



# Fort Detrick The Standard

A Sustainable Community of Excellence



## Fort Detrick's 33rd Annual Flag Football Game



VS



*U.S. Army Medical Research and Development Command and Fort Detrick, Commanding General, Brig. Gen. Michael J. Talley (top left) delivers opening remarks, and leads the Army and Navy teams in a pre-game chant (top right) before kick-off of the 33rd Annual Fort Detrick Army-Navy Flag Football Game on Oct. 25, 2019.*

*Hosted by Family and MWR the game featured lunch and half-time activities including a litter race and tug-o-war.*

*Photos by Erin Bolling, USAMRDC Public Affairs*





# Fire Department Hosts Fire Prevention Month Activities



Fort Detrick and Forest Glen firefighters host a number of events in October to honor Fire Prevention Week – or in this case, Fire Prevention Month. The stations educated the Fort Detrick and Forest Glen communities on how to prevent fires through various activities from the “A Day with the Firefighters” event, interactive displays and even a fire prevention- themed pumpkin carving competition.

*Photos courtesy of the Fort Detrick and Forest Glen Fire Departments*



The Fort Detrick Fire Station had the privilege of participating in the 38<sup>th</sup> annual National Fallen Firefighters Weekend in Emmitsburg, Maryland, Oct. 5-6, 2019. The event is a tribute to all firefighters who died in the line of duty over the course of the previous year. Thousands attend the memorial weekend to honor the service and sacrifice of fallen firefighters. Fort Detrick Truck 50 (pictured right) assists in displaying the Nation’s colors at this special event.

*Photo courtesy of the Fort Detrick Fire Department*



# Suicide Prevention Awareness—The Loss of Even One Hurts us All

By Fort Detrick ASAP Office

U.S. Army Medical Research and Development Command and Fort Detrick Commander Brig. Gen. Michael J. Talley led the Suicide Awareness Installation Run on Thursday, October 10. The event was a huge success as hundreds of Soldiers and Department of the Army civilians came together to call attention to suicide prevention awareness and overall community togetherness. Nearly 350 Soldiers, Sailors, Airmen and Marines and 150 Army civilians participated in the two-and-a-half mile run.

“The loss of even one Soldier or Army Family member to suicide hurts us all, so seeing the warning signs in our teammates is crucial,” said Talley prior to the run. “All Services understand the acronym A-C-E; and the ‘A’ –the awareness piece– we need to do what’s required when someone is having difficulties, be it financial, marital or work problems, because sometimes they pile up.”

“Small steps really do save lives,” said Heather McNany, the Alcohol and Substance Abuse Program Manager at Fort Detrick. “Taking care of ourselves is as important as taking care of others, so developing healthy habits and ways to cope with stress helps keep us strong and resilient.

The ASAP office, co-sponsored the run, and further provided yellow and blue T-shirts to participants.

Fort Detrick is committed to preventing suicide among Service Members, their families, DOD civilians, and veterans. Suicide prevention is a constant DOD priority. This year’s Suicide Prevention Month theme, “Small Steps Save Lives,” focuses on safety precautions that Service Members and their families can use in order to reduce the risk of suicide. Statistically, the majority of military suicide deaths involve a firearm. In addition, medications are the most common method of non-fatal suicide attempts. The act of suicide can often be impulsive, so storing both medications and firearms safely is an effective way to help prevent suicide.

## Safe firearms storage ideas include:

- Securing firearms outside the home with a trusted friend, relative, or in a storage facility.
- Using a gunlock or safe if you chose to secure a firearm inside the home.
- Storing firearms and ammunition separately.
- Keeping your firearm locking keys secure by using a combo lock box or in a separate safe.

## Safe medication storage ideas include:

- Storing all medications under lock and key in a medications storage container.

- Discarding outdated or no longer needed medications.
- Keeping only small quantities of alcohol in the home.
- Not keeping lethal doses of medication on hand.

As we head into the new year, we encourage everyone to think about how you can *#BeThere* for military community members who may be at risk for suicide.

Add the Veterans/Military Crisis Line number to your contact list so it’s handy if you ever need it: 1-800-273-8255 (press 1). Additional materials and resources can be found on the DOD’s Defense Suicide Prevention Office website at [www.dspo.mil](http://www.dspo.mil).

If you, or someone you know is experiencing a crisis, call the VCL/MCL at (800) 273-8255 (press 1), or visit [www.militarycrisisline.net](http://www.militarycrisisline.net). If you are calling from overseas, please use the following numbers:  
Europe: 00800 1273 8255 or DSN 118  
Korea: 0808 555 118 or DSN 118  
Afghanistan: 00 1 800 273 8255 or DSN 111.

For non-crisis concerns, such as relationship, family, or financial challenges, you can get help from Military OneSource, which provides 24/7 service to all active-duty Service Members, National Guard and Reserves and eligible family members. Counselors offer information and make referrals on a wide range of issues including grief and bereavement. You can arrange a face-to-face, phone, online, or video counseling session by calling (800) 342-9647.

Local Fort Detrick resources include:

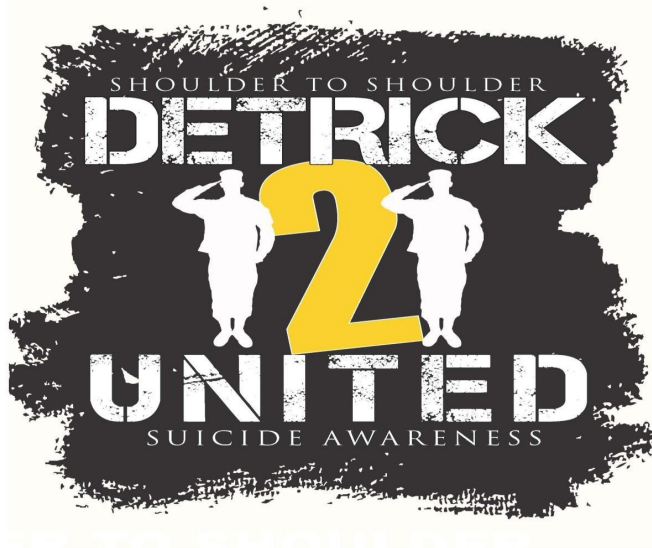
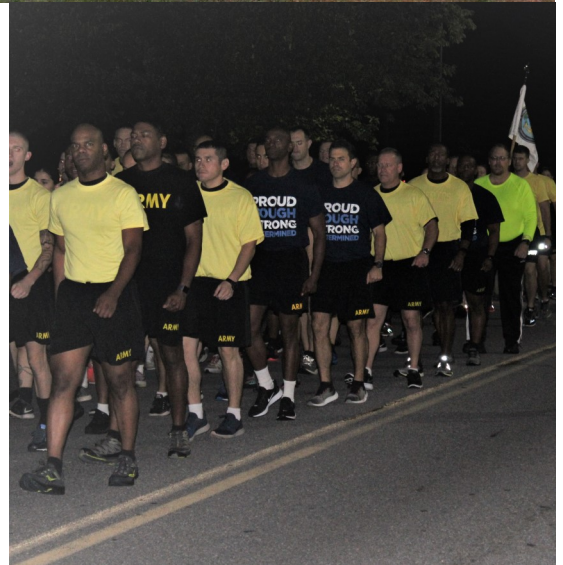
- The Employee Assistance Program is available to all DA civilians and their family members, family members of active duty, and both military and civilian retirees from 8:30 a.m. to 4:30 p.m. each weekday.
- The Military Family Life Consultant can be reached at (301) 712-5161.
- Barquist Army Behavioral Health at (301) 619-0345.
- Substance Use Disorder Clinical Care Program at (301) 619-8105.

The Army has made substantial progress in providing resources and attempting to reduce the stigma of seeking help, but more work needs to be done.

Fort Detrick is committed to understanding, identifying, and providing services and support to vulnerable individuals.



