



## Fort Detrick Holds Town Halls to Discuss Family Housing Concerns

*By Lanessa Hill, USAG Public Affairs*

As part of an ongoing Army-wide effort to resolve unsatisfactory conditions in Army family housing, Maj. Gen. Barbara R. Holcomb, commanding general of the U.S. Army Medical Research and Materiel Command and Fort Detrick, invited residents who live on Fort Detrick to a town hall on Feb. 22 to discuss local housing conditions, responsiveness to work orders, address resident issues and provide residents with expectations and the way forward.

In a recent statement concerning Army leased and privatized housing, Secretary of the Army Dr. Mark T. Esper said, "We are deeply troubled by the recent reports highlighting the deficient conditions in some of our family housing. It is unacceptable for our families who sacrifice so much to have to endure these hardships in their own homes. Our most sacred obligation as Army leaders is to take care of our people - our Soldiers and our family members."

Holcomb echoed Esper's comments. "As the Fort Detrick Senior Commander and as a leader, I am committed to taking care of our people, our Soldiers and their families. Ensuring the health and welfare of everyone on Fort Detrick is something I take very seriously and is of the utmost importance to our Army's readiness," Holcomb said.

Residents of privatized housing and the barracks were given the opportunity to present their concerns to Army leadership as well as Balfour Beatty Communities representatives. In total for both sessions, approximately 400 residents were in attendance that included Soldiers, Airmen, Sailors, and Marines, fami-

ly members, retirees, Department of Army Civilians and contractors.

Attendees raised the following issues; structural concerns as a result of home settling and noticeable cracks, uneven sidewalks and driveways, water that is cloudy and has an odor, faulty smoke detector installation, clogged gutters, houses not properly grounded, peeling paint, water leaks, poor remediation of mold damage, appliances broken and not repaired, HVAC issues, delivery of appliances poor quality of completed maintenance work and a lack of response by Balfour Beatty.

"We are taking immediate action to fix these issues. We will be transparent with our action plan and we will hold stakeholders accountable, ensuring safe and secure living environments," said Fort Detrick Garrison Commander Col. Scott Halter.

Holding town halls is just the first step in part of the directive given by Army. "We must visit 100 percent of our housing and speak with residents to gather their housing concerns and document any work that has to be done. But we won't stop there. We will follow up with every resident after the work is complete to ensure the resident is satisfied," said Halter. "These action plans are the first step in restoring your trust in the reporting process and faith in the chain of command."

Both Holcomb and Halter reiterated that there will be absolutely no reprisals for reporting. "We want to hear the concerns of our Soldiers and families - no matter how big or small - so we can ensure they are appropriately addressed," said Holcomb.

*Continued on page 2*

Additionally, all Soldiers and families are encouraged to bring any issue to their installation leadership and to the Soldier's chain of command, especially those that threaten health or safety or are not being addressed quickly or appropriately.

As part of leadership's commitment to our Soldiers and their families the Interactive Customer Evaluation, also known as ICE, is the official hotline residents can use to submit concerns or issues with home repair timeliness or satisfaction of completed repair work. Visit [www.detrick.army.mil](http://www.detrick.army.mil). Click on the red box titled "Housing/Barracks Hotline." The Garrison Commander sees every ICE comment and will ensure any comment regarding housing be addressed and followed up on.

A town hall for residents of Glen Haven Apartments is scheduled for 6 p.m., March 1, 2019 at the Glen Haven Community Center, 1200 McMahon Road, Wheaton, Maryland.



## Who to Contact To Report Home Repairs

### **Detrick Homes Residents**

#### **During business hours:**

Call the Maintenance team at (240) 379-6410.

#### **24-Hour Emergency Maintenance Line:**

Call the Maintenance team at (240) 379-6518.

### **Glen Haven Apartments Residents**

#### **During business hours:**

Call the Maintenance team at (301) 649-9700.

#### **24-Hour Emergency Maintenance Line:**

Call the Maintenance team at (301) 649-9700.

