



The Standard

Fort Detrick



A SUSTAINABLE COMMUNITY OF EXCELLENCE

Detrick welcomes new Chief of Police

By Erickson Barnes, Public Affairs

New Chief of Police Corey Steffy began his law enforcement career as a Soldier, but can you guess where he began his civilian career?

"I've been involved in law enforcement for a long time now, essentially since I left high school," said Steffy. "I entered active duty as an MP, and spent eight years in the Army. After leaving active duty, my first civilian law enforcement job was here at Fort Detrick."

He has even worked with many of his new team members previously, either on active duty or as a civilian police officer.

"I worked here for just over two years before going to the Maryland State Police. In a sense, returning to this agency is just me returning to my old team," said Steffy. "But, I'm coming back a lot more mature and with a lot more experience."

"The team here at Fort Detrick is fantastic," he continued. "They have been fully supportive of me taking on this role, and I look forward to moving the agency forward and in the right direction."

The new chief is quickly acclimating to the community again, and embracing its best qualities. He had been on the job for just over one week when he attended the recent National Night Out event, wasting no time in engaging with community members.

"We live and work in this great small,



Having retired from a career with Maryland State Police, new Chief of Police Corey Steffy has returned to where his civilian career began. (Photo by Erickson Barnes)

tight-knit community. It's a wonderful environment," said Steffy. "It's been a real breath of fresh air so far, getting out at community events and being able to talk to so many residents. I come from working at an agency where my work was primarily done in big cities and densely populated areas, which is an entirely different environment, and coming back here has been great."

"I certainly understand that we are here to support the community and that's what we're going to do. The closer our department is with the community, the better it will be for everybody," he said.

Steffy believes that the culmination of his experience, from the military to Fort Detrick to MSP, gives him good per-

spective and a clear vision for the direction of the agency.

"I know how different law enforcement agencies operate; how they function," he said. "I know what it's like to stand a guard post and to be a patrol officer, and after a great career with the MSP, I have a wealth of experience. I want the members of our police department here at Fort Detrick to be as well trained and as experienced as agencies outside the gates."

One way he envisions doing that is by building close relationships with allied agencies in the area, bringing them on post to conduct training and sending

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his officers outside the gates to learn how they operate and function.

"Often times when a serious event occurs, we're all going to be working together and we need to be on the same page," said Steffy. "That's why the close relationship there is important to me."

The chief is well aware that challenges await, and he is immediately and actively working to combat one well known foe: complacency.

"Keeping our force vigilant, avoiding that tendency to slip into routine patterns of behavior, and watching for and reporting questionable behavior are all important for keeping our community safe," said Steffy. "I think that applies to the police force, the guard force, and everyone who lives or works on post. If we notice something, it's our responsibility to put it on someone's radar so it can be examined more closely. We have emergency managers, physical security experts, the police and guard force, and all of those work in combination with the community to keep assets in our community safe."

"We recognize that vigilance and security can be inconven-

ient at times," he continued. "It may seem like a nuisance sometimes, but the community needs to understand that everything we do is motivated by good intentions. What you may view as an inconvenience, may be necessary to ensure your safety."

Steffy believes building trust and better communication between his agency and the community will also help create a more secure environment.

"I plan to, and I want our officers to, get to know the people here on post and build trust in that relationship. The better we know each other, the better we'll communicate with each other," he said. "If you've never spoken to a police officer on post, you might be more reluctant to go report something out of the ordinary to the police department here. If you know me, or know members of our department, it is more likely you'll bring something to our attention."

"If you see me around post, or in town, please come up and introduce yourself. If it's possible, I want to know every member of our community," said Steffy.

"I'm glad to be back as part of the team here at Fort Detrick."

For Meyer, ceremony signals new role, challenges at USAMRDC

By Ramin A. Khalili, USAMRDC Public Affairs

Following a series of substantial and dynamic contributions to the overall mission of the U.S. Army Medical Research and Development Command, Dr. Ana-Claire Meyer received induction into the Senior Level (SL) leadership ranks Aug. 13 during a ceremony at the Fort Detrick Auditorium.

"This is just one more groundbreaking event as I see it," said Brig. Gen. Anthony McQueen, Commanding General of USAMRDC and Fort Detrick, during remarks to the assembled crowd, which included Meyer's husband and two children. "[It's] a special day as we add to our history here at USAMRDC."

The ceremony comes on the heels of Meyer's promotion to the role of USAMRDC Senior Research and Technology Advisor on June 6. The brand-new role – the first of its kind in the history of the command – is representative of a larger effort to ensure all USAMRDC efforts both align with and meet the highest priority needs of the Army and the Department of Defense.

"I'm grateful for the opportunity and eager to work to synthesize all the expertise across the Command and build upon the great work being performed by the Principal Assistant for Acquisition and the Principal Assistant for Research and Technology," said Meyer, speaking during a phone interview prior to her induction ceremony. In her previous role, Meyer served as Senior Clinical Advisor to the Principal

Assistant for Acquisition.

In short, and according to Meyer, the new position will focus on three key areas. First, as a physician scientist, Meyer will serve as an important addition to the Command's senior scientific and technical leadership staff – acting as an advisor to McQueen. Secondly, she will work with various USAMRDC laboratories, as well as science and technology and project management teams within the command to identify key strategic areas slated for improvement; this being integral to USAMRDC's ability to fill critical gaps and meet Army and Joint Strategic priorities. Lastly, Meyer will work closely with partners in the Command's PAA and PART Offices to develop new partnerships across the Army, interagency, academia and private industry communities to meet those same modernization priorities.

"I take my inspiration from the Army modernization approach, and will be looking across different domains in our command to see how we fight, what we fight with and who we are," said Meyer, who transitioned to USAMRDC in 2017 following a decorated career in academia. "To enable us to meet our future challenges, it is critical to better understand what we need to retain and what we need to change with regard our processes, priorities, and capabilities, as well as recruitment and retention of personnel."

Currently, and as one of her top orders of business upon

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taking the role, Meyer plans intensive engagement with internal and external stakeholders to identify key challenges in fulfilling USAMRDC's contribution to building a force ready to confront challenges related to multi-domain operations on the future battlefield.