# Suicide Awareness: Focus of Installation Run



*U.S. Army Medical Research and Development Command and Fort Detrick Commander Brig. Gen. Michael J. Talley leads the Suicide Awareness Installation Run on Oct. 10, 2019.*

*The loss of any Soldier or Army Family member to suicide is a tragedy. We must continue to ensure commanders have the resources they need to prevent suicides and that all leaders have the tools to identify Soldiers who are suffering so they can positively intervene. Small steps DO SAVE LIVES!*

*Photos by Patrick McKinney, Installation Safety Office*



## ***Army Congratulates Nobel Prize Winners, Previous Funding Awardees***

***By: Ramin A. Khalili, USAMRDC PAO***

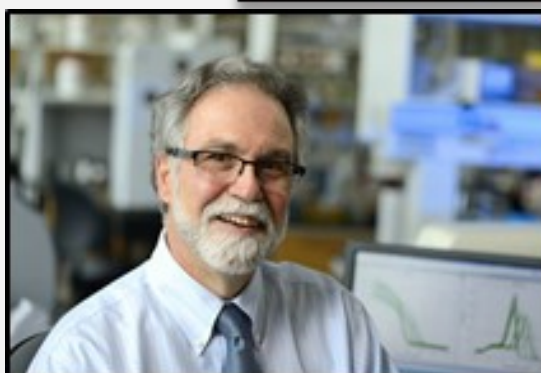
Two American scientists awarded the Nobel Peace Prize this week have previously received funding from the U.S. Army Medical Research and Development Command's Congressionally Directed Medical Research Programs. Both Gregg Semenza and William Kaelin –along with London-based scientist Peter Radcliffe– were jointly awarded the Nobel Prize in Physiology or Medicine during a ceremony in Stockholm, Sweden, on October 7.

All three scientists received the award due to their pioneering work in the field of hypoxia, which concerns any deficiency in the amount of oxygen reaching tissue in the human body. Specifically, the scientists' work established the genetic mechanisms allowing cells to respond to changes in oxygen levels. According to The New York Times, the findings have implications for treating a variety of diseases; including cancer, anemia, heart attacks, and strokes.

Currently a professor of genetic medicine at Johns Hopkins University in Baltimore, Maryland, Gregg Semenza received an FY11 Breast Cancer Research Program Impact Award (BC112950) to examine whether inhibiting hypoxia inducible factor (HIF)-1 and metabolic enzymes make breast cancer cells more sensitive to chemotherapy.

Additionally, William Kaelin –currently a professor of medicine at Dana-Farber Cancer Institute and Brigham & Women's Hospital Harvard Medical School in Boston, Massachusetts– received an FY03 Tuberous Sclerosis Complex Research Program Idea Award (TS030008) to examine the mechanisms by which the tumor suppressor gene TSC2 regulates HIF-1. Further, and unrelated to his work in the field of hypoxia, Kaelin received an FY14 BCRP Breakthrough Award Level 1 to identify proteins, siRNA, and chemicals that de-stabilize the estrogen receptor.

It should be noted that these are the third and fourth Nobel Prize laureates who were, at one point, funded by the U.S. Army Medical Research and Development Command. Mr. Roger Tsien –a 2008 Nobel Prize winner in Chemistry– and Ms. Elizabeth Blackburn –a 2009 Nobel Prize winner in the field of Physiology or Medicine– were previous awardees as well.



***Clockwise from Top: Nobel Prize ceremony in Stockholm, Sweden (courtesy The New York Times); William Kaelin following award announcement (courtesy Dana-Farber Cancer Institute); Gregg Semenza (courtesy Johns Hopkins University)***



# Education Efforts Key to Combat Complexities of Tracking, Maintaining Army Medical Devices



*Army Soldiers inventory new medical materiel in the field. (Photo Credit: Ellen Crown)*

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

For Soldiers, taking stock and maintaining Army field equipment is more straightforward for items they see and use every day, such as weapons or vehicles.

Medical materiel can be more complex, because Soldiers often don't touch medical devices - unless they are needed to save lives.

Accounting for some medical devices can be challenging when they are embedded in different sets, kits and outfits designed to enable combat readiness.

While each medical set as a whole is easier to track, medical devices contained within the sets also must be accounted for enterprise-wide to ensure they are properly maintained.

"Accountability and visibility will allow increased maintenance readiness of medical devices," said CW5 Jesus C. Tulud, who serves as director of Medical

Maintenance Policies and Analysis within the Army Medical Logistics Command.

"Ready and available medical devices permit combatant commanders a true assessment of their capabilities," he said.

For example, the Army issues a ground ambulance set. It includes a variety of materiel, including durables, expendables and nonexpendable medical items.

Certain items - like thermometers, field-portable oxygen generators or suction machines, different from one-time use items like bandages or gauze - cannot be thrown away and require services, like scheduled maintenance, recertification or repair.

"That's where we come in to handle," said Master Sgt. Joshua L. Varnes, a non-commissioned officer overseeing medical devices for the AMLC. "The AMLC supports the

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servicing of medical devices."

The newly activated AMLC, a major subordinate under the Army Materiel Command, was created through an Army restructuring last year. Headquartered at Fort Detrick in Frederick, Md., the command was ceremoniously activated Sept. 17.

### **Systemic changes**

Previously operating under the U.S. Army Medical Materiel Agency, now a direct reporting unit to the AMLC, logisticians have grappled with accountability issues as a new management system was rolled out in phases over the past decade.

The new enterprise system, Global Combat Support System-Army, combined three other systems that tracked inventory, maintenance-specific items and financial records.

That brought improvements, but Varnes said challenges have persisted in educating non-medical units about updating the Army's property catalog to ensure maintenance plans for medical devices can be built and tracked - a requirement for many items under the U.S. Food and Drug Administration.

Scott Harder, a senior biomedical equipment specialist for M2PA, stressed the importance of identifying and appropriately logging devices contained within different sets.

"To have a maintenance plan for a device, it has to have a record with a GCSS-Army serial number," Harder said.

In addition to equipment not in the GCSS-A system, there are also legacy devices that were due to be taken out of service and replaced, but remain in use in the field, according to Jack Rosarius, director of the Medical Maintenance Management Directorate for USAMMA.

"We're spending money maintaining legacy equipment that should have been turned in and missing items that were never placed on the property books," he said.

While it's mostly "minor equipment," it still presents a "patient safety issue," Rosarius said.

### **Working toward compliance**

To help remedy the ongoing situation, Varnes said units have been asked - in accordance with an executive order and subsequent directives passed down by Army headquarters - to open their sets and pull out items identified as "maintenance significant" to be logged.

Under the order, HQDA EXORD 010-15, the Army sought to establish formal accountability in accountable property systems of record for nonexpendable components of systems to support the configuration of GCSS-A for materiel readiness reporting.

Medical devices subject to the order can be identified by their Materiel Category Structure Code with a "C" appearing as the first character and a "1" as the third character, which signifies that a device is repairable.

One way the code can be found is by entering its National Stock Number and/or National Item Identification Number into the Medical Services Information Logistics System database.

A search brings up that item's catalog information, including its MATCAT.

Devices with a first character "C" and third character "1" should be brought to each unit's property book officer, who would then enter an adjustment to ensure those devices appear individually for each unit's property book.

"Once it's added to the books, then whoever the maintenance manager is for that organization can go and build a maintenance plan [in GCSS-A]," Varnes said.

M2PA officials take a holistic approach to ensure maintenance plans are in place and executed correctly in a timely manner. However, to enable those actions, there must be a record on the property book first.

Each maintenance plan is tailored to the specific device. Some require yearly maintenance, but others are more frequent.

In some cases, certain equipment requires specially trained technicians to service them, making it important that medical logisticians know where the devices are located in the field to arrange for needed maintenance or repairs.