<https://detrickhomes.securecafe.com>

### **Barracks Residents**

**Directorate of Public Works (DPW)**

**301-619-HELP (4357)**

**Your Building Manger**

**Your Unit Commander/ Senior Enlisted Leader**

To submit concerns or issues with home repair timeliness or satisfaction of completed repair work please use the Interactive Customer Evaluation (ICE) by visiting the ICE link found on our home page [www.detrick.army.mil](http://www.detrick.army.mil) and click on the red box titled "Housing/Barracks Hotline." The Installation Hotline Number is (301) 619-7114



# Army Family Action Plan Holds Annual Virtual Town Hall

*By Lanessa Hill, USAG Public Affairs.*

The Army Family Action Plan is the Army's grassroots process to identify and elevate the most significant quality of life issues impacting Soldiers, retirees, Department of Army civilians, and families to senior leaders for action. On Feb. 21, the Fort Detrick Army Family Action Plan held its annual Facebook Virtual Town Hall and encouraged the community to post questions regarding quality of life programs and services offered on Fort Detrick and throughout the military. Thanks to all who submitted questions, ideas and comments.

Subject matter experts from various organizations were available to address issues and concerns submitted by members of the community. If you were not able to attend and have an issue or comment to submit, a link to the AFAP Issue Management System is available on the AFAP website at: <https://detrick.armymwr.com/programs/army>. To view issues presented during the town hall please visit the AFAP Facebook page at: <https://www.facebook.com/DetrickAFAP>.

Below are a few questions and responses from the event.

**Q: Will you consider adding food options for people who do not eat meat at the CAC, Café Too etc.?**

**A:** We've been testing new food items for the Community Activity Center, Café Too and the food trucks and began introducing them into the daily menus. Some of these items are vegetarian, meatless and/or gluten free. There are also daily salad options offered. Additionally, if there are specific items you would like to see, please feel free to let us know. By ensuring you are on our distribution list, you are able to see the menu options that are sent out in the daily emails. To receive these emails please call (301) 619-2822. Family and MWR does not have oversight of the NCI Café and cannot comment on their menu. We appreciate your feedback and continued support of Family and MWR.

**Q: It has been rumored that the Employment Readiness Program services that offer counseling and resume writing classes for spouses and Soldiers on Fort Detrick will be going away next year. How will those without transportation be able to utilize off-post services and assistance with resume writing? Who will offer Career Fairs moving forward?**

**A:** During fiscal year 20/21, Fort Detrick Army Community Services will reduce the program scope to offer only those programs required by statute. Unfortunately one of the programs being reduced is Employment Readiness. When Employment Readiness is reduced, no further services will be provided. If you have questions about services available off post please contact Daphne Freeman at (301) 619-2208.

**Q: Why doesn't the Operation Happy Holidays program match donors to the Families in need?**

**A:** Operation Happy Holidays program staff do their best to ensure all families are given both funding to purchase gifts, as well as gift certificates for their family holiday meal. Regulations prohibit donors from purchasing gifts directly for families. If a donation goes directly from a donor to a family, there is no ability to track that donation. Regulations require us to track each donation that is received for the OHH program. Also, if we allow donations direct to families an inequity may arise and families in need may be left out.

**Q: Why is the Oath not given to new civilian employees in -processing into their job?**

**A:** During in-processing, the Civilian Personnel Advisory Center performs a swearing-in ceremony to new employees every two weeks in their building. Also during the Garrison quarterly awards ceremony, the Garrison Commander leads the effort in swearing-in new employees.

*Continued on page 4*

**Q: Not all employees, contractors, military members and their families are aware of or understand how the Recycling Program works on Fort Detrick. The Frederick County Recycling Program does a good job promoting their program and could provide some guidance here on post.**

**A:** Current fiscal constraints and manpower limits the ability to have a robust recycling program. However, the Installation does continue to recycle at a limited capacity.

**Q: If I schedule an appointment at the Military Personnel Office for an ID card, can they ensure that they will assist me when I show up with all the proper documentation?**

**A:** Upon your arrival for a scheduled appointment with proper documentation you will be assisted for an ID card. The ID card process and required documentation is currently posted at <https://www.detrick.army.mil/mpd/idCards.cfm>.