"The new position is really [about] having someone dedicated to identifying key strategic initiatives in collaboration with the PAA and the PART, bringing our labs together with our leaders in S&T, program management and key external partners and stakeholders to make sure we're all rowing in the same direction," said Meyer. "This will be critical to enable USAMRDC to address the highest priority medical and human performance needs to achieve an MDO-ready force in 2035."

Notably, among those in the audience for Meyer's induction ceremony included USAMRDC Command Sgt. Maj. Victor Laragione; USAMRDC Principal Assistant for Acquisition Dawn Rosarius; Dr. Nelson Michael, Director of the U.S. Military HIV Research Program at



Brig. Gen. Anthony McQueen, Commanding General of USAMRDC and Fort Detrick (left), shakes hands with Dr. Ana-Claire Meyer prior to her Senior Leadership induction ceremony Aug. 13. (Photos by Ramin A. Khalili, USAMRDC Public Affairs)

USAMRDC's Walter Reed Army Institute of Research; and Maj. Gen. Michael Talley, former USAMRDC Commanding General and current Deputy Commanding General (Operations) with the U.S. Army Medical Command, who joined the ceremony virtually.

Right: Dr. Ana-Claire Meyer delivers remarks during her Senior Leadership induction ceremony Aug. 13.



Fort Detrick held its Quarterly Retirement Ceremony Aug. 12



Congratulations to the retirees:

Master Sgt. Jose R. Hernandez, 21st Signal Brigade (top left).

CW3 Jessie B. Moore, 6 Medical Logistics Management Center (top center).

Master Sgt. Caleb N. Ekane, Medical Research and Development Command (top right).

Mr. Jerry Wolfe, US Army Garrison, Directorate of Public Works (right).

We congratulate this quarter's retirees and wish them good luck and prosperity in a well-earned retirement.



Back to the Future: Letterman Plan Transforms Military Medicine

By James A. Black, Combat Casualty Care Research Program

The Military Health System's past and future – interestingly enough - intersect in Frederick County, Maryland - which more than a century ago was a military hub for both the Union and Confederate Armies. During the Civil War (1861 – 1865) – the bloodiest conflict in American history - each Army relied on the county's proximity to the Mason-Dixon Line to mass troops and treat the wounded in mobile hospitals.

More than a century later, Frederick serves as the home of the U.S. Army Medical Research and Development Command at Fort Detrick – located just a few miles away from the National Museum of Civil War Medicine.



National Museum of Civil War Medicine.
(Courtesy photo)

“Prevailing in any conflict requires more than just a massive and motivated Army, it takes a detailed plan of action to save lives and return Soldiers to the fight,” said CDR Travis M. Polk, the director of the Army Futures Command's (AFC) Combat Casualty Care Research Program (CCCRP).

On a warm, majestic day in July, CDR Polk took his team to the National Museum of Civil War Medicine to learn how doctors, nurses and medics treated more than 600,000 casualties – many of whom died from non-combat related illnesses such as dysentery, scurvy, and a host of infectious diseases.

In 1862, the Union Army of the Poto-



Dr. Jonathan Letterman (front, seated) “The Father of Modern Battlefield Medicine” and his staff in Warrenton, Virginia 1862. (Photo: Library of Congress)

mac was unable to cope with tens of thousands of wounded and sick Soldiers, many of whom laid incapacitated on the battlefield days after an engagement. President Abraham Lincoln recognized the crisis and appointed Medical Corps veteran Dr. Jonathan Letterman as Army Medical Director. Letterman, a distinguished surgeon and consummate organizer quickly changed the course of military medicine by advocating for the systematic removal and treatment of casualties.

Dr. Letterman's ethos was: Think Big, Start Small, and Move Quickly. In doing so, he transformed military medicine for the next 150-years. John Lustrea, an Education Coordinator with the National Museum of Civil War Medicine says Dr. Letterman – also known as “The Father of Modern Battlefield Medicine” – devised a system of forward first aid stations at the regimental level where principles of triage and graduated echelons of treatment were first incorporated. According to the American College of Surgeons, the impact was almost immediate: resulting in more than twelve-thousand Union casualties being removed from the battlefield just one-day after the Battle of Antietam (1862), the bloodiest day in American history, with a combined tally of 22,717 dead, wounded, or missing.

“Dr. Letterman instituted standing operating procedures for the intake and

treatment of war casualties, created cohesion in the ambulance corps, demanded better rations to energize the troops, and instituted systemic codes for insuring that all medical personnel were uniformly trained in providing a high standard of care,” emphasized Lustrea – all of which was codified in 1864 by the U.S. Congress to ensure the future success of the Army Medical Department.

Today, battlefield medicine is informed by Dr. Letterman's focus on the ABCs: Accuracy, Brevity and Clarity – according to the U.S. Army Medical Department (AMEDD). In particular, CCCRP continues to build upon Letterman's concept of mobile field hospitals, enhanced ambulance corps (en route care), and well-trained medics to reduce casualties in the modern era of Multi-Domain Operations (MDO) in which near peer adversaries such as Russia and China challenge the ability of the U.S. to treat and move casualties in highly contested environments.

Lt. Col. Cubby Gardner – director of the CCCRP En Route Care portfolio - remarks: “I think Dr. Letterman would be impressed by the modern military's ability to produce highly trained medics, adeptly treat casualties in the field by extending ‘The Golden Hour’, and in using our en route care system to save lives.”



Soldiers transport a trauma victim to a U.S. Army medical helicopter in Tarmiyah, Iraq, Sept. 30, 2007. The Soldiers are from Charlie Company, 4th Battalion, 9th Infantry Regiment, 4th Stryker Brigade Combat Team, 2nd Infantry Division. (U.S. Army photo)



INSTALLATION SAFETY BULLETIN SB 21-08-01

Back-to-School Safety Tips

The School year is starting, watch out for children and traffic near schools and crossings!

Drivers - If You're Dropping Off children at school

- **Don't double park**; it blocks visibility for other children and vehicles.
- **Don't load or unload** children across the street from the school.