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### 'People can die'

Is it really that important? Varnes didn't mince words in his affirmative response and explanation why.

"Because people can die," he said. "You're talking about the same type of devices, where if you stopped breathing, a medical professional would put this on you so you can breathe."

Accountability across the system helps keep troops safe and ensures they have the right equipment for whatever circumstance may arise.

As an example, Harder said there could be a recall notice issued for malfunctioning wires on a defibrillator used to "shock" patients with a certain heart rhythm.

"We could identify the ones that have issues, figure out who has them and get them the message about how to repair it," he said. "... But if a Soldier at the unit didn't know and didn't extract the device and put it into the property book, we can't track it."

In the field, units must identify a device and create a record in GCSS-A, confirming on their end that they have it. That allows the device to be shown and tracked in the system, which enables M2PA officials to monitor and coordinate required maintenance procedures.

Harder also said items not logged correctly could be seen

as "excess" devices, potentially creating "another can of worms" that could result in shifting equipment to other units and jeopardizing crucial resources.

### 'Always getting better'

Despite orders from Army leadership, M2PA officials still estimate about 50% of the Army's maintenance-significant medical devices remain unaccounted for within the system.

Varnes said medical logisticians remain committed to getting the word out to improve the enterprise's overall operation and accountability measures.

Varnes said he got a better understanding of the situation about a year ago while working with the Army's 6th Medical Logistics Management Center. There, he helped put together a training program to teach non-medical units about how to set up medical maintenance programs.

In many instances, the Army's directives to identify devices from sets and appropriately log them in property books wasn't being correctly followed, but it was clear that units weren't simply ignoring requirements or dodging compliance.

"It's just that they didn't know," Varnes said. "... It's always getting better. We just want to educate people as much as we can."



Army Soldiers inventory new medical materiel in the field. (Photo Credit: Ellen Crown, AMLC Public Affairs)



## ***USAMRDC Scientists Chip Away at ‘Big Rock’ – Hope to Uncover a Few Gems***

**BY: Ramin A. Khalili, USAMRDC Public Affairs Office**

Minutes before his opening remarks to the crowd gathered inside Building 1520 on the morning of October 16, David Thompson was still tweaking the day’s agenda, collecting business cards, and shaking hands.

It was the kind of last-minute hard work he was hoping would ultimately, at the end of the day, pay big dividends for the U.S. Army Medical Research and Development Command’s Medical Simulation and Information Sciences Research Program.

“The more eyes, the more ears, and the more heads we have in the game ... the better,” said Thompson, the Interim Director for MSIS.

For Thompson and the rest of his team, the MSISRP Industry Workshop Day, held October 16-17 at Fort Detrick, Maryland, was designed to be the place where all those eyes, ears, and brains could meet and have a working dialogue with both research program leadership and associated portfolio managers. As such, the event was originally conceived as a type of interactive arena for both federal scientists and their corporate and academic counterparts to tackle what Thompson calls MSISRP’s ‘big rock’ questions; or, in other words, their central and defining obstacles.

“Our big rock question is –our main question today is– how do we get to our objective end state, and how do you see us getting there?” said Thompson. “We wanted to ask these folks how they

see our challenges differently than we do.”

According to Thompson, day-to-day MSISRP efforts focus chiefly on artificial intelligence and autonomous systems research; though on the workshop’s first day, conversation with the assembled invitees –which included professors, engineers, and product managers from a diverse set of universities and firms based in a variety of places across the country– quickly delved into topics like data capture and storage, real-time data collection, and the use of advanced robotics systems for evacuation purposes.

“One of the biggest concerns right now is the integrity of the data coming into these specific [collection] systems,” said Scott Pappada, an assistant professor at the University of Toledo, during a morning presentation by Shannon Gupta, Portfolio Manager for the MSISRP’s Medical Assist Support Technologies Portfolio.

For Thompson, that kind of organic conversation route was proof that his overall plan was, indeed, working. For the rest of the MSISRP team, the impact of those morning sessions was compounded by afternoon sessions scheduled with Thompson himself in which attendees could pitch ideas, possible solutions, and even emerging products to program leadership in a more private, one-on-one setting.

“It’s a unique opportunity for them [attendees] to speak with us,” said Thompson. “What do you see? How would you approach our problems? This is what we’re looking for.”

While Thompson is certainly open to additional, similar efforts at a later date, his immediate focus remains wading through the notes, ideas, and business cards collected during the workshop event and then applying them on a case-by-case basis to both short-and-long term MSISRP goals.

Said Thompson, “When I look back, an A-plus day for us is that we have the kinds of different ideas that can provide us with a synergistic, positive way forward.”



***JPC-1 Portfolio Manager Ms. Cindy Crump prepares to answer an audience question during the JPC-1 Industry Workshop on October 16 at Fort Detrick, Maryland. (Photo by: Ramin A. Khalili, USAMRDC PAO)***



# Army Study Leads to Approval of New Smallpox Vaccine

By: Caree Vander Linden, USAMRIID Public Affairs Officer

Thanks in part to Army scientists, the world has gained a new weapon in the fight against one of history's most feared diseases: smallpox.

A new vaccine approved on Sept. 24 by the U.S. Food and Drug Administration, prevents both smallpox and the related disease monkeypox in adults. Marketed under the brand name JYNNEOS, the vaccine was developed by biotechnology firm Bavarian Nordic and tested by the U.S. Army Medical Research and Development Command's U.S. Army Medical Research Institute of Infectious Diseases.

"In addition to its public health importance, this vaccine will have a direct impact on improving force health protection for U.S. troops who are required to be immunized against smallpox," said Col. E. Darrin Cox, Commander of USAMRIID; which is headquartered at Fort Detrick, Maryland.

Following a worldwide smallpox vaccination program, the World Health Assembly declared the fatal disease eradicated in 1980. With a large amount of the world's population no longer immune to smallpox, however, an intentional release of the virus among military personnel or the general public could have a devastating global impact.

Current smallpox research focuses on developing vaccines, drugs and diagnostic tests to protect against the virus should it be used as an agent of bioterrorism. JYNNEOS was developed as an alternative to the current U.S. licensed smallpox vaccine, ACAM2000, which cannot be used by people with certain health conditions.

To assess the vaccine's effectiveness, USAMRIID study director Phillip R. Pittman, M.D., led a clinical trial in collaboration with the U.S. Defense Health Agency. His team enrolled U.S. service members stationed in South Korea in the study, placing 440 participants into one of two groups. While the first group received two doses of JYNNEOS 28 days apart, the second group received a single dose of ACAM2000. Participants receiving JYNNEOS had a superior immune response and fewer side effects compared to those who received ACAM2000.

While enhancing the medical readiness of U.S. fighting forces, the new smallpox vaccine also has been selected for inclusion in the Centers for Disease Control and Prevention's Strategic National Stockpile, the nation's largest supply of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency.

## About Smallpox

Smallpox is an ancient disease that is highly contagious and often fatal in humans. Symptoms include fever, body aches, and a skin rash that develops into fluid-filled lesions. The smallpox virus is spread through saliva and droplets from the respiratory tract, or by direct or indirect contact with the virus as it is shed

from skin lesions. The virus also can be spread through other body fluids and contaminated clothing or bedding.

## About Monkeypox

Monkeypox is a rare disease that does not occur naturally in the U.S. It begins with fever, headache, muscle aches and exhaustion and is typically milder than smallpox, though it can be fatal in some cases. Monkeypox is transmitted to people from wild animals, such as rodents and primates. In 2003, the U.S. experienced an outbreak of monkeypox, which was the first time human monkeypox was reported outside of Africa.