**Q: The handicap parking area close to the main entrance doors at the Community Support Center is frequently blocked by delivery and other large vehicles utilizing the front entrance, making it difficult for persons parked or who want to park in the handicap spots to enter or leave that area. How can this be corrected?**

**A:** We appreciate your concern. Fort Detrick Police Department implements selective enforcement measures, which targets trouble areas to include reports of parking problems. We will elevate patrol measures in the Building 1520 area for parking enforcement. In addition we will request the building manager coordinate all deliveries so they are conducted in a manner that does not impede the flow of traffic or parking. If at any time you observe a blocking situation in a particular area please contact the police desk at (301) 619-7114 and a patrol will be dispatched to that area.



## Hood College and Fort Detrick Come Together to Provide Educational Opportunities for Active Duty Service Members



*Fort Detrick Garrison Commander, Col. Scott M. Halter and Hood College President, Andrea E. Chapdelaine sign a Memorandum of Understanding Feb. 25 at the Beneficial-Hodson Library on the Hood College campus in Frederick, Maryland. This MOU will allow Hood's graduate school to serve the advanced education needs of our active-duty military personnel. Photo by Lanessa Hill, USAG Public Affairs*



# A Fond Farewell for USAMMDA's Janice Cole

By Jeffrey Soares, USAMMDA Public Affairs

People often say kindness goes a long way. When it comes to Jan Cole, it has gone on for more than 49 years within the gates of Fort Detrick, Maryland. This February, Cole will retire after nearly five decades of combined service to the U.S. government, as both a federal civilian employee and a contract worker. The majority of her career has been spent as a budget analyst, and for the past 30 years she has been a valued member of the U.S. Army Medical Materiel Development Activity, having transferred in 1988 from USAMMDA's higher headquarters, the U.S. Army Medical Research and Materiel Command.

Cole credits her longevity at Fort Detrick to a former Frederick High School teacher that she considers one of the most influential people in her life. While a student during the mid-1960s, Cole's typing instructor advised her to pursue a position at the Frederick, Maryland, Army post. During that time, Frederick was not the bustling city that it is today. Cole remembers that "most local jobs were only in grocery stores and gas stations," so Fort Detrick was the place to work.

However, the post was not very large back then, and people did not usually leave their jobs, so open positions were few and far between. Nevertheless, her teacher kept encouraging her to apply, as he was certain "a government position would be a stable and secure job."

In this particular case, at least, he certainly was right.

Cole began her career as a federal employee in 1967, and she feels very fortunate to have withstood being laid off as part of a government Reduction in Force, or RIF. During this time, she worked in the insurance industry, until she was called to return to her federal civilian status in 1972. Cole explained that she initially returned in a temporary position with the National Park Service at Fort Detrick, but then moved in 1973 to a permanent role as a budget clerk for the U.S. Army Medical Research and Development Laboratory. She remained with USAMRDL until her transfer to the USAMRMC in 1978 (then known as the U.S. Army Medical Research and Development Command), where she worked for a decade before her transfer to USAMMDA.

As a lifelong resident of Frederick County, Cole fondly recalls her early days in the region, and her schooling years, during which she participated in the school bands. She spoke about her desire to become a nurse, and how her parents had hoped she would attend Hood College to pursue the field. However, after watching an educational film on the "grim reality" of



*After nearly 50 years of combined service to the U.S. government as both a federal civilian employee and contractor, Jan Cole soon will retire from her position as a budget analyst at the U.S. Army Medical Materiel Development Activity, Fort Detrick, Maryland.*

*Photo by Ashley Force, USAMMDA Public Affairs.*

the medical world, her focus quickly switched to mathematics and finance, which she truly enjoyed — and the rest is history.

Speaking of history, Cole recalled a very interesting detail regarding the history of the USAMRMC.

"When I first started working at USAMRMC, we didn't have computers but did everything on paper," Cole explained. "The government then designed a computerized finance system called CADS (Commitment and Disbursement System), and there were five of us that worked seven days a week to input the budget history for the prior year, so we could have an electronic budget to go forward with.

"Well, they carried that system over to USAMMDA, and I used this when I came over in 1988," she continued. "And we just closed out the old CADS system this past September! I never thought that I'd be part of helping to input data on the new system 30 years ago, and then help to close it out after all of that time!"

*Continued on page 6*

After retiring from full-time federal civilian service in 2004, Cole enjoyed her USAMMDA team — or rather, family — so much that she chose to continue in her role part-time as a contractor. Over the past 15 years, she has worked for five different government contracting companies, but has remained truly dedicated in her position as a budget analyst throughout this time.

