipline he needed to excel in his Army career; a career that started with a posting in Germany at Landstuhl



***LTC James McKnight (center) speaks to a crowd of friends and coworkers during his retirement ceremony at Nallin Pond at Fort Detrick, Maryland, on July 10.***

*Photo by Ramin A. Khalili, USAMRDC Public Affairs*

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Regional Medical Center, continued with a pair of deployments to Afghanistan in support of Operation Enduring Freedom, and finished – after a few stops in between, of course – with a four year stint at the USAMRDC. For McKnight, it seems that no matter where he wound up in nearly 28 years of service, those hard, initial lessons about Army life were never far behind.

“This is what I’ve known for 20 some years,” said McKnight, tugging on his dress uniform. “This will be the toughest transition.”

It’s a transition that will certainly be felt on the other side as well. After he was awarded a Doctorate of Public Health (DrPH) degree in Global Health in 2014 – near the tail end of his posting to the United States Central Command (USCENTCOM) in Tampa, Florida – he quickly put both his academic and institutional know-how to work at MOMRP in 2016 by serving in a variety of roles. Most notably during that time, McKnight served as a representative for a U.S. Department of Defense (DOD) Soldier Cross Functional Lethality Team; a position which CDR Christopher Steele, director of MOMRP, found was able to make use of McKnight’s unique and substantial talents.

“The best thing Jim has brought to the Command is a mature understanding of how the Command is supposed to do business with the rest of the Army,” said Steele. “He does things the right way.”

Steele is quick to comment on McKnight’s role as a friend and teammate as well, running down the list of funny anecdotes and hard-fought victories from the past several years in rat-a-tat fashion. There’s McKnight’s love of cartoonish, Saturday-morning wrestling matches (it’s a

long story, says Steele), as well as the fact that everyone refers to him as a “Great American” around the office (“An inside joke,” says Steele, “but it’s actually true!”). Add them all up, and the team at MOMRP is left to deal with the loss of substantial presence.

“He is, very simply, a guy that makes things happen,” said Steele of McKnight.

Now, that can-do attitude will shift to a different set of responsibilities – namely, family. After 22 years of active duty, of moving efforts and station postings for the sake of service, McKnight thanked his wife Trisha, son Gabe, and college-bound daughter Sydney – all of whom joined him at the ceremony – and made it clear where his energy will be focused in the future.

Said McKnight, “The picking up and going, the hugs and the tears. It doesn’t go unnoticed.”

And yet, in the end, past all the handshakes and tears, McKnight still goes back to the beginning again – to that rigger position, to those very first lessons learned about duty and respect – knowing how important it is to thank the people around you for opportunities, friendships, and the simple satisfaction of a hard day’s work. In short, the little things.

“In my career, I had the opportunity to do everything I ever wanted to do,” said McKnight, turning to his coworkers in closing. “And this job [at MOMRP] is nothing like the rest of the Army. You guys make it tops. I love you guys.”



*LTC James McKnight (second from right) poses with his family during his retirement ceremony at Fort Detrick, Maryland, on July 10, 2020.*

# USAMMDA's Force Health Protection Division implements COVID-19 treatment protocol across multiple sites

*By Jeffrey Soares, USAMMDA Public Affairs*

In May, the U.S. Army Medical Materiel Development Activity's Force Health Protection Division received approval from the U.S. Food and Drug Administration to implement an Expanded Access Protocol for "Treatment of Coronavirus Disease 2019 with Anti-Severe Acute Respiratory Syndrome-Coronavirus-2 Convalescent Plasma." COVID-19 Convalescent Plasma, or CCP, is blood plasma taken from patients who have recovered from COVID-19 and have developed antibodies naturally against the illness. The treatment protocol is being utilized in an effort to combat the COVID-19 worldwide pandemic, and all involved are hoping for a positive outcome in a vast majority of patients affected by the disease.

As product management support for the FHP team, Marianne Erlichman serves as liaison between USAMMDA and Army Medical Treatment Facilities, Naval and Air Force hospitals, and Navy ships that hope to become U.S. Army Medical Research and Development Command Institutional Review Board-approved sites for the treatment protocol.

"For the military, COVID-19 poses an increased threat for U.S.

troops in certain locations across the globe," said Erlichman. "Currently, there is no licensed vaccine for this disease — only investigational treatments. One of these is COVID-19 Convalescent Plasma, which is a novel intervention."

Erlichman said the first site approved for the protocol was Landstuhl Regional Medical Center, an Army-commanded medical center located near Ramstein Air Base in Germany. LRMC is the evacuation and treatment center for all injured U.S. Service Members and civilians, and numerous coalition forces serving in Iraq and Afghanistan.

Other initially approved protocol sites include Madigan Army Medical Center, Tacoma, Washington; Yokota Air Base Medical Treatment Facility, Japan; U.S. Naval Hospital, Guam; and Evans Army Medical Center, Fort Carson, Colorado, as well as sites in Bagram, Afghanistan, and Baghdad, Iraq.

In mid-July, the Navy's USS Nimitz was the first ship in its fleet to be approved to administer CCP per the treatment protocol. As a supercarrier, Nimitz is the lead ship of her class and one of the largest warships in the world.

Navy Capt. Gilbert Seda, M.D., Ph.D., currently serves Nimitz as lead for the COVID-19 Response Team, and he is the principal

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*The U.S. Army Medical Materiel Development Activity's Force Health Protection Division received approval from the U.S. Food and Drug Administration to implement an Expanded Access Protocol for "Treatment of Coronavirus Disease 2019 with Anti-Severe Acute Respiratory Syndrome-Coronavirus-2 Convalescent Plasma." U.S. Naval Hospital Guam Hospitalman Apprentice Rebekah Morrison records the weight of convalescent plasma units collected from Sailors who recovered from COVID-19.*

*U.S. Navy Photo by Jaciyn Matanane/Released*



investigator for the CCP onboard. Seda is responsible for proper execution of all aspects of the treatment protocol, in accordance with International Conference on Harmonization and Good Clinical Practice guidelines, as well as FDA, Department of Defense and U.S. Army regulations.

“As convalescent plasma has been used successfully to treat other respiratory viruses,” said Seda, “this effort is intended to assess whether plasma from people who have recovered from COVID-19 is an effective treatment for people with severe, or risk of severe COVID-19 disease, and whether this treatment causes any unwanted effects.”

Seda detailed the process of approving the administration of CCP to patients, in accordance with the treatment protocol. He explained the patient: 1) must have laboratory-confirmed COVID-19 infection; 2) must provide informed consent either directly or through a legally authorized representative; 3) must present with severe or life-threatening COVID-19 illness, or progression to such; and 4) must not have any medical contraindications to receiving CCP.