Sharing the Road with Young Pedestrians

- Most of the children who lose their lives in bus-related incidents are **4 to 7 years old**, and they're walking.
- **Don't block** the crosswalk when stopped at a red light or waiting to make a turn, forcing pedestrians to go around you; this could put them in the path of moving traffic.
- Take extra care to look out for children in school zones, near playgrounds and parks, and in all residential areas.
- Always **stop for a school patrol officer** or crossing guard holding up a stop sign.
- **Never** pass a vehicle stopped for pedestrians.
- Remember **Slower Speed Limits** in School Zones.
- **SLOW DOWN** – more pedestrians and bicycles.
- Exercise **CAUTION** in areas without sidewalks.
- Know what's behind you before backing.



Sharing the Road with School Buses - If you're driving behind a bus, allow a greater following distance than if you were driving behind a car. It will give you more time to stop once the yellow lights start flashing.

- **Stay Alert** near bus stops.
 - If the **YELLOW** or **RED LIGHTS** are **FLASHING** and the **STOP ARM** is extended, **STOP** at least 20 feet from the bus when behind or meeting.
 - **STOP** between 10 and 30 feet from the school crossing when a crossing guard directs.
- **Never** pass a bus from behind – or from either direction if you're on an undivided road – if it is stopped to load or unload children.
- The area **10 feet around a school bus** is the most dangerous for children; stop far enough back to allow them space to safely enter and exit the bus.
- **Be alert**; children often are unpredictable, and they tend to ignore hazards and take risks.

- National Safety Council, www.nsc.org



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SAFETY BULLETIN

SAFETY BULLETIN

Future oxygen technology may reduce sustainment burden

By C.J. Lovelace, AMLC Public Affairs

FORT DETRICK, Md. – Sustainment experts at U.S. Army Medical Logistics Command are discussing emerging technologies in the field of mobile oxygen production that could potentially reduce future maintenance requirements and provide a reliable source of oxygen on the battlefield.

Bill Sovitsky, supervisory equipment specialist with AMLC's Policy & Analysis Directorate, said he learned more about these new electrochemical oxygen systems while attending the Oxygen Standardization Coordinating Group, an annual assembly focused on designing and manufacturing oxygen solutions for the warfighter.

The summit is attended by U.S. and international military forces, as well as industry leaders.

While still in conceptual phases of development, electrochemical oxygen systems may eliminate the need for air compressors that are needed for current technology, known as pressure swing/vacuum

swing adsorption (PSA/VSA).

Rather than using compressed air and a molecular sieve to extract oxygen from the air in VSA/PSA systems, the electrochemical process uses a very thin inorganic membrane and an electrical charge that, when transmitted across the membrane, permits only oxygen to pass through.

From a sustainment perspective, this new technology has the potential to reduce downtime associated with preventative and corrective maintenance, Sovitsky said.

"They might also reduce the requirement for repair parts and maintainer training," he added. "They will run quieter, reduce fire danger and potentially reduce or eliminate the need for oxygen cylinders on the battlefield. This reduces transportation and refilling requirements. They have a great potential to affect readiness."

AMLC is the Army's premier medical logistics organization, serving as the Life Cycle Management Command responsible for the sustainment of complex medical devices,

such as field portable oxygen systems. AMLC works closely with the materiel developer to ensure proper maintenance plans and lifecycle support for products they field.

The OSCG, which has existed in different forms since 1959, held its annual meeting virtually over two days in late July, bringing dozens of subject-matter experts together around the topics of oxygen systems in aviation and medical settings. Sovitsky has participated in the group since 2003, serving as the Army co-chair and medical systems expert for the past decade.

The goals of the DOD and industry group are to promote oxygen system safety, standards, technologies, reliability and commonality, while reducing life cycle costs, and, in general, disseminating information about military oxygen systems.

"Oxygen plays a key role on the battlefield, both in aviation and medical," Sovitsky said. "It allows our warfighters to safely execute their missions on land, sea and in the air. It plays a critical role in saving patient lives and returning the sick and wounded to duty."

The COVID-19 pandemic not only forced the group to hold its annual meeting virtually, but it also provided a stark reminder of the importance of oxygen on the broader health care community, he added.

"The pandemic rapidly increased the demand for oxygen and, in some areas of the world, outstripped supply with dire consequences," Sovitsky said. "The recent focus on large-scale conflict with peer and near-peer adversaries also emphasizes the potential for rapid increases in oxygen demand."

"We must be ready to supply the warfighter with safe and effective oxygen systems to meet this challenge."



Matt Hernandez repairs an oxygen generator at the U.S. Army Medical Materiel Agency's MMOD-Hill depot at Hill Air Force Base, Utah, on Jan. 10, 2019. New emerging technologies in field-portable oxygen generation systems could reduce maintenance needs and increase readiness on the battlefield. (U.S. Air Force photo by R. Nial Bradshaw)

BOSS helps Soldiers learn new life skills in August

August was a busy month for Soldiers in the Better Opportunity for Single Soldiers program.

This month, they learned basic car mechanics through the Auto Skills Shop, and how to shop for healthy foods and prepare a great meal.

On Aug. 6, the Auto Skills Shop provided a class on basic mechanics and ways to do things themselves. Each participant was given a free oil change.

On Aug. 12, the day started by learning how to shop for healthy meals at the Fort Detrick Commissary and ended with a preparation and cooking class at the Fort Detrick Chapel led by Marc Paul Susa from the Fort Lee U.S. Culinary Arts Team.

BOSS provides opportunities and support to the overall quality of life for single and unaccompanied service members. For more information on the BOSS program, please visit <https://detrick.armymwr.com/programs/boss>.



(Courtesy photo by BOSS)

FMWR hosts 2021

Youth Fishing Rodeo

Fort Detrick's Family and MWR recently hosted its annual Youth Fishing Rodeo, allowing the community's youth an opportunity to test their fishing skills.