“Steadfast is an excellent description of Jan,” confirmed Amber Baughman, USAMMDA Administrative Services Division director. “She certainly has been the glue that has kept our great team together all of these years. While others have come and gone, Jan has provided her peers, and supervisors, with the continuity to help make the ASD group successful.

“When something goes wrong, we know we can go to Jan, and she offers her wisdom from the past to help us find a solution for the future. In fact, the ASD staff have given her a nickname befitting of her many contributions: we call her ‘Mama Jan.’”

Now, “Mama Jan” plans to enjoy her official retirement by traveling more, practicing her crochet and doing fun activities with her family members, nearby and in Florida, where both her sister and brother live. She will continue to live in Frederick County, to remain near her many friends.

“I’ll travel to visit my son and his wife, and my two grandsons, who all live in different states, and I’ll visit my siblings in Florida,” said Cole. “I enjoy bus trips, and cruises, and I like to fly as well, but only in good weather.”

After meeting with her, one would think Cole could bring along sunshine wherever she goes.

“It’s been a great 30 years here, and I really mean it,” she said. “I’ve been blessed with a great group of people to work with — my co-workers, staff and supervisors. It’s such a caring place, and everyone is willing to help you always, and share their knowledge with you. It’s like a family, and I’m really going to miss everyone here.”

Yes, she has been a constant light, brightly shining with a positive attitude that all admire. One can be sure that Cole will be greatly missed by her USAMMDA teammates, but her influence and contributions over the past three decades will not be forgotten by the organization.

“Jan Cole will truly be missed,” said Col. Ryan Bailey, USAMMDA commander. “She has dedicated almost 50 years to serving the Department of Defense as both a government employee and contractor.”

“We are saying farewell to a great person who brought so much value to the organization,” he added. “Jan is truly respected for her financial and budgeting expertise, and we wish her all the best. She can relax in retirement knowing that her service to her country and the Warfighter is the noblest of causes.”

While on her way to a well-deserved retirement, however, Cole continues to think of others.

“This way, with my leaving, someone else will have the opportunity to take on a new career, and have a good life, like I did,” she said. “But I’m very appreciative of getting to know and work with everyone here.”

It would be a safe bet to say that everyone at USAMMDA feels the same.

Please join the Fort Detrick Commissary for our

Vietnam War Commemoration

Friday, March 29

11 a.m.—1 p.m.

Light Refreshments will be served.

Local VFW will display memorabilia from the War





# Soldiers Train in Mass Casualty Scenarios to Test New Medical Communication Device

**By Ashley Force, USAMMDA Public Affairs**

The Army's newest medical communication device is just one study away from being procured and fielded — the Medical Hands-free Unified Broadcast, or MEDHUB.

It was two years ago to the day that Jay Wang, product manager for the U.S. Army Medical Materiel Development Activity, was in Fort Rucker, Alabama. He was demonstrating the latest U.S. Department of Defense medical software called the battlefield-assisted trauma distributed observation kit, or BATDOK, to the U.S. Army School of Aviation Medicine and Medical Evacuation Pronency Division, based on recommendations from the medics. Returning two years later, he co-facilitated MEDHUB's final medical study at the U.S. Army Aeromedical Research Laboratory.

These past two years, Wang and his team of Medical Support Systems and Evacuation Project Management Office engineers have been hyper-focused on developing MEDHUB because of its important purpose: to help save the lives of injured Soldiers.

"In 2017, I was visiting paramedics in Fort Rucker. At the time, when they were transporting a patient to a hospital they had to type all the patient's medical information letter by letter into the old system," said Wang. "They just didn't have time for that."

That's when the idea for MEDHUB sparked. It was designed to improve the communication flow between patients, medics and receiving field hospitals. MEDHUB features smart automation technology, so medics can send patient information with the

click of a button on a handheld tablet versus typing in thousands of characters. It shortens the medic's time completing a Tactical Combat Casualty Care card and increases accuracy in completeness by about two-to-three times versus pen and paper.

After the data is captured, the device automatically forwards that message to the hospital through existing long-range tactical communication systems used by the DOD and prepares the hospital for the patients arriving.