Seda further explained that CCP can be combined with other treatments for COVID-19 illness, such as corticosteroids, anticoagulants or medications that have FDA emergency use authorization, including remdesivir, which is also available for use on Nimitz. Remdesivir, a broad-spectrum antiviral medication, is available through USAMMDA’s FHP Division.

“To be clear, the CCP treatment protocol does not change the Navy’s plan to get Sailors with severe COVID-19 illness off of the ship as soon as possible,” said Seda.

Since the approval of the Nimitz, additional Navy ships have applied and been approved to serve as medical sites to use CCP in the treatment of COVID-19 patients. These currently include the USS Theodore Roosevelt, USS Abraham Lincoln, USS Ronald Reagan, USS Dwight D. Eisenhower, USS America and USS Gerald R. Ford.

With regard to Army Medicine, a joint-Service collaboration is not unusual, and Seda is well aware of both the benefits and avenues to success in working together towards a common goal.

“I am excited to see the teamwork between the Armed Forces with respect to clinical research and Force Health Protection during this pandemic,” he said. “The U.S. Navy Bureau of Medicine and Surgery, and USAMMDA’s Force Health Protection Division displayed outstanding joint-service collaboration that significantly contributed to operational readiness and force health protection by rapidly getting CCP on Nimitz.”

“It was a pleasure working with Marianne Erlichman from the USAMMDA’s FHP Division, and (Navy) Lt. Commander Colleen Cordrick, director of the Navy Blood Program,” he added. “Both contributed to the success of the mission. The medical staff members aboard Nimitz were also eager and motivated to participate in the effort, submitting all documents in a timely manner.”

Erlichman said 19 sites are currently approved to administer CCP to patients using the treatment protocol, and 12 additional sites are in process for approval. At the time of publication, eight patients across multiple sites were participating in the CCP treatment protocol.

Erlichman detailed the treatment process per the protocol.

“Patients are hospitalized for this protocol usually in an intensive care unit, and they are administered CCP through intravenous infusion,” she said. “Patients may receive one or two doses of CCP per the treatment protocol, usually infused over a four-hour period. Then, they are followed through Day 31 of the protocol, or longer if required. Depending on when they are discharged, their Day 31 visit may be conducted via telephone with the treating physician (principal investigator) or someone on their staff.”

When asked what the success of this CCP effort means for our nation and our military, Seda responded, “The Secretary of Defense directed the collection and distribution of CCP to protect our military and civilian personnel and their families, safeguard our national security capabilities, and support the President’s whole-of-nation response to the pandemic. The desired end state, as it applies to the U.S. Navy, is the development of CCP storage and administration as a therapeutic for severe COVID-19 infection aboard all Role (of Care)-2 and -3 ships.”

“Aircraft carriers serve a significant role in humanitarian assistance, deterrence, sea control and maritime security operations throughout the world,” he continued. “Having CCP on Nimitz makes the ship more mission-capable by adding a potential therapeutic for force protection in the event of a severe COVID-19 infection.”

Army Col. Gina E. Adam, USAMMDA commander, has been closely following the progression of the CCP treatment protocol, as well as the ongoing addition of new sites, and she remains confident in the FHP team’s ability to safely deploy experimental treatments wherever needed by our nation’s Service Members.

“The FHP team has built a network of joint medical facilities globally that are participating in this treatment protocol,” said Adam. “The inclusion of Navy ships afloat is unprecedented and indicative of the lengths to which this team will go to ensure treatment options are available where needed.”

Erlichman said the FHP team expects additional facilities, beyond those currently in process, will be approved as CCP protocol sites in the upcoming months.

# COVID-19 Response Solidifies Medical Logistical Partnerships, Training Opportunities

By C.J. Lovelace, AMLC Public Affairs

Biomedical equipment specialists from the U.S. Army's 6th Medical Logistics Management Center partnered with the U.S. Army Medical Logistics Command to meet the growing maintenance requirements of COVID-19.

The Soldiers deployed to the Medical Maintenance Operations Divisions (MMODs) run by the U.S. Army Medical Materiel Agency, a direct reporting unit of AMLC, to boost workforces and move lifesaving devices, such as ventilators, quickly through the system.

In teams of three, the Soldiers worked alongside military, civilian and contractor technicians at USAMMA's MMODs at Tobyhanna Army Depot in Pennsylvania, Hill Air Force Base in Utah and the Defense Distribution Center in Tracy, California.

While helping tackle the mounting workload – more than double the average number of work orders – the Soldiers also gained valuable depot-level maintenance training during their two-month deployment, according to Jack Rosarius, director of USAMMA's Medical Maintenance Management Directorate.

Rosarius said the group are now "force multipliers" within the Army medical maintenance community.

Through early June, the Soldiers worked on devices such as ventilators, patient vital-sign monitors, defibrillators and oxygen generators, in support of the whole-of-government response to COVID-19.

"Each of us was paired up with a subject-matter expert to allow for one-on-one training and answering questions," said Sgt. Katherine Sherman, team leader at MMOD-Hill. "We were able to learn an incredible amount in our two months on site."

Sgt. Jacob Ferguson, who led the team at MMOD-Tracy, called the experience "phenomenal." He said he was grateful for the opportunity, which builds on a previous visit to MMOD-Tobyhanna a few years ago when he worked with lab equipment technicians.

"This helped us further understand the capabilities across each MMOD," Ferguson said. "...The instructors were very knowledgeable. While intimidated at first, my team and I feel confident performing depot-level services."

Ferguson, Sgt. Trevor Nelms and Pfc. Dangelo Brown racked up over 1,500 hours at MMOD-Tracy, working 10 to 12 hours per day, six days a week. The trio was integral to the depot team completing over 200 maintenance operations for various medical devices.

*Continued on page 15*

*Sgt. Katherine Sherman works on a portable oxygen generator at the U.S. Army Medical Materiel Agency's Medical Maintenance Operations Division at Hill Air Force Base in Utah during a recent deployment. Sherman and eight other Soldiers from the 6<sup>th</sup> Medical Logistics Management Center at Fort Detrick, Maryland, deployed to USAMMA's three MMOD's to supplement the workforce during the COVID-19 response as each depot saw spikes in work order requests.*

*U.S. Army photo by Chris Jones*





The MMOD-Tobyhanna team – comprised of team leader Staff Sgt. Derek Presto, Spc. Nguyenquanghu Phan and Pfc. Kurtis Geer – clocked another 1,200 hours as they supported over 200 more work orders. The team provided direct ventilator service support to an Army hospital set up at the Javits Center in New York, along with 22 other states in support of the COVID-19 response.