## About USAMRIID

USAMRIID is celebrating its 50th year of providing leading edge medical capabilities to deter and defend against current and emerging biological threat agents. The Institute is the only laboratory in the Department of Defense equipped to safely study highly hazardous viruses requiring maximum containment at Biosafety Level 4. Research conducted at USAMRIID leads to medical solutions—vaccines, drugs, diagnostics, and information—that benefit both military personnel and civilians. Established in 1969, the Institute plays a key role as the lead military medical research laboratory for the Defense Threat Reduction Agency's Joint Science and Technology Office for Chemical and Biological Defense. USAMRIID is a subordinate laboratory of the U.S. Army Medical Research and Development Command. For more information: [www.usamriid.army.mil](http://www.usamriid.army.mil)



Dr. Phillip R. Pittman of USAMRIID with files from clinical trial he led in South Korea (Photo courtesy of Dr. Phillip R. Pittman)

# Stop the Bleed:

## Combat Casualty Care Demonstrates Saving Lives Is In Its Blood

BY: James A. Black, Knowledge Manager,  
USAMRDC Combat Casualty Care Research Program



**MEDCOM Senior Medical Trainer Joseph Ogershok (standing) instructs staffers with the U.S. Army Medical Research and Development Command's Combat Casualty Care Research Program on how to use a tourniquet during an internal "Stop the Bleed" campaign awareness event on October 8, 2019. (Picture by: James Black, USAMRDC Combat Casualty Care Research Program)**

On a cool fall morning inside an office building located at Fort Detrick Area B, a motivated group of budget analysts, scientists, and military medical personnel convened for a different type of team-building experience. The exercise challenged the twelve participants – staffers at the U.S. Army Medical Research and Development Command's Combat Casualty Care Research Program – to put their considerable medical skills to the test on behalf of the "Stop the Bleed" campaign. Launched in 2015 by the CCCRP at the direct request of the National Security Council and the White House, the "Stop the Bleed" campaign is a public awareness initiative designed to teach traumatic bleeding awareness to make all American citizens.

On this particular morning, Joseph Ogershok, Senior Medical Trainer at Fort Detrick and an Advanced Emergency Medical Technician who spent nearly a decade in the Air Force, walked the assembled staffers through the key steps in packing wounds, applying tourniquets, and identifying vital signs of victims of traumatic bleeding.

"Depending on the severity of the wound, a person can bleed out in less than five-minutes," said Ogershok during the presentation, reminding the group just how important it is to act quickly in such situations.

Ogershok then split the team into smaller groups in order to practice campaign tenets in a more hands-on manner by using actual tourniquets. The general consensus: repetition builds confidence and creates the kind of muscle memory that transcends panic—a trait needed when a life is on the line.

"Trauma is the leading cause of death for people ages one to 44," said Col. Michael R. Davis, CCCRP Director. "While CPR training teaches bystanders how to respond when someone stops breathing there really was no analogous training for hemorrhage control prior to 'Stop the Bleed.'"

The "Stop the Bleed" campaign's value extends far beyond life-saving emergency response efforts to active shooter incidents. Traumatic bleeding control training events and associated, licensed kits are popping up all over the country, with the campaign boasting more than 325 public and corporate partners in more than 40 states as of late summer. According to the Military Health System, the state of Massachusetts has pre-positioned "Stop the Bleed" kits on remote beaches to aid victims of shark attacks, while a school nurse in Georgia recently provided life-saving aid to an injured fourth-grader who severed an artery in her arm by using "Stop the Bleed" training.

"I've now seen the "Stop the Bleed" logos and signage prominently advertised in airports across the country," said CCCRP Military Deputy Lt. Col. David Johnston. "The message is beginning to resonate with the public,"

Dr. Kasey Moritz, a staffer with the CCCRP's Neurotrauma Portfolio, attended the day's bleeding control training and stated his desire to purchase a pair of "Stop the Bleed" kits – one for both his home and car.

"I would definitely recommend the "Stop the Bleed" course to anyone that is willing to take it," said Moritz. "The more people who learn how to handle life-threatening situations before paramedics arrive, the

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better off society will be if or when an unexpected event occurs.”

For more information on Stop the Bleed training sessions and kits, please visit this Department of Homeland Security link: <https://www.dhs.gov/stopthebleed>, or download the “Stop the Bleed” mobile app available on

Google Play and at the Apple Store:

Android: [https://play.google.com/store/apps/details?id=edu.usuhs.stb&hl=en\\_US](https://play.google.com/store/apps/details?id=edu.usuhs.stb&hl=en_US)

iPhone: <https://apps.apple.com/us/app/stb/id1336173602>



*Nsini Umoh, U.S. Army Medical Research and Development Command's Combat Casualty Care Research Program Neurotrauma and Traumatic Brain Injury Portfolio Manager (left) practices packing gauze in a makeshift open wound with Assistant Portfolio Manager Robin Walker during an internal "Stop the Bleed" campaign awareness event on October 8, 2019. (Picture by: James Black, USAMRDC Combat Casualty Care Research Program)*




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[www.detrack.armymwr.com](https://www.detrack.armymwr.com)

## USAMMDA Team Members Participate in 32nd Hospital Center Validation Exercise

*By Jeffrey Soares, USAMMDA Public Affairs*

Last month, representatives from the U.S. Army Medical Materiel Development Activity participated in a validation exercise for the 32nd Hospital Center (deployable) at Fort Polk, Louisiana. The USAMMDA team included staff members from its Warfighter Deployed Medical Systems Project Management Office, Warfighter Brain Health PMO and Warfighter Expeditionary Medicine and Treatment PMO. The primary focus of the three-day visit was to observe medical equipment required to support the unit's patient care mission-essential task list.

Marie Cochran, WDMS PMO Medical Modernization assistant product manager, served as USAMMDA liaison for the exercise. Having been assigned to Combat Support Hospitals during her own military service, Cochran has a great deal of knowledge in this area of Army deployable health systems.

"Our main focus during the visit was to observe the

validation exercise, and work with their leadership and clinical staff on any Class VIII (i.e. medical materiel) equipment issues that they were experiencing, or to answer or address any questions they had for us," said Cochran.

Cochran explained the purpose of this exercise, stating it was the result of an Executive Order handed down from the U.S. Army Forces Command, or FORSCOM, which requires that within 180 days of each conversion of a CSH to a Hospital Center configuration the unit must conduct a validation exercise to assess its ability to conduct missions effectively.

"As the 32nd is a deployable Hospital Center, we were there to assess their Class VIII equipment, and to answer any questions they had pertaining to the conversion and medical equipment fielding," said Cochran. "We wanted to address any shortages, so

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*During the 32nd Hospital Center's validation exercise in September at the Joint Readiness Training Center, Fort Polk, Louisiana, medical product managers from the U.S. Army Medical Materiel Development Activity observed the Emergency Medical Treatment/Triage section during a mock mass casualty event. Army Capt. Kimber Hicks (right center) from the 32nd HC provided guidance and answered questions regarding how this section of the Hospital Center is employed and manages patient care. (Photo by Marie Cochran, USAMMDA Warfighter Deployed Medical Systems Project Management Office)*





Personnel from the U.S. Army Medical Materiel Development Activity and the 32nd Hospital Center gather for a group photo during the validation exercise held at Fort Polk, Louisiana. From left to right: Brad Burns, Kim del Carmen, and Damien Hoffman, Warfighter Brain Health Project Management Office; Lindsay Longobardi, Warfighter Deployed Medical Systems PMO; Leigh Ann Alexander, Warfighter Expeditionary Medicine and Treatment PMO; Trish Whipp and Elyse Katz, WBH PMO; Army Sgt. 1st Class Lorainne Flippo, 32nd Hospital Center; Malena Rone, WBH PMO; Army Capt. Kimber Hicks and Spc. Bryce Brown, 32nd HC.

(Photo by Marie Cochran, USAMMDA WDMS PMO)

we could understand their commander's priorities, and push that back to our teams at USAMMDA, to help expedite filling any equipment shortages."

"Our goal is to maintain positive communication with these customers, and ensure the commanders and their staffs have the information they need to ensure unit readiness," she added.