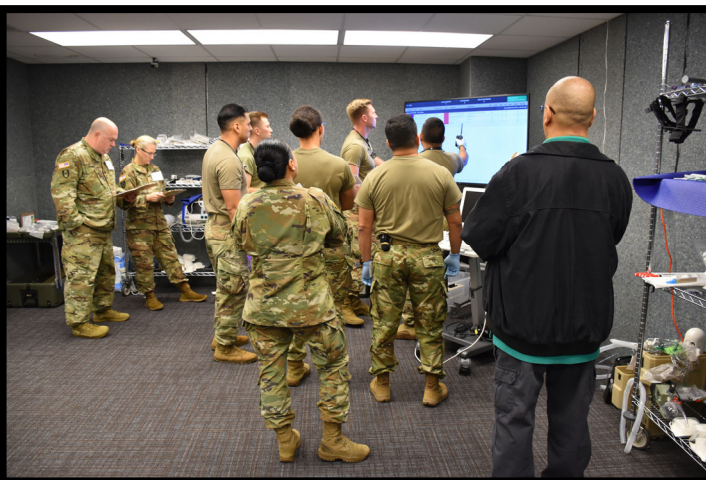
"Every minute counts here," said Wang. "There are certain things, like defrosting blood that takes 20 minutes. So an early warning versus a five-minute-notice radio call makes a world of difference."

To assure the best possible product, MEDHUB must be tested by Soldiers for effectiveness, and that is what took place at USAARL.

The purpose of the study was to find out how field hospital staff reacts to using the device in a mass casualty environment. USAARL provided the facility for the study, lab equipment, technical support, Sim-man 3G manikins, which are life-size mannequins used in medical education, and Soldier support. A moulage team, a team with mock injuries for training purposes, was also there to make the test scenarios more realistic.

The test participants being studied were six members of the Forward Resuscitative Surgical Team with the 44th Medical Brigade from Fort Bragg, North Carolina.

*Continued on page 8*



*Before patient arrival, test participants with the 44th Medical Brigade study patient information on the Medical Hands-free Unified Broadcast device. MEDHUB was provided to the test participants for half of the mass casualty scenarios so evaluators could study its impact on patient treatment.*

*Photo by Ashley Force, USAMMDA Public Affairs*



*Capt. Sean McCoy, 541st Forward Surgical Team ER physician, conducts patient evaluations on each injured Soldier. Evaluators denoted whether or not test participants completed specific critical actions in order for each patient treatment to count as criteria successes.*

*Photo by Ashley Force, USAMMDA Public Affairs*

"USAARL was honored to host the 44th Medical Brigade, USAMMDA and the U.S. Army Institute for Surgical Research. I'd like to first thank the study participants," said Col. Jonathan Taylor, commander of USAARL. "These medical experts brought enthusiasm and realism to our test scenario that made it work. Next, the study team, led by Rachel Kinsler, created a realistic and relevant study design that allowed our medical experts and the test team from USAMMDA to effectively evaluate the technology."

During the mass casualty simulations, randomized manikins were mocked-up to resemble combat injuries like burns, gunshot wounds and amputations. The 44th test participants were tasked with treating those victims and additional stress was added by giving the clinicians eight patients during the course of each scenario.

Evaluators, who were mostly research clinicians from the U.S. Army Medical Research and Materiel Command, captured every single medical procedure that the 44<sup>th</sup> test participants performed.

The 44th test participants treated patients in two circumstances. The first was based on standard of care where the doctors and nurses received a radio call from the medics five minutes before patient arrival. The second circumstance was with the use of MEDHUB, which provided patient information 20 minutes ahead of time in addition to the standard-of-care call.

The observers were watching to see how the extra minutes of preparation helped patient outcomes through provision of better care.

"What I've witnessed is the test participants are getting to the patient quicker," said Lt. Col. Chris VanFosson, study evaluator and chief for trauma outcomes and systems research at the USAISR. "They are triaging. As evaluators, we have sat in the hallway for 20 minutes waiting for the triage officer to get to our patient. But with the MEDHUB system, it seems like they are getting there quicker."

The 44th test participants needed to complete a few critical things in order for each patient treatment to count as criteria successes. They were not graded on how well they treated the patient, rather, if they completed the critical actions. For example, a critical action could be putting in a new airway or checking tourniquets.