At MMOD-Hill, Sherman teamed with Sgt. Casey Sims and Spc. Charles Roberts to work over 1,000 hours of labor on different medical devices, helping to complete over 2,200 work orders and keep pace with mission requirements.

Jose Vasquez, division chief at MMOD-Hill, said the Soldiers were able to quickly blend into the depot team, exhibiting a strong work ethic and attitude that helped not only tackle high work order requirements but turn them around in very short order.

Vasquez highlighted the team's efforts in supporting quick turn-arounds on ventilators and oxygen generation machines, the latter being a specialty to MMOD-Hill.

"There were several other urgent requests which required the strategic movement of technicians throughout the shop to ensure all requirements were completed efficiently and within the required deadlines," he said.

Vasquez noted the Soldiers resiliency and professional attitude, which helped maintain high morale and overall group cohesion toward the mission goal.

"Medical logistics is a team sport," said Col. Ross Davidson, 6th MLMC commander. "The 6th MLMC is here to support the medical logistics enterprise in order to best serve the Army, the DOD and the Nation."

"It is important that we recognize the hard work of these Soldiers who executed thousands of hours of combined labor in order to repair medical devices and support the operating force," said AMLC Commander Col. Michael Lalor. "The relationship between the AMLC, USAMMA and 6<sup>th</sup> MLMC has never been stronger, and this is just one example of how we are coming together to combine our capabilities and accomplish the mission."



*Spc. Nguyenquanghu Phan repairs a ventilator at the U.S. Army Medical Materiel Agency's Medical Maintenance Operations Division at Tobyhanna Army Depot in Pennsylvania during a recent deployment. Phan and eight other Soldiers from the 6th Medical Logistics Management Center at Fort Detrick, Maryland, deployed to USAMMA's three MMOD's to supplement the workforce during the COVID-19 response as each depot saw spikes in work order requests.*

*U.S. Army photo by Staff Sgt. Derek Presto*

# USAMMDA Selected to Manage Tier 1 Acquisition Program Funding for Three COVID-19 Response Efforts

*By the Warfighter Protection and Acute Care Project Management Office*

Three of the 10 COVID-19 response projects selected by the Defense Health Agency to receive Tier 1 acquisition program investments to support the COVID-19 effort are being managed by the U.S. Army Medical Materiel Development Activity's Warfighter Protection and Acute Care Project Management Office.

The WPAC team assigned to these projects is comprised of military, civilian and contractor personnel who work together to develop and deliver infectious disease drug treatments, vaccines and diagnostics to protect and sustain our nation's Warfighters. The group will use the DHA funding to improve capabilities to detect the COVID virus and the body's response to it, and to develop a candidate treatment.

The Tier 1 acquisition program investments are aimed at supplying testing capabilities that can be rapidly deployed, as well as improvements to existing testing capabilities, vaccines and treatments.

The three WPAC projects selected are the phospholipase A2 Inhibitor (Varespladib) for SARS-CoV2 treatment, the SARS-CoV-2 Rapid Diagnostic Lateral Flow Tests for direct antigen detection and serology, and the BioFire Defense COVID-19 Test 510(k) with Sample Expansion Option.

"Improved detection and drug treatment options are important tools to our Warfighters and the Nation in the fight against SARS-CoV-2. Diagnostics and treatment drugs will help prevent the further spread of SARS-CoV-2 and to potentially save lives of those infected.," said Dr. Lawrence Lightner, WPAC Project Manager.

The first project selected is the secreted *phospholipase A2*, or sPLA2, Inhibitor (Varespladib) for SARS-CoV2 treatment.



*The regulatory progression of BioFire Defense's COVID-19 test was authorized for Emergency Use on March 23 by the U.S. Food and Drug Administration. The test is performed on the BioFire® FilmArray® instrument, present in many Department of Defense facilities with results reported about 50 minutes after a sample, a nasopharyngeal swab in transport medium, is loaded for analysis.*

*Photo courtesy of BioFire Defense*

The sPLA2 Inhibitor is a small-molecule drug that prevents the molecule called phospholipase A2, which is associated with inflammation and other dysregulation and destruction in the lung that is characteristic of Acute Respiratory Distress Syndrome. ARDS is brought on by several diseases, including COVID-19, and leads to degradation of lung function, inadequate oxygen supply and, frequently, death or severe long-term breathing problems. Together with the industry partner, Ophirex, Inc., the WPAC PMO will work to develop Varespladib as an ARDS preventative and treatment in COVID-19 patients. The goal of drug treatment is minimized hospitalization, critical care treatment and survival.

On June 19, the U.S. Army Medical Research Acquisition Activity awarded a \$9.9 million contract to Ophirex to manufacture two versions of the drug — a tablet to be taken orally, and an injectable version — to be tested in clinical trials beginning this year. Varespladib is

currently being evaluated as a snakebite envenomation treatment and was previously tested against sepsis and acute coronary syndromes; those trials showed it to be safe and well-tolerated in patients.

"This drug doesn't kill SARS-CoV2. Instead, it is anticipated to stop what the virus does to the body — the symptoms of COVID-19 that are killing people and keeping them in the hospital," said Dr. Lindsey Garver, product manager for this effort within the WPAC PMO. "Since it's already been studied for other purposes, we know a lot about its safety profile and can move very quickly to implementation and, hopefully, saving lives."

The second project selected was regulatory progression of BioFire Defense's COVID-19 test. The U.S. Food and Drug Administration authorized this test for Emergency Use on March 23. The test is performed on the BioFire® FilmArray® instrument, present in many

*Continued on page 17*



Department of Defense facilities.

It provides a “detected” or “not detected” report about 50 minutes after a sample, a nasopharyngeal swab in transport medium, is loaded for analysis. While the FDA’s Emergency Use Authorization allows this test to be used, the 510(k) route to FDA clearance, which involves the acquisition of additional performance data, will provide additional confidence in the accuracy of test results and support use of the test even after the COVID-19 emergency expires.

The WPAC team worked closely with USAMRAA to finalize BioFire Defense’s commitment to perform the required studies, within the specifications of the \$3.1 million contract that was awarded June 4.

“We are capitalizing on the work done by our colleagues at JPEO-CBRND [Joint Program Executive Office for Chemical, Biological, Radiological and Nuclear Defense] earlier this year, when they partnered with BioFire Defense to start the development of the COVID-19 test,” said Dr. Clifford Snyder, product manager

for this effort within the WPAC PMO. “This test detects SARS-CoV-2 nucleic acid with a high degree of specificity and sensitivity. The virus can’t hide from this test.”