The Medical Modernization office, along with the entire WDMS PMO team, moved to USAMMDA from the U.S. Army Medical Materiel Agency earlier this year as part of an Army realignment initiative to combine Army Medical program management and acquisition functions. Cochran explained that part of this trip to Fort Polk was to inform and educate the Medical Brigade and Hospital Center staff of the realignment from USAMMA to USAMMDA.

"Along with checking on the medical equipment, we were there to inform leadership about USAMMDA's role, after the recent changes at Army Materiel Command and in the Army Futures Command," she

said. "For many years, all of this work was done by USAMMA, and everyone was familiar with that organization. But now that medical equipment life cycle management has moved under USAMMDA, we're doing our best to communicate this change to the units and their leadership — so they will know who and what office to contact if they have any questions, which is very important."

As a subordinate command of the U.S. Army Medical Research and Development Command, USAMMDA's mission is to develop and deliver quality medical capabilities to protect, treat and sustain the health of Service Members throughout the world — and Cochran is quick to point out there can be no breakdown in communication with regard to this critical task.

"We all have been working very hard to inform our customers about this change to USAMMDA — who we are, our PMO teams, and our leadership — so they can quickly reach out to our organization

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whenever they need information,” she said.

In addition to the main task of observing the status of Class VIII equipment, Cochran detailed the professional development component of the trip, as members from USAMMDA’s WBH PMO and WEMT PMO traveled to Fort Polk to witness the validation exercise and learn more about the factors surrounding a military deployment effort.

“Because we have a number of new team members at USAMMDA, who may not know a great deal about the deployed environment, we are working to coordinate with our PMOs to bring new assistant product managers and other new staff to these exercises,” said Cochran. “We want to help these new folks gain knowledge on how best to communicate with these particular customers, understand the constraints a deployment brings to healthcare, and to learn how to find out what these customers need when it comes to the Class VIII equipment.”

Cochran escorted the USAMMDA team members throughout most of the day, focusing on Field Hospital areas and the unit’s staff. As the WBH PMO staff focused on pertinent issues related to Traumatic Brain Injury and Post-Traumatic Stress Disorder, WEMT PMO deputy project manager Leigh Anne Alexander was on hand to better understand the logistics of the Hospital Center and to speak with users regarding their experiences with medical devices. Alexander said the feedback and information will be crucial to developing new capabilities that will be fielded to the Hospital Center and other medical units and care providers in the future.

At lunch time, the USAMMDA personnel were given Army MREs, or Meals Ready-to-Eat, so they could enjoy firsthand the food Service Members carry with them on deployments. While sampling the MREs may have been interesting, the WBH PMO group agrees that a chance meeting with an Army Captain from an infantry unit was perhaps a highlight of their day. During their conversation, the officer conveyed his experience leading Soldiers in combat and the impact of PTSD on the particular mission — which is a topic of primary concern for the group.

Stressing the importance of educating USAMMDA PMO staff members on the struggles of deployed units, and the urgency of knowing what they need and satisfying these requirements quickly, Cochran views these types of training assignments as essential professional development.

“It’s a very solid investment to allow these PMs to see and talk with their customers in the field environment,

so they can ‘walk a mile in their boots’ and understand their plight,” she said. “It helps us learn to quickly fill gaps before they become an issue for our Warfighters — and this shows our customers that we are right there in the fight with them.”

Benjamin Pryor, WBH PMO deputy project manager, arranged the excursion for his team members to attend the exercise, and he remains very positive regarding the benefits of the training.

“This operational-like exercise was an excellent learning opportunity for our product managers to expand their knowledge on the newly designed large-scale Hospital Center, as well as the set-up and tear-down activities,” he said. “The experience gained from this event will help develop materiel solutions that are more suitable and effective for the end-users.”

Dr. Kimberly del Carmen, Health Science product manager for the WBH PMO, was among the team members who traveled to Fort Polk for the event.

“During the exercise, our team really appreciated the insight shared by Army medical providers on the current state of medical operations for the prevention, diagnosis and treatment of traumatic brain injury and psychological health conditions,” said del Carmen. “The acquisition team’s understanding of how current and potential future Warfighter Brain Health products will or will not be incorporated into medical operations was greatly expanded.”

Confirming the benefit of this training, she added, “I do think this type of travel would be helpful for other PMO teams to better understand the customer and the field environment.”

Reiterating the main points of the visit, Cochran said her team continues to focus on taking care of the customer, communicating the change of USAMMA’s move under USAMMDA, and last, but certainly not least, educating staff members from USAMMDA’s PMOs and their various customers on the numerous military medical capabilities managed by the organization, and how these are developed.

“It’s really important that we educate our clinicians in the field on what we do and how we develop products, and educate our USAMMDA staff on what it’s like to be in a deployed environment,” said Cochran. “Clearly, there is a benefit all the way around.”



# *A Soldier's Dreams, Destiny Merge at Fort Detrick*

By: Ramin A. Khalili, USAMRDC Public Affairs

Sit across the table from Spc. Sergo Dzamashvili for just a few seconds and you'll see a basic outline emerge fairly quickly. His manners and easy smile, the way he leans forward when he talks, and –not least of all, of course– his affection for Starbucks Doubleshot energy drinks make him the typical –almost archetypal– 30-year-old Soldier; busy, eager, and always ready for the next task, the next challenge. But dig a little deeper and you will see, quite clearly, the details that color the world inside that simple sketch. To map the entire terrain, however, you'll need to travel some 15,000 miles.

"I always wanted to be a Soldier," says Dzamashvili, sitting in the offices of the 21<sup>st</sup> Signal Brigade on a warm September morning. "When I was a kid, that was always something I thought would be cool, being a soldier for the American Army."

Those words, and indeed his affinity for the Army and America as a whole, are repeated so often and with such calm conviction that he could almost double as a motivational speaker; one specializing, perhaps, in writing simple daily mantras for busy professionals to read on their daily commutes. Instead, Dzamashvili is a board-certified medical doctor who enlisted in the Army just last year, in early 2018. It's a commitment, he says, that doubles as a gift to the country that gave him opportunities he never would have had in his native Georgia – a tiny, still-emerging country located at the intersection of Western Asia and Eastern Europe.

"Honestly," says Dzamashvili, "the reason I wanted to become an American Soldier is because America has given my family everything."

## **The First 5,000 Miles**

"When I was born in Georgia," says Dzamashvili, reaching back to the late 1980s, "it was still part of the U.S.S.R. This was just before the U.S.S.R. split up, and so there was instability and there was upheaval ... there was an ongoing fight for power."

It was that atmosphere of decline that Dzamashvili's father, Konstantin, sought to flee when he reached out to a friend living in Chicago for help in the early 1990s. Political and cultural strife in the country of –at the time– barely more than four million people had led to the



*U.S. Army Spc. Sergo Dzamashvili speaks with a coworker at his desk located in the offices of the 21<sup>st</sup> Signal Brigade on September 17, 2019.*

*(Photo credit: Ramin A. Khalili, USAMRDC PAO)*

breakdown of living conditions and, in some cases, the basic application of law. And so Konstantin, a neurologist by trade, was hoping America could provide safety for his wife, son, and young twin daughters.

"My father was waiting in breadlines for hours just to feed the family," says Dzamashvili. "So when he came here, it was for a better life."

But that opportunity came with a catch. In order to pay for his family's move to America, Konstantin had to travel to the U.S. *alone* first in order to save up enough money. He wound up bunking with that same buddy in Chicago for a year –eventually re-starting his medical career at 40-years old– before bringing the rest of the family to Illinois.

Says Dzamashvili of his father, "He was out there for a year, alone, while we were still in Georgia, until he had passed all his boards and started his residency program, which would then fund us coming over here."

And so at age five, Sergo was finally in the place he wanted to be all along ... for a little while, at least.