"Evaluators denoted the time it took for procedures to be done, and we are logging all data points so we can see which procedures were done faster. Which were better organized so they were done earlier in the study? Was communication improved? Those are things that were looked at," said Kinsler.

Each manikin was staffed with a clinician to tell the 44th test participants how the manikin would react to their treatments. Each manikin also had an operator in charge of adjusting its

health status. The realistic environment provided valuable practice for the 44th test participants as the study aimed to resemble a true mass casualty situation.

"We appreciate the opportunity for this training," said Capt. Sean McCoy, 541st Forward Surgical Team ER physician. "Our main goal is damage control resuscitation. We don't have CAT scans, X-ray or ultrasound machines. We basically plug holes, give blood, start antibiotics and keep the patient warm. For some patients, the 'Golden Hour' is ultimately too long, these patients need to be treated within minutes."

Wang believes watching the Army clinicians in action allowed the research team to understand their gaps.

"As researchers, we can build new equipment for things that maybe we don't understand or don't work with as much," said Wang. "We all have different roles, but a study like this expands our knowledge of how well we can all work together to provide a Army."

This hospital scenario test was MEDHUB's final developmental test. The data from this study allows for the proper planning of an end-to-end Operational Test scheduled in March. At that time, the use of MEDHUB will be tested from point of injury — to the ground medic — to the ground vehicle medic — to the air and ambulance — to the hospital.

After the data from this field hospital study is analyzed, USAMMDA and USAARL will take their findings and publish a joint paper. That data will serve to push MEDHUB along into the Warfighter's hands, inspire user confidence in the device and continue to make MEDHUB better and stronger for the Warfighter.



**Jay Wang, product manager for the U.S. Army Medical Materiel Development Activity, poses with the Medical Hands-free Unified Broadcast device in Fort Rucker, Alabama, with Rachel Kinsler, U.S. Army Aeromedical Research Laboratory study team lead and Col. Jonathan Taylor, commander of USAARL, along with the rest of the team who made the MEDHUB hospital study possible.**

*Photo by Ashley Force, USAMMDA Public Affairs*



## ARS Cotton Advance Helps Launch Wound Dressing

By Jan Suszkiw, USDA-ARS Public Affairs

A new, nonwoven cotton gauze that quickly stanches bleeding and promotes wound healing is now commercially available, thanks to the efforts of a multidisciplinary team that includes scientists with the U.S. Department of Agriculture - [Agricultural Research Service](#) in New Orleans, Louisiana.

[H&H Medical Corporation](#), a Williamsburg, Virginia, firm specializing in trauma care products, rolled out the new gauze Nov. 21, 2018 under the tradename "TACgauze." The product differs from standard gauzes in that it's made of greige (pronounce "gray") cotton fiber—that which hasn't been scoured and bleached prior to fabrication, notes Vince Edwards, a textile chemist with ARS' [Southern Regional Research Center](#) in New Orleans.



**TACgauze is a new nonwoven cotton gauze from the U.S. Department of Agriculture - Agricultural Research Service and collaborators that helps staunch bleeding and promote wound healing.**

*Photo courtesy of H&H Medical Corporation*

In studies there, Edwards identified the role of the cotton fiber's outer cuticle in stimulating the body's production of fibrin and other blood-clotting agents. To do this, he adapted the use of a micro-scale technique (thromboelastography) employed in hospitals to assess patient clotting profiles. [Virginia Commonwealth University](#) collaborators assessed the clotting properties of fabric made from the fibers using animal models. The findings showed that when made into a gauze used to wrap or pack wounds, greige fiber performed as well as standard cotton gauze dressings.

In trials, the nonwoven greige cotton gauze was 33 percent lighter and 63 percent more absorbent than standard crinkle-type gauzes made of bleached processed cotton. During the trials, the nonwoven greige cotton gauze also triggered blood clotting more quickly, shed fewer fibers and released small amounts of hydrogen peroxide, thought to help mobilize wound-healing cells at the injury site.

According to [BleedingControl.org](#), uncontrolled bleeding (hemorrhaging) is the number one cause of preventable death in persons who experience traumatic injury. This can happen within five minutes if hemorrhaging from the wound site isn't slowed or stopped, a state known as "hemostasis."