The third and final project selected includes two point-of-care diagnostic tests that will be able to identify persons infected with SARS-CoV-2: the SCoV-2 Ag Detect™ and SCoV-2 Ab Detect™. The SCoV-2 Ag Detect™ is a direct antigen-based test that uses a proprietary “dip-stick”-like test to detect several SARS-CoV-2 antigen targets present in respiratory samples collected by nasopharyngeal swab. The SCoV-2 Ab Detect™ is a serology “dip-stick”-like test that will use blood collected by finger stick to detect SARS-CoV-2-specific immunoglobulin M/immunoglobulin G antibodies in individuals who meet either clinical and/or epidemiological criteria to infer recent or prior infection. Each of these tests will be able to provide results within 15 to 30 minutes of sample collection.

USAMMDA leveraged its existing Indefinite Delivery/Indefinite Quantity contract with InBios International, awarding a task order on June 15 for

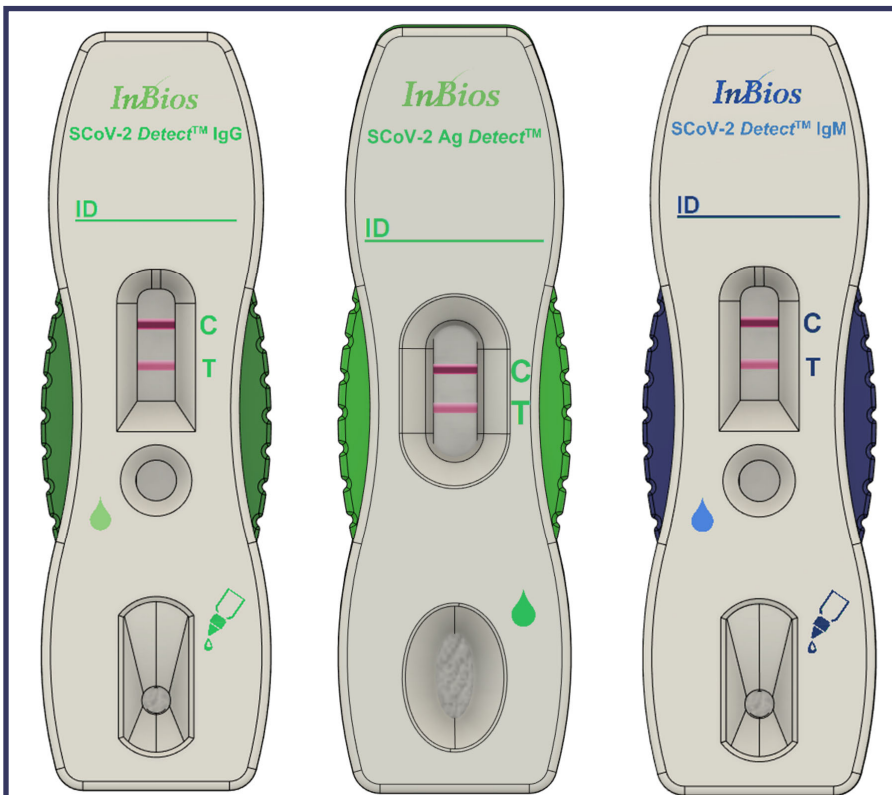
\$11.9 million to support the development of both of these diagnostic tests to achieve EUA and ultimately 510(k) clearance with the FDA. The DHA is funding development activities occurring in fiscal year 2020 to achieve EUA status.

The aim is for improved testing to deliver faster, more accurate detection of SARS-CoV. This can streamline surveillance of virus transmission and thereby minimize time in quarantine, reducing asymptomatic contact, and relieving the burden on testing labs.

The three selected projects represent the DOD’s commitment to protect the health and safety of our Warfighters, as well as to leverage our unique capabilities and partnerships that strengthen the “whole-of-government” approach to fighting the worldwide COVID-19 pandemic.

“USAMMDA teams work every day to develop and deliver a broad array of lifesaving medical products for our Warfighters. The WPAC PMO’s efforts showcase this breadth and the development of promising technologies to save lives across the nation.” said Army Col. Gina Adam, USAMMDA commander.

The successful development of these important projects is intended to benefit both our military and civilian populations. With a mission to develop and deliver quality medical capabilities to protect, treat and sustain the health of our nation’s Service Members, USAMMDA remains focused on providing life-saving drugs and devices that meet or exceed the intended requirements of the DOD. Without question, the men and women of the WPAC PMO team serve to highlight the determination and proficiency of the entire organization.



*Two point-of-care diagnostic tests that will be able to identify persons infected with SARS-CoV-2. Each of these tests will be able to provide results within 15 to 30 minutes of sample collection. Mock up images of the lateral flow tests in development by InBios International. Images courtesy of InBios International*

## USAMMDA Increased All Critical Equipping On-Hand Readiness for Activated Units in Response to COVID-19

*By Gregory Pugh, USAMMDA Warfighter Deployed Medical Systems Project Management Office*

As COVID-19 continues to affect the nation, the U.S. Army Medical Materiel Development Activity increased all critical equipping on-hand readiness for activated units in response to the global pandemic. USAMMDA has procured and rapidly equipped six Army medical units with critical care equipment, oxygen capabilities and medical materiel sets specific to post-operative and intensive care unit wards.

USAMMDA's role in the COVID-19 response engaged all personnel within the Warfighter Deployed Medical Systems Project Management Office. An experienced team of equipment maintainers, clinicians, product managers and contractors led the effort to identify and find solutions within the Department of Defense and industry to procure equipment and supplies, ensuring mission success.

The WDMS PMO manages medical assemblages and lifesaving medical devices throughout the acquisition lifecycle. In response to the COVID-19 pandemic, the WDMS PMO was able to support the Warfighter by ensuring critical capabilities were on hand, such as sterilization equipment, water management systems, medical materiel sets for post-operative and ICU wards, and medical central materiel services. The WDMS PMO also provided critical care equipment such as portable oxygen generators, T1 Hamilton ventilators, infusion pumps, ultra-sonic cleaners, blood fluid warmers, Next-Generation Diagnostic Systems with COVID-19 test kits, and D-cylinder oxygen tanks.

"It is great to see equipment that our organization procured have such a profound impact on the treatment of patients during this unprecedented time," said David Wirtz, deputy

product manager within the WDMS PMO. "Army medicine is at the forefront in the fight against an unseen enemy, and I am proud of all the hard work that our Medical Devices Assemblage Management and Medical Modernization teams have accomplished to ensure our nation's Warfighters have the most effective medical equipment."

USAMMDA's efforts resulted in more than 500 oxygen-D cylinders being delivered to some of the hardest hit areas within the United States, providing healthcare capabilities that were desperately required. USAMMDA's response to the call for critical care equipment, oxygen capabilities, and medical materiel sets, allows Warfighters throughout the U.S. to engage in the COVID-19 response with a war-type mentality, which contributed to the overall success and implementation of military hospitals in both New York and Seattle.