*Continued on page 17*

## Return to Georgia

For Sergo, it all started with his grandfather – his father’s father. He was the catalyst, the inception point. He passed away when Konstantin was in his late teens and so Sergo never got a chance to meet him, but he did have pictures – volumes of mementos from Georgia.

“I would always hear stories about his bravery,” says Sergo, “about what kind of man he was. From early on, I was always intrigued – the way he was standing there in his [military] uniform with all these medals.”

Those pictures, coupled with Sergo’s newfound affinity for the United States, stuck with him during his formative years and carried through to his entrance into medical school – which he ultimately chose to attend at David Tvildiani Medical University back in Georgia.

The decision to both leave home (to leave *again*, in a manner of speaking) and reconnect with family roots was daunting to say the least, as Georgia had been rife with the same political instability from Dzamashvili’s youth up until pro-democratic forces rose to power in the mid-2000s. The tiny, burgeoning country was still –much like Sergo at the time– moving through its adolescent years.

There was contrasting comfort, however, in the medical training itself. Turns out Dzamashvili’s chosen university not only came highly recommended from family friends practicing medicine in Chicago, it was designed specifically

to cater to regional students who wanted to ultimately enter U.S.-based medical professions. To that end, all university textbooks were written in English and, further, the overall cost of schooling was substantially less than a U.S.-based medical education – all perks unavailable to his father just a decade-or-so earlier. Ironically, Georgia would eventually, in 2014, become home to the U.S. Army Medical Research Directorate-Georgia, a subordinate

command of the USAMRDC’s Walter Reed Army Institute of Research.

“Going back to Georgia really brought me that perspective,” says Dzamashvili. “There was a long time where my family wouldn’t go back, even though we had a chance to go back in the 90s.”

Just twelve years after touching down in America’s Heartland –and just a few years after becoming an American citizen– Sergo was back on a plane at age 17 for a new and different journey.

## Homecoming, Part II

When you ask him how Georgians speak –ask about the language they use, the way they talk, the casual slang terms they use, even– Dzamashvili is quick to make it clear that Georgia is a singular and unique entity; a hard-fought identity that he clearly still respects.

“Georgians have their own language,” he says quickly,

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*U.S. Army Spc. Sergo Dzamashvili participates in a 12-mile ruck march event as part of the 21st Signal Brigade Best Warrior Competition 2019 at Fort Indiantown Gap, Pa., on March 27, 2019.*

*Photo credit: Sgt. Raul Pacheco, U.S. Army*



almost as a sly-but-gentle rebuke to those who think the country may still be hindered by its turbulent past in any way. “They have their own alphabet, everything – and so I had to re-learn how to read and write, essentially, when I went back for school.”

Dzamashvili’s university stay would last for six years until his graduation in 2013; at which point he’d not only navigated the rigors of initial medical training, but had reached a poignant understanding of the country of his birth (“people there are very hospitable,” he says), gained a greater understanding of the government’s democratic efforts (“I see hope,” he says), and, with regards to cultural differences, had also determined that Georgia had substantial culinary shortcomings as compared to the U.S. (“I did miss burritos over there,” he says).

Touching back down in Illinois, Dzamashvili eventually passed his medical board examinations, shadowed professional doctors, and even performed clinical research at Edward Hines, Jr. VA Hospital. But when it came time for residency training, instead of waiting a year to attend either Loyola University of Chicago or the University of Illinois at Chicago, he opted for a different path: the U.S. Army.

“Screw waiting,” says Dzamashvili of his mindset at the time. “I’m going to join the Army. I was always told the fastest way to get into the Army was to just go and enlist anyways, so that didn’t bother me to go enlist for a couple of years as long as I got into the medical field.”

### Desire, Meet Destiny

Now, after thirty years and medical training efforts on two different continents, Sergo Dzamashvili is both a medical doctor and a member of the U.S. Army; his first assignment is here at Fort Detrick. His unique qualifications have bred an understandable eagerness to move forward—a chomping at the bit, of sorts—as, indeed, he’s already started the process of entering the Army’s medical occupation; taking the steps required to become a physician. But if you think the man who’s waited nearly three decades to realize his dream is put off by a little time in the waiting room, then you don’t know Sergo.

“My ultimate goal is to practice medicine in the Army,” says Dzamashvili. “That’s what I

want, to give back. I’d like to serve for at least eight years, to give back that entire time in service.”

Just how long it will take to reach that goal is yet to be seen, though it should come as no surprise that Dzamashvili has already attempted to plot the arc of his military medical career even *before* his training has been completed. Even now, serving as a Human Resources Specialist in the S-1 Office until his next assignment, he finds in each day’s shift what so many others would gladly welcome into their own lives: a sense of purpose, the feeling of belonging, and the satisfaction of a job that truly has meaning.

In the end—if these kinds of stories can have an end—the service career of Sergo Dzamashvili is, in reality, just beginning. It would be an exaggeration, perhaps, to say that Dzamashvili has already lived multiple lives; though it wouldn’t be such a stretch to say that’s the truth, either. In any capacity, his life’s work as currently constructed already stands as an impressive feat; a Soldier coupling the desire to serve America with the talent required to make a lasting impact.

Not too bad for a typical 30-year-old.

Says Dzamashvili, “If there’s nothing else I do in my life, I can always say I was a Soldier. That’s the way I look at it. If there’s nothing else that I accomplish, I will always know that I served my country.”



*U.S. Army Spc. Sergo Dzamashvili (foreground, right) conducts Army Warrior Tasks (AWT) drills during the 21st Signal Brigade Best Warrior Competition 2019 at Fort Detrick, Maryland, March 25, 2019.*  
Photo credit: Sgt. Raul Pacheco, U.S. Army

# Preparing for Cyber Command Readiness Inspection

**By: Chuck Collins, Fort Detrick Network Enterprise Center**

In the very near future, an inspection will take place at Fort Detrick to determine the level of cyber readiness of the Network Enterprise Center as well as all classified and unclassified users across the Installation.

As we prepare for this inspection, there are a few things you can do as the user to make the inspection successful.

1. Make sure your Cyber Awareness training is complete. This is required by all DOD employees and reminds us to "always be ready."
2. Always remove Common Access Cards (CAC) and Secure Internet Protocol Router tokens when stepping away from your computer.
  - During the inspection, if a CAC or SIPR token is found in an unattended computer, this will result in a high severity finding; which means primary security protections are being bypassed. The name of the offending individual will be briefed to the Mission Commander during the inspection out-brief.
3. Ensure that your computer and phone are marked with the proper classification sticker.
  - Every computer used in an unclassified environment should have a green *unclassified* sticker. If work is being done in a secret room, the computer should have a red *secret* sticker on it. The phone on your desk should have a red and white sticker indicating, "Do Not Discuss Classified Information. This Telephone Is Subject to Monitoring At All Times. Use of This Phone Constitutes Consent To Monitoring".
  - Please contact your local Information Management Officer or unit Cyber team for stickers.

Starting in November 2019, the Fort Detrick NEC will begin a Cyber Staff Assisted Visit inspection of all SIPR rooms on Fort Detrick. Although the emphasis will be on the SIPR rooms, any finding that could jeopardize the security of our network will be assessed. With that in mind, we ask that all users continue to remain vigilant in security.