In developing TACgauze together with the ARS-VCU team and [T.J. Beall Company](#) of Greenwood, Mississippi, H&H sought a hemostatic gauze that was easy to carry and use, affordable, reliable, sterile, long-lasting and effective under wide-ranging and circumstances—whether that be on the battlefield, accident scenes, mass-casualty events or remote locations.

Interest in evaluating TACgauze has come from both the military and civilian sectors, including the [U.S. Marine Corps](#), according to H&H President Paul Harder.

*The [Agricultural Research Service](#) is the U.S. Department of Agriculture's chief scientific in-house research agency. Daily, ARS focuses on solutions to agricultural problems affecting America. Each dollar invested in agricultural research results in \$20 of economic impact.*

# Celebrating African-American History Month 2019

By Nick Minecci, USAG Public Affairs

Every February we celebrate the accomplishments of African-Americans from the earliest days of the country to the present with Black History Month, also called African-American History Month. The theme for 2019 African-American History Month is Black Migrations. During this observance the Army reflects on the contributions of African-American Soldiers.

March 5 marks the 249th anniversary of members of the Massachusetts Colony protesting the curbing of civil rights by the British, when British soldiers opened fire, killing several men, including Crispus Attucks, an African-American, the first man killed in what would become the Revolutionary War.

The Boston Massacre helped spur the colonists into breaking with Great Britain, and during the Revolutionary War more than 5,000 African-Americans, both slaves and free, would take up the cause and fight for America's independence.

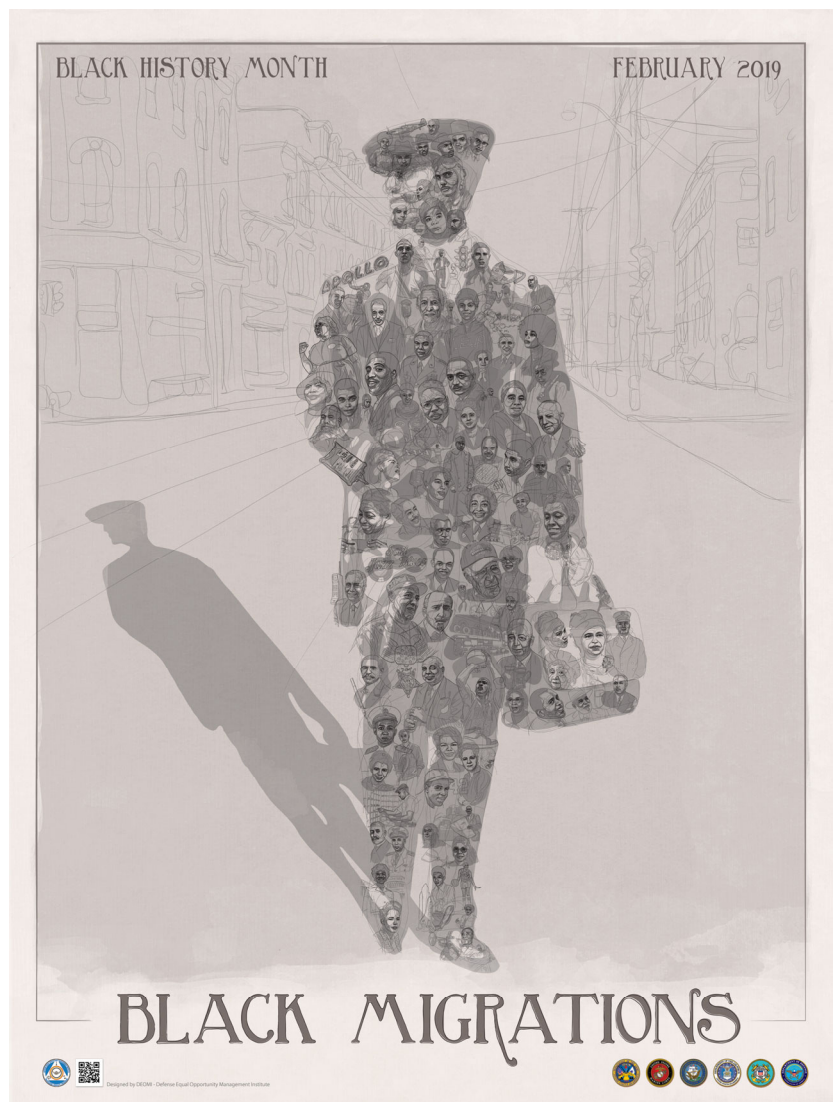
During the war black Soldiers served in every major battle, mostly in integrated units. About 20 percent of the tens of thousands of blacks who served were freed from slavery as a result of their service.