"It was our main goal to ensure those on the ground received the required materiel when they needed it, or earlier," said Army Maj. Dana Love, deputy product manager for WDMS. "When we, as a nation, are pushed to the brink of exhaustion, we rise and grind it out until the task is done — one nation, one fight."

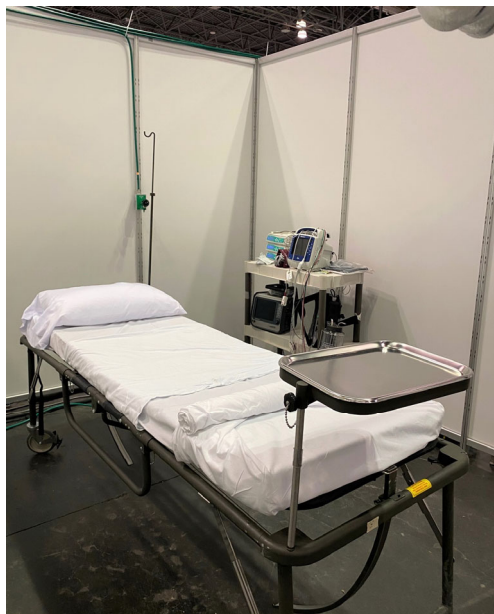
More than 950 individual medical devices and medical unit assemblages have been fielded rapidly in support of these units and the mission.

This collaborated effort, spearheaded by the WDMS PMO, involved the Force Sustainment Directorate at USAMMDA, as well the U.S. Army Forces Command, Army Medical Logistics Command and the Army Sustainment Command. In a moment's notice, the team was able to provide life-saving medical equipment to the Warfighter.



*The POGS 33 unit uses the latest Pressure Swing Adsorption technology, and utilizes Zeolite Molecular Sieves to separate oxygen from the other gases contained in air. Used at the Javits Center in New York City during the U.S. Army's COVID-19 response.*

*Photos by Army Maj. Crista Wagner, 44th Medical Brigade*



*Example of Intensive Care Unit setup that was used in New York City during the U.S. Army's response in the COVID-19 effort. The equipment shown includes a Propaq M monitor, Brawn infusion pump multi-channel, Propaq 326M suction apparatus, and a T-1 ventilator.*



# Soldier Reflects on Culture Changes Over Career, Value of Diversity, Equity and Inclusion

By C.J. Lovelace, AMLC Public Affairs

When she arrived at basic training more than 20 years ago, Monnet Bushner said she quickly realized she would need to work harder than her male counterparts to stand out.

"As a female and a minority, I knew I already had two strikes against me," said Bushner, a Bahamian-American who was 19 when she enlisted in the U.S. Army.

Bushner, now a sergeant major, serves as the top enlisted Soldier at the U.S. Army Medical Materiel Agency, a direct reporting unit of Army Medical Logistics Command.

She is one of several leaders in the organization leading the command's implementation of Project Inclusion, a holistic effort to increase diversity, equity and inclusion within the military.

"When I came in, I don't ever remember hearing any discussions on equal opportunity, diversity, women and men having the same equal rights," Bushner said. "For me, to combat that perception [of being weaker or less competent than my male counterparts], I had to show that I'm not *just* that. I wanted to be seen as an equal; as a peer."

As the nation recognizes Women's Equality Day on Aug. 26, which commemorates 100 years since women earned the constitutional right to vote, Bushner reflected on her 21-year enlisted career and the culture changes she's seen in the Army.

"It's been a big difference," she said. "The implementation of Project Inclusion along with relevant training to cover topics of discrimination, equality and respect show that we hold the most precious asset of an organization to be important and a priority. The most important asset is the people."

Bushner's rise from combat medic to leader, she said, took assertiveness, determination and a drive to always improve.

"Looking back on history, it shows that we need to remain present as women and show that our voice will be heard," she said. "We put ourselves in positions to make decisions



U.S. Army Medical Materiel Agency Sgt. Maj. Monnet Bushner, right, discusses the Army's Project Inclusion initiative to promote diversity, equity and inclusivity. Pictured with Bushner is Staff Sgt. Shakina Lewis, USAMMA detachment sergeant, and Maj. Christopher Baisa, an operations officer for USAMMA, a direct reporting unit to Army Medical Logistics Command.

Photo by C.J. Lovelace, AMLC Public Affairs

– not just stay in the back – and affect change."

Bushner said her experiences growing up in New Jersey and later California helped her develop a strong will and resilience that proved beneficial as a young Soldier looking to move up the ranks.

As a teenager in high school, Bushner said about 80% of her peers were Hispanic and affiliated with gangs in California. Those not part of the gangs were seen as outcasts and susceptible to attack, so she started an inclusive squad to help protect everyone else.

"We had the mixed people, black people, women; everybody that wasn't part of a bigger group I tried to round up," she said. "I didn't want them to get jumped or beat up, so we had our thing to help be less of a target."

That's the first time I realized, we can still be diverse in a group and still have a say," Bushner said. "You can still be a small population and have a voice."

Bushner has kept that mindset throughout her career, drawing on her experience and learning from others along

*Continued on page 20*

the way to help promote inclusivity and equity, while combating unconscious bias within the Army's ranks.

"When I first came in, it was divided when it came to race. You would see everybody in their little groups," Bushner said, referring to other enlistees at basic training at Fort Jackson, South Carolina. "It's not that people didn't want to communicate ... it was just nature to migrate to your own groups because that was what you were used to."

Bushner said one big takeaway from sergeant major school in Fort Bliss, Texas was the value of diversity to a leader. Different points of view, backgrounds and experiences contribute to a well-rounded team that is stronger and can more easily adapt to changing environments and conditions.

"As a leader, I promise to be the best I can, treat people fairly and with respect," she said. "I will treat everyone as an individual and promote that they do the best they can to be the best individual they can be. Every person is an individual and deserves our respect."

## Fort Detrick Virtual Housing Town Hall



- Fort Detrick Housing: Tues Sept. 15 at 1 and 6 pm
- Glen Haven Apartments: Thurs Sept. 10 at 6pm

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# Army Recognizes Medical Logistics Leader's 45-year Career as Soldier, Civilian

*By C.J. Lovelace, AMLC Public Affairs*

David Williams' career in the U.S. Army actually began on a football field in his hometown of Toledo, Ohio in the 1970s.

At 5-foot-9, Williams wasn't one of the biggest players on the University of Toledo football team, but an ROTC recruiter saw big things in him, like grit, determination and a strong work ethic, that would translate well to the Army.

"[The recruiter] said 'what are you going to do after football?'" Williams recalled. "The Army could be a good opportunity for you."