## ***National Disability Employment Awareness Month Observance***



*The Fort Detrick Garrison Equal Employment Opportunity Office hosts the 2019 National Disability Employment Awareness Month Observance on Oct. 23, 2019 at the Fort Detrick Community Activities Center.*

*"Today is a day to recognize and honor the myriad of accomplishments of those members of our work force and community who refuse to be defined by what others see as a limitation," said Fort Detrick Garrison Commander Col. Dexter Nunnally in his opening remarks. This sentiment compliments the monthly observance theme, "Don't set limits on unlimited potential."*

*Pictured left to right; Col. Dexter Nunnally, Fort Detrick Garrison commander; National Disability Employment Awareness Month Guest Speakers Michael Planz, CEO of Community Living Inc., and Joy Rowe with Frederick County Senior Services, Tiffany Gist-Johnson, Fort Detrick EEO officer and Fort Detrick Garrison Command Sgt. Major Marcos Muñoz.*

*Photo by Jenni Benson, Fort Detrick Public Affairs*



# After Four Decades, Leggieri Revs Up the Engine, Rides into Retirement

BY: Ramin A. Khalili, USAMRDC Public Affairs Office

Michael Leggieri sits at the small conference table in his basement office, points to a picture on the wall behind him, and smiles. In a sparsely decorated room that includes little outside of a desk, a telephone, and a computer, the four framed photos of four different motorcycles dotting the far wall can't help but occupy prime real estate.

"That yellow one I crashed, got busted up pretty bad" says Leggieri, referring –almost proudly, in a way– to the bike he wrecked in Utah back in 2012. Then comes a story about the Honda Goldwing he owns and then the Indian Chieftain and then, lastly, the Yamaha. He talks for one minute straight without taking a breath before he stops and apologizes.

"If you get me talking about things that I really love," he says, before trailing off a little, "I just can't stop."

For the people who know Leggieri, that statement seems like the perfect descriptor of the scientist and researcher who's spent more than 20 years at the U.S. Army Medical Research and Development Command (USAMRDC). For Leggieri himself, however, the man who's served as the Director of the DOD Blast Injury Research Coordinating Office for the past decade-plus, that last statement sounds more like an ambitious prediction for his own personal future. When he finally retires on October 29 after four decades of total service to the DOD, he won't have to stop for anyone or anything ever again.

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It's a familiar –if lengthy– story, especially for those with military roots. But just like your favorite movie, the best parts of Michael Leggieri's story are the characters and the dialogue, and then additionally how the narrator brings the whole thing to life with his own special verve. After graduating high school in 1975, Leggieri enlisted in the Air Force, where he served for four years before heading to Penn State University. There, he earned both a bachelor's and a master's degree before joining the Army via direct commission as an Environmental Science Officer. Well over a decade later, in 1998, he came to the USAMRDC as the Deputy Director of the Military Operational Medicine Research Program.

Karl Friedl, Leggieri's former boss at MOMRP and the current Senior Research Scientist Performance Physiology at the USAMRDC's U.S. Army Research Institute of Environmental Medicine notes, quite dryly, that Leggieri was so unenthused by his new posting back then that he requested a hardship tour from his assignment officer after his first day on the job. And yet, slowly but surely, the role began to rub off on him.

"Individuals who are competent in research and field work often

turn out to be some of the best staff officers," says Friedl, whom Leggieri counts as one of his oldest friends, "because of that [very same] competence and dedication to serving the Soldier."

His time at MOMRP as both an officer and, later, a contractor lasted for the better part of the decade before Leggieri was ultimately tapped to stand up the DOD Blast Injury Research Coordinating Office in 2007. As the title implies, the office is responsible for collecting and curating all DOD blast injury efforts across the military, corporate, and academic worlds; in other words, connecting otherwise disparate stakeholders for the purpose of a common goal. As the only director the office has ever known, Leggieri contributes his proficiency in large part to his work at MOMRP.

"The challenge in this job is bringing all these different communities together," says Leggieri. "I think it's just human nature; but because these diverse disciplines don't naturally work together, being able to bring those types of communities together and get them to collaborate is very powerful."

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But to confine this story solely to an office or a lab would be a mistake. In Leggieri's case, the action –those interesting, one-of-a-kind stories and anecdotes– springs from emotion; from time with his wife and family, from the sound of one of his three bikes zipping across hot pavement, and –occasionally– from the synthesis of the two.

"My wife and I go way back," says Leggieri, inadvertently burying the lead. He and his wife Linda –who will celebrate their 44<sup>th</sup> wedding anniversary this year– initially met in a kindergarten class in Stroudsburg, Pennsylvania, before drifting apart during their childhood and early teenage years. By the time eleventh grade chemistry class came around, however, the picture had become much clearer for both.

"When I met my wife at that point," says Leggieri, "I knew we were meant to be together."

It must've been that same kind of fate, then, that brought him together with his beloved motorcycles. What started out with a mini-bike at 13 years old turned into a dirt bike a few years later and has since escalated into an all-out infatuation; one that he's carried throughout his adult life. Long-distance solo rides are common for Leggieri, as he's toured across 44 states so far. A mammoth, 12,000 mile trip to Alaska –to the arctic circle, no less– is already penciled into his calendar for next summer.

"When I'm on a motorcycle, I can literally still feel the same sensations I felt when I was 13 and riding a dirt bike in the Poconos of Pennsylvania," says Leggieri, who turned 62 in early

*Continued on page 21*

October. "It's like, you can go to a movie and sit there and you can look at the scene in front of you – but when you get on a motorcycle, you are *in* the scene."

Perhaps it's that same kind of passion that swayed Linda, who – in Leggieri's own words– goes against type with the whole "motorcycle thing." He maintains that his wife's understanding and support have made –and continue to make– riding his hobby of choice.

"My wife actually encourages me to ride motorcycles," he says. "You know, most guys will say that they'd love to ride a motorcycle but their wives won't let them. But my wife says that I *must* ride motorcycles, because she knows what it does for me, for my well-being."

It does so much for him, in fact, that Leggieri says that he's planning on restoring 1970's vintage motorcycles once he steps out of the professional world for good. He's already built a two-car garage in his backyard expressly for that purpose he says, with welding lessons planned soon at the local community college.

Says Leggieri, "I mean, if I had to give up motorcycles ... that's like giving up a piece of my life."

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And so it must be that same kind of personal drive, one combined with equal parts dedication and commitment, which makes Leggieri so effective. After all, if you're looking for maximum impact, it only makes sense to apply those talents both at home and in the workplace. And in Leggieri's case, it's the systematic, principled administration of those talents over 40 years that's helped cement his reputation.

"If you have attended one of Mike's presentations, you would have benefited by his clear and logical thinking," says longtime friend Jaques Reifman, Senior Research Scientist at the Biotechnology HPC Software Applications Institute, which is located within the USAMRDC's Telemedicine and Advanced Technology Research Center. "If you have become Mike's friend, you would have benefited by his thoughtful and wise counsel."

"I am lucky," continues Reifman, "to have benefitted from both."

Maybe that's where Leggieri's story –at least the USAMRDC part – ends for now. Take a spin through his office and there's almost no telltale sign that he's going anywhere, that he's leaving. No boxes, no masking tape. He's quick to make clear the copious notes and records he's collected during his tenure have been filed and prepped for the next person that occupies his seat. As his pal Friedl points out, Leggieri has an "obsession" with order that borders on infatuation. But perhaps those two things – order and obsession– are byproducts of each other. It certainly

makes sense, as even now Leggieri continues reeling off his list of retirement goals; talking about his burgeoning 'foodie' tendencies ("I do most of the cooking in our house," he says) while, in the very next breath, talking about the Italian restaurant his parents owned when he was a boy ("The very first one in the Poconos!" he says). He even rolls up his shirtsleeve to show off a forearm tattoo honoring the latter; a rendition of an old VW Microbus used for pizza deliveries with the family name on the side.

Just a man talking about the things he really loves.

But for at least a few more days, however, he'll have to split those after-hours passions with his service and work life. Until then he's still committed –still excitable, even– as he readies the next chapter of his life, still reeling off facts and figures regarding the blast program's plan for the immediate future; an effort to rapidly develop new protection systems against emerging blast threats by producing a computational model of the entire human body's response to blast.

Sounds about right, in a way. Still eager to do everything he needs to do before he gets to do everything he wants to do. In wrapping up a military and civilian career that's been defined by a variety of passions, it's always important to lock down all the professional-world details before walking out the door one last time.