During the event, participants were invited to spend time fishing at Nallin Pond with their parents. Education stations were set up for youth and parents to learn about conservation and stewardship, safety and casting, and tackle and knot tying. Trophies for the day included: Most Fish Caught, Biggest Fish, and Best Fishing Etiquette.

Clockwise from top right: The Custer family shows off their haul; some familiar CYS faces coming prepared to fish at Nallin Pond; participants as young as three years old came to practice their angling skills; and safe handling of one of the 200 fish provided by the Maryland Department of Natural Resources. (Courtesy photos)



Back to School

Soldiers from the 21st Signal Brigade at Fort Detrick take part in the annual tradition of raising the American Flag on the first day of school at Whittier Elementary in Frederick, Aug. 18. Cpt. Marlon Whitaker, also from the 21st Signal Brigade, shared encouraging words and challenged the children to work hard and do their best this year.

(U.S. Army photos by 21st Signal Brigade)



WRAIR's Hammamieh receives 2021 ISS R&D award

By Lee Osberry, WRAIR Public Affairs

Soldier Health is World Health, and sometimes that extends beyond the confines of the planet.

Congratulations to Dr. Rasha Hammamieh, Medical Readiness Systems Biology (MRSB) Director, for receiving the 2021 International Space Station (ISS) Research and Development Award for Compelling Results and Medicine.

Hammamieh was recognized during the 2021 ISS Research & Development Conference, held from August 3-5, for her work on the effects of spaceflight on tissue and wound healing. The award was presented virtually on behalf of the American Astronomical Society, in collaboration with NASA - National Aeronautics and Space Administration and the International Space Station U.S. National Laboratory.

"It is extremely exciting and humbling to have the opportunity to be part of this research," Hammamieh said. "I am grateful for the recognition, but even more happy for the MRSB team at WRAIR, the strong partnerships with DoD Space Test Program (STP), The ISS National Lab, NASA and other agencies dedicated to the research."



USAMRIID Soldiers Recognized for Operation Warp Speed Support

By Caree Vander Linden, USAMRIID Public Affairs

Two Soldiers stationed at the U.S. Army Medical Research Institute of Infectious Diseases were recently commended for their outstanding efforts in support of the U.S. government response to COVID-19, formerly known as Operation Warp Speed. SSG Jonathan Gadbilao and SGT Jahzeel Orozco, medical laboratory technicians at USAMRIID, received the Joint Service Commendation Medal and the Armed Forces Service Medal in a ceremony in Baltimore, Md.

OWS was created to deliver 300 million doses of a safe, effective vaccine for COVID-19 by January of this year, as part of a broader strategy to accelerate the development, manufacturing, and distribution of COVID-19 medical countermeasures for the nation.

“This unified response brought together unparalleled scientific and medical expertise from throughout the U.S. government,” said MAJ Brandon Robinson, who supervised the USAMRIID Soldiers during the project. “Combined with planning and logistics professionals from the Department of Defense, American industrial ingenuity, and innovation from the academic sector, these team members were able to synchronize and rapidly execute a vaccine acceleration strategy.”

From October 2020 through April 2021, Gadbilao and Orozco were detailed to Emergent BioSolutions to serve as Quality Control Analysts. They were responsible for the processing, delivery, and management of samples at Emergent and seven outside laboratories. In addition, they performed laboratory procedures, maintained documents and records in a data base in accordance with Standard Operating Procedures, and contributed to continuous improvement processes within the department.

According to Robinson, their efforts overall helped to ensure regulatory compliance with Food and Drug Administration quality assurance standards.

Orozco said the team worked 10-12 hour days, including weekend and evening shifts. Despite



SGT Jahzeel Orozco and SSG Jonathan Gadbilao of USAMRIID, flanked by MG Sharpsten (far L) and COL Post (far R), two members of the DoD COVID-19 prevention and treatment logistics program leadership team, received the Joint Service Commendation Medal and the Armed Forces Service Medal for work performed in support of Operation Warp Speed. Photo by SSG Katherine Scott, USAMRIID

the long days, “it was a good experience overall,” he said. “Without this detail, I would not have been exposed to the inner workings of the [pharmaceutical] industry.”

Gadbilao agreed, saying, “Not only was it an honor for us to be part of the mission, but I also learned a lot. The training was a bonus.”

Both Soldiers thought their team of seven personnel (six Soldiers and one OIC) bonded well, despite coming from units all over the country.

“Everyone acted professionally and we worked well together,” Gadbilao said. “We were thankful to be part of the team.”

At its height, OWS had over 500 assigned personnel, according to Robinson, not including additional partnerships with Health and Human Services, the Centers for Disease Control and Prevention, the National Institutes of Health, and the Biomedical Advanced Research and Development Authority.

“The relentless dedication and patriotism of these Soldiers was a tremendous feat in support of the people of the United States of America,” Robinson added. “As the country emerges from the COVID-19 pandemic, this generation—and future generations—will remember their efforts.”

USAMMDA announces availability of FDA-approved diagnostic test panel for four infectious diseases

By Jeffrey Soares, USAMMDA Public Affairs

Recently, the U.S. Army Medical Materiel Development Activity's Warfighter Protection and Acute Care Project Management Office, along with its commercial partner BioFire Defense, announced the U.S. Food and Drug Administration had granted marketing approval for the Global Fever Panel, which is used to analyze specimens of human blood for the pathogens that cause four infectious diseases of military significance. The use of the Global Fever provides answers within an hour after test initiation.

Dr. Clifford Snyder, product manager and contracting officer's representative for USAMMDA's WPAC PMO, heads the Global Fever Panel program. As the Department of Defense's primary resource for military medical solutions, USAMMDA is responsible for developing and delivering military medical products to protect and preserve the lives of our nation's Service members. These products include drugs, vaccines, biologics, devices and medical support equipment intended to maximize survival of casualties on the battlefield.

Snyder recently sat down with USAMMDA's public affairs office to discuss the importance of the Global Fever Panel, and offered his thoughts on the future availability and use of this critical diagnostic test.

Q: Please describe the Global Fever Panel – what is it, and why is it important?