It turned out to be a lifetime of opportunity for Williams, 68, an experienced medical logistician who recently retired after 45 years of continuous service, including 30 years on active duty and 15 more as a civilian in senior leadership roles.

Colleagues from past and present assignments, including U.S. Army Medical Logistics Command and U.S. Army Medical

Research and Development Command, recognized Williams' career during a retirement ceremony Aug. 21 at Fort Detrick.

As explained by guest speaker Brig. Gen. Michael J. Talley, Williams "is nothing short of a national treasure" in the field of medical logistics.

"In his long and remarkable career in uniform and beyond, there will never be a complete accounting of all that David has done for the Army Medical Department, the joint medical and warfighting force and the nation," said Talley, commander of MRDC and Fort Detrick. "From a junior officer to a high-level adviser, David has literally done it all."

Since 2005, when he retired at the rank of colonel, Williams has served as director of materiel under the former Army Medical Research and Materiel Command and, most recently, as director of strategies and concepts for the G-3/5/7 at AMLC.

*Continued on page 22*



*David Williams, right, receives a U.S. flag from Brig. Gen. Michael J. Talley, U.S. Army Medical Research and Development Command and Fort Detrick commanding general, as a symbol of appreciation during Williams' retirement ceremony on Aug. 21, 2020 at Fort Detrick, Maryland. Williams, a retired Army colonel and experienced medical logistician, retired with 45 years of continuous service, including 30 active duty before going into civilian service. His most recent role was as director of strategies and concepts for the G-3/5/7 at the Army Medical Logistics Command.*

*Photo by C.J. Lovelace, AMLC Public Affairs*

Known as a mentor always quick to dish out credit to others, Williams spent most of his time during his remarks reflecting on those who helped him along his journey in service of the nation, including numerous colleagues and his family.

And it's the people, who embody "the best of what a merit-based, multi-ethnic system can be," that he said he would miss the most in his retirement.

"I mean this sincerely when I say it's been a privilege to be amongst people who symbolize and embody those values," Williams said.

### **A change in plans**

As a student at Toledo, Williams initially planned to go into coaching for his career. Homer Smith, former head football coach at West Point, had caught his ear about joining his staff as a linebackers coach.

But after some thought, he decided to take up his ROTC recruiter's offer and serve his country, earning commission as a Medical Service Corps officer in 1975 after completing his degree.

"I thought I would go into it for two years, then get out and coach football for my career," the Ohio native said. "But I ended up liking it."

Williams made the military his career for 30 years, starting with his first assignment at the 86<sup>th</sup> Combat Support Hospital based at Fort Campbell, Kentucky.

Moving a total of 14 times over three decades, Williams' time as a logistician for military field units and medical centers has taken him around the country and abroad, including a seven-year stint in Germany that included his first company command in the 8<sup>th</sup> Infantry Division.

He recalled working at a military hospital in Berlin just before the fall of the Berlin Wall in 1989.

"I didn't want to leave," he said, looking back on his time serving in Germany, "but you don't make rank if you don't move."

Williams came back to the U.S. to continue his schooling, but quickly deployed overseas again in support of Operation Desert Storm in December 1989. Another deployment took him to Somalia in 1993 to provide humanitarian intervention in Mogadishu.

"We were there before the UN took over," he said. "That's when Black Hawk Down happened. We were there to help stabilize the country."

After returning to the U.S., Williams served several years under the Army Surgeon General before moving to Fort Sam Houston, where he commanded the 147<sup>th</sup> Medical Battalion and later worked as chief of logistics management under Army Medical Command.

He left Texas to assume command of the U.S. Army Medical

Materiel Agency in 2000. The assignment was for two years, but again, like in his collegiate days, Williams decided to make Fort Detrick a more permanent destination to continue his career as a civilian.

When the responsibilities of MRMC were realigned last year under an Army reorganization, Williams transitioned to Army Medical Logistics Command, which was created to oversee medical materiel readiness and placed under Army Materiel Command.

Williams has played a key role in establishing the still-young command.

"This is a mecca for our business," he said about his decision to continue serving the Army in a civilian role. "Fort Detrick was the mecca for medical logistics, not only for the Army, but for the Navy and the Air Force too. This is like the pantheon of places to be."

### **An accomplished career**

Among Williams' many career accomplishments, he was the "visionary, chief architect and primary builder" of the Army Medical Logistics Enterprise, or AMLE, that became the model for all business communities or enterprises within the Army Medical Department.

Williams also led multiple theater supply-chain assessments to validate and improve delivery of materiel, played a critical role in the reorganization of MRMC that led to the creation of AMLC and served as a mentor to hundreds, helping to develop the next generation of medical logisticians.

"He is directly responsible for ensuring Army Medicine has critical strategic capabilities," said Jon Kissane, a close friend of 30 years and a senior medical logistics analyst for AMLC. "I consider him to be among the most impactful AMEDD leaders I have known, and I've been working for the Army for 46 years."

Kissane used words like honorable, dedicated and loyal when reflecting on Williams and his career, reiterating his role as the driving force behind the AMLE effort, Defense MEDLOG initiatives and the establishment of the U.S. Army Medical Materiel Center-Korea, among others.

"He's part of a generation of medical logisticians that built MEDLOG to what it is today," Kissane said. "I will miss his leadership and the influence he impressed on senior medical leaders to remember the value of medical logistics."

Talley said it was only fitting that Williams' final assignment was in a building that he helped build, where every medical logistics organization within the DOD is represented.

"In short, he and the team he built are directly responsible for ensuring that Army medicine has critical strategic capabilities," Talley said. "For this reason, David is considered the father of all things MEDLOG. Not just for the Army, but for the joint services as well."

*Continued on page 23*



## A mentor

“Mentor” is a common word used when talking about Williams.

Chris Roan, USAMMA’s current chief of staff, said Williams has made a difference for him “on so many levels,” both personally and professionally.

“As a young hard-headed major, Lt. Col. Williams selected me as his Executive Officer for the 147th MEDLOG Battalion and then he was my commander at USAMMA,” Roan said. “He was extremely patient with me and saw potential in me that I did not.”

Roan said Williams, a close personal friend to he and his family, pushed and challenged him in many ways, becoming a valuable mentor for the rest of his military career.

“He advised me both personally and professionally for nearly 20 years,” he said. “Mr. Williams would not only coach me but also hold me accountable when he saw me waiver.”

Through his active-duty career and his work as a civilian, Williams remained focused on the success of medical logistics within the Army and the joint community. Roan said he never shied away from “thorny topics at all levels” and ensured that senior leaders were taking care of the talent within their ranks.

“During nearly a decade of dramatic change in medical logistics,

Mr. Williams was the single consistent entity that kept the medical enterprises key and critical strategic programs moving forward,” Roan said.