Says Leggieri, "I hope that's the legacy I'm going to leave behind; emphasizing the importance of coordination, of collaboration, of information sharing – I think that's really key."



*Michael Leggieri, director of the DoD Blast Injury Research Coordinating Office, displays a photograph of both himself and his daughter on one of his many motorcycles. Leggieri will celebrate his retirement from USAMRDC on October 29.*

*Photo credit: Ramin A. Khalili, USAMRDC PAO*



# **INNOVATION DAY**

**AT FORT DETRICK**

**THURSDAY  
7 NOVEMBER**

**0900-1300**

**COMMUNITY ACTIVITIES CENTER (CAC)**

**HOSTED BY:  
INFORMATION SYSTEMS ENGINEERING  
COMMAND (USAISEC) DIRECTORATE**

The Innovation Day at Fort Detrick connects government and industry to collaborate on fulfilling mission requirements and to discover technology solutions.

Come to the event to interact with industry partners and experience hands-on demonstrations of the latest emerging technologies!

**SIGN UP TODAY:**

[www.ncsi.com/fortedtrick](http://www.ncsi.com/fortedtrick) or email [nixon@ncsi.com](mailto:nixon@ncsi.com) 

# Smoke Alarms at Home

**SMOKE ALARMS ARE A KEY PART** of a home fire escape plan. When there is a fire, smoke spreads fast. Working smoke alarms give you early warning so you can get outside quickly.

## SAFETY TIPS

- Install smoke alarms in every bedroom. They should also be outside each sleeping area and on every level of the home. Install alarms in the basement.
- Large homes may need extra smoke alarms.
- It is best to use interconnected smoke alarms. When one smoke alarm sounds, they all sound.
- Test all smoke alarms at least once a month. Press the test button to be sure the alarm is working.
- Current alarms on the market employ different types of technology including multi-sensing, which could include smoke and carbon monoxide combined.
- Today's smoke alarms will be more technologically advanced to respond to a multitude of fire conditions, yet mitigate false alarms.
- A smoke alarm should be on the ceiling or high on a wall. Keep smoke alarms away from the kitchen to reduce false alarms. They should be at least 10 feet (3 meters) from the stove.
- People who are hard-of-hearing or deaf can use special alarms. These alarms have strobe lights and bed shakers.
- Replace all smoke alarms when they are 10 years old.



## FACTS

- ❗ A closed door may slow the spread of smoke, heat, and fire.
- ❗ Smoke alarms should be installed inside every sleeping room, outside each separate sleeping area, and on every level. Smoke alarms should be connected so when one sounds, they all sound. Most homes do not have this level of protection.
- ❗ Roughly 3 out of 5 fire deaths happen in homes with no smoke alarms or no working smoke alarms.



**NATIONAL FIRE  
PROTECTION ASSOCIATION**  
The leading information and knowledge resource  
on fire, electrical and related hazards



# Holiday Craft Show

20 November 2019 • 11 am to 5 pm



## Odom Fitness Center Building 1507

Over 50 vendors showcasing items that include handcrafted items, paintings, decorations, woodworking, jewelry and much more.

For more information, call 301-619-4079



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[www.facebook.com/DetrickMWR](https://www.facebook.com/DetrickMWR)





# **Super Saturday**

**7 December 2019  
9:30 am - 2:30 pm**

School Age Center, Bldg 955  
Child Development Center, Bldg 1776

**\$25.00 Per Child**

Parents get ready to enjoy a relaxing day out. Sign up by close of business 25 November 2019. Your child must be registered with CYS to participate.  
To register call, 301-619-7100.



#DetrickFamilyMWR  
[www.facebook.com/DetrickMWR](https://www.facebook.com/DetrickMWR)  
[www.detricksfamilymwr.com](http://www.detricksfamilymwr.com)



# **FORT DETRICK COMMISSARY**

## **WEEK OF THANKSGIVING**

### **STORE HOURS**

**NOV. 25, 2019; MONDAY- OPEN 1000-1800**

**NOV. 26, 2019; TUESDAY- OPEN 1000-1900**

**NOV. 27, 2019; WEDNESDAY- OPEN 1000-1800**

**NOV. 28, 2019; THURSDAY -CLOSED**

**NOV. 29, 2019; FRIDAY CLOSED**

**NOV. 30, 2019; SATURDAY – OPEN 0900-1800**



- SHADYBROOK FROZEN TURKEYS ON SALE FOR \$.48 per LB. **SIZES WILL VARY**



- DELI DEPT IS BRINGING BACK THEIR CHICKEN NOODLE SOUP STARTING TUESDAY OCTOBER 26<sup>TH</sup>.
- **MEAT DEPT HAS "POWER BOXES"**, this is a box filled with different cuts of meat for a special price. Ask any of our staff for more details.



- HORMAL SPIRAL HAMS: CHECK OUT THE BIG SAVINGS COUPONS **(\$6 OFF COUPON)**.



# Around Fort Detrick

## USAG Fort Detrick on Social Media

You can follow USAG Fort Detrick on social media for daily updates and information. On Facebook go to: [www.facebook.com/DetrickUSAG](https://www.facebook.com/DetrickUSAG) and "Like" us or follow us on Twitter: @DetrickUSAG.

As a reminder, all social media sites must be registered with Army. For more information, contact the Public Affairs Office.

The Fort Detrick Weeklies can now be found on the Fort Detrick homepage <https://home.army.mil/detrick/> under "Weeklies" and "Announcements." For a complete list of upcoming FMWR events, visit the Fort Detrick FMWR website: <http://detrick.armymwr.com/us/detrick/>.

## Fall Back: Change your Clocks – Change Your Batteries

Please remember that clocks are scheduled to fall back one hour on **Nov. 3**. In addition to changing the time on your clocks, this is also the perfect time to change the batteries in the various smoke alarms in your home. If your home is equipped with 10-year sealed unit alarms, please test them to ensure they are working properly.



## CFC Kickoff

It's time to Show Some Love! This year's Chesapeake Bay Area Combined Federal Campaign began Monday, Sept. 23 and runs through Jan. 10, 2020. You are invited to join the hundreds of thousands in the federal community who pledge through the CFC year after year. Donate online at <https://cbacfc.org/>. You can also do an online charity search at <https://cfcgiving.opm.gov/offerings>. If you have questions on the importance of the program or the process

please contact the Fort Detrick CFC Chair, Nicole Schwab directly at (301) 619-2209.

## Innovation Day at Fort Detrick

November 7, 2019 at the Community Activity Center- Bldg. 1529

8:30-9 a.m. Leadership Tour

9 a.m.-1 p.m. General Admission

Sponsored by: Information Systems Engineering Command Directorate

## CPAC has Moved

The Fort Detrick Civilian Personnel Advisory Center has moved to building 1520. Their new home is between Café Too and the auditorium in the space formerly occupied by DFMWR.

## Housing Town Halls

**Glen Haven Housing** –Nov. 4 at 6 p.m. at the BBC Community Center

**Fort Detrick Housing**—Nov. 5 at 1 p.m. and 6 p.m. at the BBC Community Center

## Gratitude Initiative

Calling all Army families! Gratitude Initiative (GI) is now accepting applications for students in grades 8-11 for the GI College Success Academy. GI provides the most

comprehensive college and career counseling, SAT/ACT Test Prep, and financial aid counseling program, free of charge to our military families. The program is delivered online and is backed up by a team of live degreed experts who work directly with your family via email, phone, and chat.

This service is completely free of charge to qualifying military and veteran families from the date of enrollment, all the way through college graduation. Gratitude Initiative is a 501(c)(3) nonprofit organization whose mission is to provide educational support to the children and families of military service members, veterans, disabled veterans, and those killed in defense of our country.

To apply go to: [gratitudeinitiative.org](https://gratitudeinitiative.org) and select the apply for programs tab to start the process.