CS: The Global Fever Panel is an in vitro diagnostic used to analyze specimens of human blood in conjunction with the BioFire FilmArray, an instrument found in many DOD "brick and mortar" hospital labs as well as on Navy ships and in Army and Air Force deployable lab units. As the FDA says, "In vitro diagnostics are tests done on samples such as blood or tissue that have been taken from the human body. In vitro diagnostics can detect diseases or other conditions, and can be used to monitor a person's overall health to help cure, treat, or prevent diseases."

The Global Fever Panel is used when a health care provider suspects that an individual may be infected with the viruses, bacteria, or protozoa that cause Chikungunya, Dengue, Leptospirosis, or Malaria. The system provides "Detected" or "Not Detected" signals within 50 minutes after specimen loading. While these infectious agents are rare in the United States, they are threats to the health of forces deployed to South America, Africa, and Asia.

The "value proposition" of the Global Fever Panel is that it provides rapid, highly reliable test results using an instrument present in hundreds of DOD facilities and at thousands of locations worldwide.

Q: The Global Fever Panel received FDA marketing approval in November 2020, so is it being used currently? If so, by whom?

CS: BioFire Defense launched this product on July 16, 2021; they are now taking orders. It has taken about eight months to achieve readiness for commercial production, which included transfer of instructions to a manufacturing environment and validating system performance. During this period, the DOD kept the company very busy with work on several products, including manufacturing hundreds of thousands of COVID-19 tests.

Orders will come from many DOD organizations and from other U.S. government organizations, such as the Department of State. Orders will also come from commercial customers.

Q: How will this help our Warfighters? Or the civilian population?

CS: Consider this scenario: A Soldier in Asia, Africa, or South America has fever, shaking, chills, headache, muscle aches, and fatigue. They might also have nausea, vomiting, and diarrhea.

Does that Soldier have Malaria? Or Dengue Fever? Or Chikungunya or Leptospirosis? The Global Fever Panel will help answer this question.

If a facility with a BioFire FilmArray is available, a tech will load a blood sample from that Soldier into a Global Fever Panel. They will then place the Global Fever Panel into the FilmArray, and in 50 minutes the test results will come back. Medical staff will use the results to help make a diagnosis and prescribe treatment.

Bottom line: The Global Fever Panel can provide test results quickly anywhere there is a FilmArray. The DOD has hundreds of FilmArrays in medical facilities all over the world. What used to take days or

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weeks can now be done in minutes or hours.

BioFire Defense is marketing the Global Fever Panel commercially, so the civilian populations, both U.S. and international, will also be able to benefit.

Q: Please describe the test process.

CS: The specimen for testing is whole venous blood to which an anti-clotting agent has been added. The technologist uses the materials provided in the Global Fever Panel kit to load the specimen into the Global Fever Panel, which is a disposable chemistry pouch that uses polymerase chain reaction technology to amplify specific multiplexed pathogen nucleic acid sequences, yielding duplex DNA when a pathogen is present that can be detected and identified by fluorescence. The pouch is loaded into the BioFire FilmArray instrument. About 50 minutes later, the instrument provides “Detected” or “Not Detected” information for each pathogen to the computer linked to the FilmArray.



Q: What have been the results in clinical tests thus far?

CS: Development of this product included clinical studies performed by Army and Navy research organizations in the United States, Central and South America, Africa, and Southeast Asia. They obtained 1,875 specimens from males and females, ranging in age from under five to over 50 years, who had fevers. As expected, almost all of the specimens from the United States tested negative. The clinical specimens were analyzed with the Global Fever Panel and the results were compared to those obtained by using specially developed molecular comparator methods to analyze nucleic acids extracted from the same clinical specimens. The development of those molecular comparator methods was a significant task; it was necessary since no “gold standard” molecular comparator methods were commercially available. Overall, Positive Percent Agreement ranged from 93 percent to 100 percent, and Negative Percent Agreement ranged from 99 percent to 100 percent.

Q: What USAMRDC organizations and labs have been involved in this effort?

CS: USAMMDA provided acquisition program management and quality oversight; the U.S. Army Medical Research and Development headquarters provided regulatory consulting and human research protection oversight; the U.S. Army Medical Research Institute for Infectious Diseases provided scientific support; and the Walter Reed Army Institute of Research provided clinical research services at the Armed Forces Research Institute for Medical Sciences in Thailand and U.S. Army Medical Research Directorate-Africa.

Q: What is the future for this product/device?

The Global Fever Panel will be available as long as there is sufficient demand from government or commercial sectors. The field of In Vitro Diagnostics seems to change quite rapidly when compared to therapeutics or prophylaxes such as vaccines. There seems to be a trend toward development of products that can be used in conjunction with handheld devices like smart phones. At this time, the FilmArray System is in use by the military in testing for over 100 other pathogens, and the Global Fever Panel adds to this capability for these more rare diseases. So, I cannot readily predict how long the Global Fever Panel will be part of the Military Health System.

Q: Are there any thoughts or comments that you would like to add regarding this effort?

CS: It has been very gratifying to see the contributions made by so many people, both within the DOD as well as our development partner, BioFire Defense, mature into an FDA-approved product that will deliver significant value to human health.

AMLC Soldier overcomes Norwegian Foot March, earns badge

By C.J. Lovelace, AMLC Public Affairs

Master Sgt. Lakesha Edmond, who is assigned to U.S. Army Medical Logistics Command, overcame the challenge of the Norwegian Foot March, earning her badge for completing the grueling 18.6-mile ruck march in the early morning hours of July 23.

About 70 Soldiers from Fort Detrick took part in the timed event, which requires participants to carry a 25-pound ruck over what equates to 30 kilometers. Most need to finish under four hours and 30 minutes, but the time requirement varies by age and gender.

Edmond, non-commissioned officer in charge for AMLC's G-1/4/6, finished with a time of four hours, 56 minutes, just inside the required five-hour time limit for her age group.

"The experience was intimidating, but humbling," said Edmond, who was on leave at the time and planned to catch a flight later that day. "... At the end of the march, my feet were on fire, uniform drenched, body pushed to the limit and I had a flight to catch in less than three hours."