## A model for life

Williams’ motto during his career – a maxim adopted by many, Talley said – was “healthcare starts with medical logistics.”

“It was always forefront and relevant while he and his teams were executing the Army’s mission,” Talley said. “He was unrelenting in his effort, uncompromising in his standards, and he held high expectations of human performance, beginning with his own tireless work ethic.”

Talley, who worked alongside Williams when serving as commander of the 6<sup>th</sup> Medical Logistics Management Center, said he will be missed by his work family “for all the good” he brought to the command every day, emphasizing his legacy of teamwork, mentorship and an unwavering commitment to mission and human decency.

“All who have worked with David, myself included ... we consider ourselves blessed to be educated, mentored and inspired by David Williams,” Talley said. “I hope the mold that created you isn’t broken, because you are the model of how everyone should live their life.”



**Brig. Gen. Michael J. Talley, left, presents David Williams with a certificate of retirement during a ceremony Aug. 21, 2020 at Fort Detrick, Maryland. Williams, a retired Army colonel and experienced medical logistician, retired after 45 years of continuous service, including 30 on active duty and 15 more in civilian service. His most recent role was as director of strategies and concepts for the G-3/5/7 at Army Medical Logistics Command.**

*Photo by C.J. Lovelace, AMLC Public Affairs*



*Congratulations*

*USAG DHR*

*for winning the*

*7MCOM 2019*

*"Excellence in Directorate in Human  
Resources Award - Small Garrison"*





# INSTALLATION SAFETY BULLETIN SB 20-08-01

## HERE IT COMES

are you  
ready for  
the ride?



### When riding on an Army installation:

- During low light hours or reduced visibility, bicycles must be equipped with an operable headlight & taillight.
- Be predictable; be visible!
- Riders must wear a reflective upper garment.
- Riders must wear a Consumer Product Safety Commission-approved helmet.
- Wearing headphones, earphones or other listening devices is prohibited.
- Yield to traffic when appropriate.
- Go with the traffic flow.
- Obey all traffic laws.
- Look before turning.



## READY

## ...OR NOT?

**Ready ... or Not** is a call to action for leaders, Soldiers, Army Civilians and Family members to assess their "readiness" for what lies ahead—the known as well as the unknown.

Throughout our professional and personal lives, events happen all around us. We are often able to shape the outcome of those events, but many times we're not. Navigating life's challenges is all about decision-making.

So are **YOU** ready ... or not?



ARMY STRONG



<https://safety.army.mil>



INSTALLATION SAFETY OFFICE  
1520 FREEDMAN DRIVE SUITE 217  
PHONE 301-619-7318  
[USARMY.DETRICK.USAG.LIST.ISMO@MAIL.MIL](mailto:USARMY.DETRICK.USAG.LIST.ISMO@MAIL.MIL)



SAFETY BULLETIN

SAFETY BULLETIN



# ATTENTION: Service Members and Army Civilians

With the fall election quickly approaching, it important we all know what we can and cannot do as far political activities. The attached one page slide is a quick and easy reference on what we can, must, and should do, contrasted with what we cannot do regarding political activities. Everyone is encouraged to review and become familiar with the slide below.



## For Active Duty Military

### CAN

Express your opinions and participate in peaceful non-partisan public demonstrations when OFF-DUTY and NOT in uniform.

### CAN'T

Engage in partisan political activity or act in a manner that could imply Army approval or disapproval of any political party, campaign or candidate in a partisan election.

Actively participate in a public demonstration that is organized by a political party, campaign or candidate.

Actively participate in a public demonstration that is likely to become violent or a breach of the peace.

### MUST

Follow all orders and directives about specific activities that may be issued by appropriate civil and military authorities or found in the Uniform Code of Military Justice.

### SHOULD

Review Department of Defense Directive 1344.10, Department of Defense Instruction 1325.06 and Army Regulation 600-20 for basic guidance concerning participation in protests and other political activities.

### CAN

Remember you represent the Army when you are on- or off-duty; be wise with the use of your social media accounts to express your personal views.

Donate money, sign petitions and express your personal opinions when you are off-duty and not in an official capacity.

Follow, friend or like a political party or candidate running for partisan office on a personal social media account, when off-duty.

### CAN'T

Post, share or link to material from a partisan political party, group or candidate, even when off duty. This restriction also applies to "Further Restricted" civilian employees, such as members of the Senior Executive Service.

All Army Team members should **Think, Type, Post:**

**Think** about the message being communicated and who could potentially view it.

**Type** a communication that is consistent with Army Values.

**Post** only those messages that demonstrate dignity and respect for self and others.



## For Army Civilians

### CAN

Express your opinions and participate in peaceful non-partisan public demonstrations, when OFF-DUTY and NOT wearing an official uniform or identifying badge.\*

### CAN'T

Engage in a political activity in a manner that could imply Army approval or disapproval of any political party, campaign or candidate in a partisan election.

### MUST

Follow all orders and directives that may be issued by appropriate civil authorities.

### SHOULD

Review the provisions of the Hatch Act of 1939 (5 U.S. Code Sections 7321-7326) and Office of Special Counsel guidance concerning permitted and prohibited political activities.

\*The rules regarding political activities for a limited class of employees, such as members of the Senior Executive Service, may be more restrictive.

## Social Media

### CAN

Post, share or link to material from a partisan political party, group or candidate, when off-duty and not in a government building, but not to subordinates.

Friend, follow and like a political candidate when off-duty and not in a government building.

Identify a political affiliation on a personal social media profile.

### CAN'T

Post partisan political articles, websites or political cartoons, memes or gifs while on-duty, in a federal building, or using a government computer, including on a personal device, during your duty hours.

Refer to your official title or position while engaged in political activity on social media.

Suggest or ask anyone to make financial contributions whether on- or off-duty and whether or not using an alias.

Link to the political contribution page of any partisan group, or like, share or retweet a solicitation, including an invitation to a fundraising event.

Engage in political activity on an account that is used for official business.