The march dates back to 1915 when it was established as an endurance test for Soldiers in the Norwegian military. Those who successfully complete the challenge earn the Norwegian Foot March Badge, verified and awarded through the Norwegian embassy.

Edmond was joined by two other participants from AMLC, Master Sgt. Danielle Smith and Sgt. 1st Class Brian Ockimey, although they both fell short of completing the march in time to earn their badge.

Despite the outcome, Smith, AMLC's team leader, said it was an opportunity to represent the command and challenge themselves.

"It's important as a Soldier to continue to push ourselves to meet challenging goals and build character," said Smith, non-commissioned officer in charge for AMLC's G-3/5/7. "I also wanted to lead by example by always signing myself up, even if I know how much it will hurt during and after."



Three Soldiers from U.S. Army Medical Logistics Command participated in a Norwegian Foot March held July 22-23 at Fort Detrick, Maryland. Pictured, from left, are Master Sgt. Lakesha Edmond, Master Sgt. Danielle Smith and Sgt. 1st Class Brian Ockimey. Edmond completed the 18.6-mile march with a time of four hours, 56 minutes to earn her badge. (Courtesy photo)

The Fort Detrick event, organized by U.S. Army Medical Research and Development Command, kicked off a couple hours before midnight, and Soldiers followed a three-lap route around the outskirts of the installation.

"It really tests you," Ockimey said. "How far can you push yourself? And mentally, it takes a lot. You have to really focus to meet the objective."

Ockimey said it was the longest ruck march he's participated in his Army career. Navigating in darkness, he completed nearly 16 miles before he ran out of time.

"I've still got work to do," he said.

Edmond said her personal focus on physical fitness helped her to push through and complete the march alongside others from the installation.

"I pushed through because of my mindset," she said. "I didn't focus on the aches and pains ... I spoke positive affirmations to myself and just said 'you can do this,' and I did."



Divorce and The Military Family– Financial Preparation

By Brett Conyers, Staff Judge Advocate Office

Divorce is an unfortunate reality for many soldiers and their families. This process can be emotionally and financially draining, and may impact relationships between the parties on into the future. Be advised that each state has unique rules for family law. The divorce process results in the court making decisions regarding the marital status, the dividing of marital assets and debts, the establishment of alimony or spousal maintenance, and the clarification of parenting matters to include child support and visitation. As this topic is complex, this article will just address the financial preparation necessary to file for divorce.

Organization is the key to successfully maneuvering through the divorce process. Start by organizing all of your important paperwork. Pull a copy of your credit report from www.annualcreditreport.com. Close any joint accounts that are not being used. Make sure that you know which accounts are joint and which are individual. This information will be useful later when the assets and debts are divided.

A big challenge for divorcing couples is making the necessary adjustments in their finances during the divorce process. You must protect your credit by making sure that at least minimum payments are made on all bills every month. Do not be comfortable if the court has assigned a particular debt to be paid by your spouse. While that order is binding on your spouse, understand that your creditors are not bound by court orders issued in a divorce. Creditors do not have to honor the court's assignment and may still go after either party for payment on jointly owed debts.

Preparing for the financial side of divorce is all about home economics. Work up one budget for your current situation which includes all monthly income and actual expenditures (to include income tax being withheld). If those expenditures exceed your combined net (income after subtracting tax withholdings) income, prepare a second budget with your monthly income and make any changes to

expenditures necessary to prevent spending more than your combined income. Now, for future planning, prepare a post separation budget for both you and your spouse. Such a post-separation budget will give you the chance to see how you will get by on just your paycheck allow you to see the any shortfall after you stop combining paychecks. If you will keep physical custody of your child or children, during your appointment with the attorney you will have a chance to calculate child support based on the controlling state's guidelines. But it is best to estimate your needs and start making adjustments now. For instance, you may wish to consolidate credit cards or pay off small debts or find a better paying job before separating. The separation/divorce process will go more smoothly with less attorneys' fees if you have less assets and liabilities to divide. You will find very knowledgeable counselors in Fort Detrick's Army Community Services to provide you counseling and classes on financial management and budgeting. It is best, but not required, to see one of these counselors before making an appointment with a private attorney or an Army legal assistance attorney.

When you come to your legal assistance appointment, it is best to bring copies of your recent LES or pay stub, tax return, and current bank statements, credit card statements, and monthly bills for use in verifying the numbers included in your budget. Finally, be prepared to discuss what you think is the best and most fair division of marital assets and debts.

Although Army legal assistance attorneys will not file and present to a court a petition or complaint to divide your marital assets and liabilities, the attorney is authorized and resourced to draft a marital separation agreement that, if signed by your spouse, you will present to the court as an "equitable" division of your assets.

Divorce, continued on page 12

Divorce, Continued from page 11

Normally, all assets or debts acquired during the marriage are considered marital or community property and must be divided in a final decree of divorce. A questionnaire is available from the Legal Assistance Office to help you a comprehensive list of all of your assets and debts. The list does not have to include every towel and dish. However, if you would be upset if a particular item was awarded to the other party, you should include it in your list. List the value of each asset, the amount of debt owed, and the date when the asset was acquired or the debt incurred. There are many tools available to assist you in valuing your property. Remember, property is valued at the time of the divorce, so the value is not the amount that you paid for your furniture or car. Value is the amount that someone would pay you for it now. When valuing vehicles, you may look at the Kelley Blue Book www.kbb.com or many other online motor vehicle sales sites for an estimate of the vehicle's value. For real estate, a recent appraisal is best, but if you cannot afford an appraisal www.zillow.com, www.redfin.com and other real estate sales sites are good resources to estimate the value as a starting point. Remember to print any values that you acquire and keep copies with the list. You or your attorney will use this information during negotiations. Make sure to keep copies of all statements from retirement accounts, 401K accounts, Thrift Savings Plans, IRAs, and other investments.

Do NOT cash out these accounts before the court has issued a special order to divide them or before you have talked to a tax professional. Cashing out may seem like a good idea, but you may incur penalties and taxes that will far outweigh the benefit of having the cash on hand. If these assets are divided in the divorce, there are mechanisms for transferring them without tax consequences.

After the petition or complaint is filed, most states require that the parties exchange financial disclosures. Usually there are specific documents the parties are required to exchange with one another and the court. It is

a good idea to gather this paperwork prior to filing because it will expedite the process. The court will use these documents to divide marital debts and assets, to determine eligibility for and the amount of alimony or spousal maintenance, and to determine child support.

Overall, recognize that the process is smoother and quicker when divorcing parties are able to work together to resolve their disagreements. Some states require that the parties attend mediation before they will schedule a contested divorce hearing. Arm yourself with information and take precautions to protect your children and your finances. Attempt to mediate and reach agreement on the important things. Compromise on the little things. If you do, your divorce will be over quicker and you will be able to start your new life with less stress.

Unfortunately, not every couple can negotiate a settlement. If you are unable to reach an agreement on the major issues, it is generally a good idea to hire an attorney to represent you in court, especially if the contested issues involve the children or expensive assets such as a home. The Fort Detrick Legal Assistance Office can provide you with a list of practicing family law attorneys in this area, or, if necessary, can put you in touch with legal assistance offices in other states. Even if you and your spouse can negotiate on many issues, it may not be wise to agree to everything just to get the divorce concluded sooner. You could be settling on issues that have long term effects. If something does not seem right, do not sign anything without obtaining counsel from an attorney. Legal assistance attorneys cannot represent you in court, but we can review documents with you, and if necessary, refer you to a civilian attorney who can represent you.

Please note that our office may only counsel one party in the divorce. The other party must speak with a different legal assistance office or a civilian attorney. Our office is located at 521 Fraim Street, Fort Detrick, Maryland. Please call (301) 619-2221 to make an appointment to speak with an attorney.

Gene Sequencing Tools Pinpoint Origins of Bundibugyo Virus Disease Outbreak

By Caree Vander Linden, USAMRIID Public Affairs

New research sheds light on the origins of a 2012 Bundibugyo virus disease outbreak in the Democratic Republic of the Congo, according to a report published online July 27 in the journal *Cell Reports Medicine*. The work also demonstrates the importance of using high throughput sequencing to understand virus “spillover” events in order to more effectively manage disease outbreaks.

In the study, an international team led by the U.S. Army Medical Research Institute of Infectious Diseases demonstrates how high throughput sequencing—one of USAMRIID’s core competencies—can be used retrospectively to pinpoint the origins of a disease outbreak and provide key information about emerging pathogens of military and public health importance.

Bundibugyo virus is one of four ebolaviruses known to cause human disease, and multiple outbreaks have occurred on the African continent. It is characterized by flu-like symptoms that are sometimes followed by diarrhea, vomiting, chest pain, and hemorrhage. Survivors may suffer from joint pain, blurred vision and hearing loss.

As is the case with other ebolaviruses, the “reservoir” of Bundibugyo—meaning the primary host that harbors the virus—remains unknown, according to the authors. Thus, the ecology of the virus and its transmission mechanism into the human population are poorly understood.

The 2012 outbreak resulted in 38 laboratory-confirmed cases of human infection, 13 of whom died. However, only 4 patient specimens from that outbreak had been sequenced until now, according to MAJ Jeffrey R. Kugelman, Ph.D., one of the study’s lead authors.

USAMRIID’s analysis of sequences from 7 additional patients shows that multiple virus “spillover” events contributed to the outbreak—not a single event, as previously described—and that one of the spillover events likely occurred weeks earlier than previously thought.

“Analysis of the molecular epidemiology and evolutionary dynamics of the 2012 outbreak with these additional isolates challenges the current hypothesis that the outbreak was the result of a single spillover event,” said MAJ Christine Hulseberg, Ph.D., the paper’s first author. “In addition, phylogenetic analysis suggests that the initial emergence of the virus occurred 50 days earlier than previously accepted.”



Dr. Nicholas Di Paola prepares a sample for genomic analysis at USAMRIID, where scientists are using next-generation sequencing to improve disease surveillance.

Photo by John W. Braun, Jr., USAMRIID Visual Information Office

In addition to playing a key role in identifying chains of transmission as an outbreak unfolds, viral genome sequencing helps scientists to better understand general patterns of spread, and informs public health efforts to control future outbreaks. It also allows for examination of genetic mutations that may affect the ability of the virus to survive and cause disease.

This study was conducted at USAMRIID as part of an ongoing Ebola virus response and surveillance effort under the project, “Assessment of Human Clinical Samples from Viral Hemorrhagic Fevers of Known and Unknown Etiology.” It is also among the first of several planned collaborations with the Icahn School of Medicine at Mount Sinai, New York, laying a foundation for future joint research initiatives to protect national and global public health. USAMRIID’s partnership with ISMMS is designed to maximize the impact of DoD’s research, development, and testing and evaluation investment by ensuring integration and cooperation with biomedical infectious disease research centers with similar goals.

Other collaborators include the National Biodefense Analysis and Countermeasures Center, Frederick, MD; Metabiota, Inc., Kinshasa, Democratic Republic of the Congo; Institut National de Recherche Biomédicale, Kinshasa, Democratic Republic of the Congo; and the Integrated Research Facility at Fort Detrick, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Frederick, MD.

Reference: Palacios, Gustavo et al.: “Molecular analysis of the 2012 Bundibugyo virus disease outbreak.” *Cell Reports Medicine*, published online 27 July 2021. DOI: 10.1016/

News, Events, Training

In accordance with the Secretary of Defense directive dated July 28, 2021, Fort Detrick is now considered an area of SUBSTANTIAL TRANSMISSION of COVID-19; therefore, masks must be worn at all indoor locations while on Fort Detrick regardless of vaccine status.

For updates and materials on COVID-19 visit:

<https://home.army.mil/detrick/index.php/covid-19-information>

Barquist Clinic & Pharmacy Closure Notice for September

September 3: Military Training Holiday (DONSA/ Reduced Hours) – Closing at 11:30 a.m.

September 6: Labor Day (Federal Holiday Observed) – Closed All Day

September 17: Reduced Hours (Training) – Closing at 11:30 a.m.