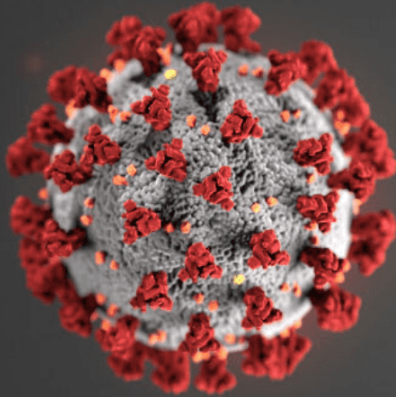
## Resources

Hatch Act: <https://osc.gov/Services/Pages/HatchAct.asp=x>

Hatch Act Social Media Guide: <https://osc.gov/Documents/Hatch%20Act/Social%20Media%20Quick%20Guide.pdf>

DoD Directive 1344.10: <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodd/134410p.pdf>

Army Social Media Guidance: <http://www.army.mil/socialmedia/soldiers>



# CORONAVIRUS 2019 (COVID-19) UPDATES

## Current Operations, Closures and Event Updates

In observance of the **Labor Day holiday**, all visitor centers and gates EXCEPT Nallin Farm Gate at Fort Detrick and Brookville Gate at Forest Glen will be closed on the following days:

Monday, September 7, 2020

**\*\*Vetting operations at Fort Detrick for all Holidays will occur at Nallin Gate.\*\***

**\*Nallin Farm Gate and Brookville Gate will be open 24/7.\***

**Gate Operations:** In response to operational changes due to COVID-19, Nallin Farm Gate and Old Farm gates will remain operational for entry and exit. Nallin Farm Gate will be open 24/7 at Fort Detrick and any vetting operations at Fort Detrick will occur at Nallin Gate.

Old Farm Gate is open Monday - Friday from 6 a.m. - 6 p.m. and on weekends from 9 a.m. - 6 p.m.

Veterans Gate is open Mon-Fri from 6 a.m. - 2 p.m.

At Forest Glen, Linden Lane Gate is closed until further notice. Brookville Gate will be open 24/7 and any vetting operations at Forest Glen will take place at the Brookville Gate.

### **Labor Day Run Virtual Run Competition/Challenge**

#### Requirements

Units select 5 person teams.

Run can be conducted anywhere

Teams can consist of Military and Civilian and Dependents.

Submit GPS verification to the Fort Detrick Facebook page NLT 8 Sept.

Run must occur between 3 - 7 Sept.

#### Rewards

Two win categories:

Fastest Team

Highest % of Unit Participation

Winners will be announced on 11 Sept via the Fort Detrick Facebook page.

Units can enter more than one team

**Effective Aug. 17, when entering the installation, all vehicle occupants must be wearing face masks or face coverings or you**

**will be denied entry. The exception is if all passengers are family members.**

**The Chapel is operating at 25% capacity for Sunday services.**

9:15 a.m. Catholic Mass

11 a.m. Protestant Service

Below are the links for Sunday services.

Protestant Link: <https://www.facebook.com/FortDetrickChapel>

Catholic Link: [www.holyfamilyfd.org/](http://www.holyfamilyfd.org/)

### **FAMILY MORALE, WELFARE AND RECREATION**

#### **Financial Readiness – Thrift Savings Plan (TSP)**

9 September 2020, 10-11 a.m. or 1-2 p.m.

1520 Freedman Drive, auditorium

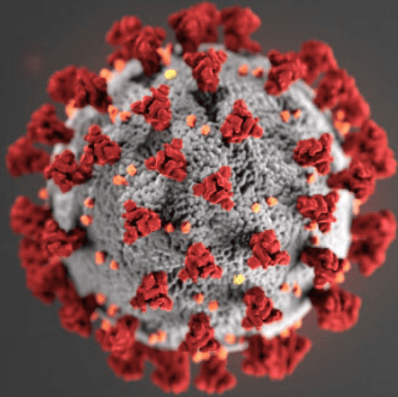
Training on the fundamental of understanding the TSP. Review the functions of the website to ensure that Service Members know how to utilize. Training on how the TSP is important to your life now and long term. For more information, please call 301-619-3455

#### **Financial Readiness – First Term Spend Plan Training**

15 September 2020, 8-9 a.m., 10-11 a.m. or 1-2 p.m.

1520 Freedman Drive, auditorium

To train & educate Service Members on developing a spend plan, budgeting, saving, and making appropriate use of their saving towards retirement. The training is also designed to provide tools to assist service members and their Families from making in appropriate purchases. For more information, please call 301-619-3455



# CORONAVIRUS 2019 (COVID-19) UPDATES

## Current Operations, Closures and Event Cancellations

### **Outdoor Pool private swim lessons**

Time varies

839 Chandler Street

#### **Fees and Payments:**

Four 30 Minute lessons for \$65

Credit card payments only.

For additional information, please call 301-619-2368

### **Outdoor Pool Open with limited capacity**

839 Chandler Street

Hours of operation Monday-Friday, 6-8 a.m., 9 a.m. – 1 p.m. and 2-6 p.m., weekends and holidays 9 a.m. – 1 p.m. & 2-6 p.m.

#### **Fees and Payments:**

Daily fee: \$5 per patron

30-day individual pass: \$35

30-day family pass: \$60

Credit card payments only.

For additional information, please call 301-619-2498

### **Outdoor Pool Open tentative closure date 26 September (weather permitting)**

#### **Indoor Pool will open 28 September**

For additional information, please call 301-619-2498.

### **Event: Holiday Craft Fair Vendors Wanted**

18 November 2020, 11 a.m. – 5 p.m.

Odom Fitness Center, 1507 Porter Street

Looking for crafters, knitters, woodworkers and painters to be vendors in our annual Holiday Craft Fair. \$35 cost covers a 10 x 10 space. \$15 extra for 2 tables and 2 chairs. For more information please call 301-619-2564.

### **Nallin Pond Pavilion Reservations**

Nallin Pond Recreation Area

To use the pavilions at the Nallin Pond Recreation Area for groups of 10 or more, reservations are required. For additional information, please call 301-619-2892.

### **Cancelled – The 2020 Fort Detrick Invitational Labor Day Softball Tournament has been cancelled.**

### **Dog Swim**

30 September 2020

1700-1800 & 1800-1900 to allow maximum opportunity to participate

839 Chandler Street

Cost \$7 per dog, per session. You must pre-register and pre-pay by calling 301-619-3950 prior to 28 September.

### **\*UPDATE\* Pet Kennel and Doggie Day Care**

By appointment only, Monday-Friday, 0700-0900 and 1500-1730 for curbside pick-up and drop Saturday and Sunday for overnight lodging by appointment only

121 Hamilton Street

For appointment, please call 301-619-3950.

Daycare: \$23 daily

Lodging cost varies

Fun weekly events

### **Event: Fort Detrick 2020 Army Ten Miler, Virtual Edition for active duty Service Members**

**Run must be completed 11-18 Oct 2020.**

Location of participant choosing using a tracking app supplied by the ARMY Ten Miler.

Cost: \$59. For more info, call 301-619-2564.

### **Barquist Clinic & Pharmacy closure for September**

Sept. 4: Reduced hours (DONSA) – closes at 11:30 a.m.

Sept. 7: Labor Day holiday – closed all day

Sept. 18: Reduced hours (Training) – closes at 11:30 a.m.