COVID vaccines by appointment at Barquist Army Health Clinic

The Moderna COVID vaccine is available at the Barquist AHC on Thursday mornings by appointment only. Please call (301) 619-7175 to schedule your appointment. Alternatively, vaccines are available to all military beneficiaries at any TRICARE participating pharmacy free of charge. Check with your local pharmacy for additional information.

Retirement Ceremonies

USAG Fort Detrick conducts Quarterly Retirement Ceremonies honoring retiring Service Members, and Civilian employees and their families. These ceremonies take place on the second Thursday of the second month of each quarter in the auditorium, Building 1520 at 10 a.m.

Any Military at Fort Detrick or in the local surrounding community or Civilian employees who wish to participate should contact Tom Yocklin with the

Directorate of Operations by calling (301) 619-2503. The deadline for participants to be included is two weeks prior to the ceremony. Below are scheduled retirement ceremonies for the next 2 years.

*November 10, 2021

* Due to a National Holiday, this ceremony is not on the second Thursday of the month.

Joint 20th Anniversary 9/11 Remembrance Ceremony with Fort Detrick, Frederick City and County

Date: September 10

Time: 8:30 a.m.

Location: Baker Park Bandshell, Frederick, MD

Protestant Women of the Chapel (PWOC) Kick-off

Join us for PWOC Kick-Off on Sep 9, 2021, from 9:30-11:45 am at the Chapel for Bible study, worship, fellowship, and new friendships. Refreshments provided. After kick-off, PWOC will meet each Thursday morning. PWOC follows the public-school calendar. For more information contact the chapel at 301-619-7371.

Men's Prayer Breakfast & Bible Study

SAT, 11 Sept, 2021

7-9:30 am at Post Chapel

Everyone welcome! Call 301-619-7371

News, Events, Training

SEPTEMBER IS SUICIDE PREVENTION MONTH

This year's Suicide Prevention Month (SPM) slogan is "Connect to Protect: Support is Within Reach."

REACH means to bring more awareness to suicide prevention and available resources, change the conversation around mental health and well-being, and turn awareness into action. Collaborations and partnerships are essential to meeting the needs of Service Members, DA Civilians and their families during the evolution of their careers, especially during periods of transition.

In this spirit of collaboration the Ft Detrick/NSA Bethesda Army Substance Abuse Program (ASAP) will host a 5-Part Speaker series presented by The Human Performance Resources by CHAMP (HPRC) Team at the Uniformed Services University.

This series entitled: ***Total Force Fitness: A Roadmap to Mental Wellness*** will take place in five virtual sessions across five weeks on Army O365.

Each Wednesday in September from 1200-1300, we will gather to learn skills and strategies and hear stories about how a Total Force Fitness approach can help improve mental wellness.

Below are the topics planned for each week:

Sept 1st: The Road to Mental Wellness: Your Total Force Fitness Self-Check

Sept 8th: Foods to Boost Your Mood: Nutrition & Mental Wellness

Sept 15th: Your Body & Brain: Physical Activity & Mental Wellness

Sept 22nd: Your Spiritual Core: Spirituality & Mental Wellness

Sept 29th: Your Social Brain: Relationships & Mental Wellness

Please RSVP if you would like to join any of the sessions Link here:

<https://einvitations.afit.edu/inv/index.cfm?i=611398&k=0460430A725F>

Closure of the Auto Skills Center Postponed

The official closure of Auto Skills Center has been postponed at this time and will remain open for self-help on Saturdays and Sundays. The car wash is still open and will remain accessible for patrons to utilize. We apologize for the confusion and all updates will be shared with the Fort Detrick community as they evolve.

Commissary Sidewalk Sale

The Fort Detrick Commissary will hold a Sidewalk Sale on Sept. 16-19.

Hours are Thurs-Sat 10 am to 5 pm

Sunday 10 am to 4 pm

REVISED

9/11 Remembrance Miles

24-HOUR WALK/RUN

Goal is to walk 2,977 miles in 24 hrs to remember the 2,977 lives lost.



**Register by
3 September 2021.**

Email: WRAIR24HrRemembranceMiles@gmail.com

Hosted by:

WRAIR

&



Location:	Forest Glenn Annex
Opening Ceremony:	10 September @ 0845
Start:	10 September @ 0911
End:	11 September @ 0911

Followed by a commemorative ceremony.



Fort Detrick Leisure Travel Services

Book with confidence...



FORT DETRICK RETIREE MEETING

Newest information on PRESUMPTIVE CONDITIONS

Guest Speakers

Ms. Keri Keefer, Benefits Specialist II
Service Program Department of Veteran Affairs

*Thank You
for your Service!*

Date: 09 SEP 2021

Time: 1700-1900 hrs

Location: AMVETS FREDRICK POST #2,
702 East South St, Frederick MD 21701
(across from the Fairgrounds)

SPECIAL MEALS

\$7.00 w/drink

1. TURKEY, STUFFING, MASHED POTATOES, GRAVY & VEGGIE
2. CHICKEN, MASHED POTATOES & VEGGIE

You need to RSVP with your selected meal as they are being specially prepared. Email Eartha at earthadegannes@gmail.com

2021 Fort Detrick Golf Scramble

8 October 2021
Clustered Spires Golf Course
Frederick, Maryland
Register by 30 September 2021

Awards

Longest drive
Closest to the Pin
1st, 2nd and 3rd place teams

Schedule

0700-0800	Check in
0800	Golf
Lunch & Awards	After Golf

Four person teams, Captain Choice best ball format
\$75 Per Golfer, includes green fees, cart, range balls and lunch

Call 301-619-2498 for more information



#detrickMWR
www.detrick.army.mil
www.facebook.com/DetrickMWR



MISSION CRITICAL

Make it Your Mission to Save Lives

DONATE **BLOOD**

Ft. Detrick Blood Drive

Monday, September 20th, @ 0900-1400

Appointments Only!!!!

-BLDG 1520, Auditorium-



**For appointments: militarydonor.com using sponsor code
FTDETRICK**

#SUPPORTTHEWARFIGHTER