Black Americans have served around the world in every U.S. conflict. In 1948 the military officially became desegregated when President Harry S. Truman signed Executive Order 9981 on July 26, 1948, establishing the President's Committee on Equality of Treatment and Opportunity in the Armed Services.

First proposed by black educators and the Black United Students at Kent State University in Feb. 1969, the first celebration of Black History Month took place at Kent State one year later.

In 1976 President Gerald Ford recognized Black History Month, during the celebration of the United States Bicentennial. He urged Americans to "seize the opportunity to honor the too-often neglected accomplishments of black Americans in every area of endeavor throughout our history."

Today African-Americans make up more than 19 percent of the Total Army and the Department of the Army Civilian Workforce. African-Americans are leaders from the rank of General to the newest recruits. The Army finds its strength not only in its diversity, but in its ability to bring together people of different faiths, cultures, and races who share common values like duty, honor, selfless service, loyalty, and respect. The Army is confident that the myriad of talent, skills, and abilities in this diverse force will help to meet future defense challenges and win the Nation's wars.



# Investing in the Health and Safety of Our Warfighters

**By Jeffrey Soares, USAMMDA Public Affairs**

When it comes to the advancement of military medical products, 2018 was a highly successful year for the men and women of the U.S. Army Medical Materiel Development Activity, Fort Detrick, Maryland. As a subordinate command of the U.S. Army Medical Research and Materiel Command, USAMMDA is tasked with developing and delivering critical medical solutions to protect, treat and sustain the health of our Nation's Warfighters. The organization's numerous capabilities in product development are leveraged to help provide various products and devices requested by the military to support and sustain the readiness of our forces. However, the USAMMDA team also focuses on repairing wounded Warfighters who have suffered catastrophic injuries, both visible and those not readily seen, to help restore form and function upon their return from battle.

In light of its unique work, USAMMDA is recognized throughout the Department of Defense and beyond as the premier developer of world-class military medical capabilities. Utilizing a cadre of acquisition professionals, both military and civilian, the organization has garnered a great deal of success since its establishment more than three decades ago. Its specialized teams maintain project management offices for Combat Trauma and Acute Rehabilitation, Medical Support Systems & Evacuation, Neurotrauma & Psychological Health, and Pharmaceutical Systems, while its Force Health Protection Division works to secure urgent medical capabilities when no other U.S. Food and Drug Administration-approved products are available.

Included among its recent achievements, USAMMDA's NPH and Pharmaceutical Systems PMOs witnessed the successful FDA approval of two important military medical products in 2018. The PSPMO received approval for Tafenoquine, a safe and effective weekly drug to prevent malaria and the first new malaria prophylaxis in 18 years, while the NPH PMO's Laboratory Assay for Traumatic Brain Injury program was given FDA approval to market the first-ever blood test used for the detection of mild TBI.

## **Leading the Fight against Malaria**

Malaria is the number one infectious disease threat to U.S. Service Members deployed overseas, and Army Maj. Victor Zottig is fully aware of this statistic.

As USAMMDA's product manager for Tafenoquine, Zottig has been involved with the program since 2016, having spent the prior five years at the Walter Reed Army Institute of Research working on the development of new anti-malarial drugs, and studying anti-malarial therapies, including Tafenoquine.

"Tafenoquine is an incredible asset to military and civilian personnel due to the advantages it offers over currently available medications for treatment and protection against malaria," said Zottig. "The drug is unique among anti-malarial drugs, with activity against all lifecycle stages and species of the malaria parasite which infect humans — no other malaria drug has this capability."

As Zottig explains, Tafenoquine is one of only two drugs that work against the dormant *Plasmodium vivax* hypnozoite, which causes the relapsing form of malaria. Further, for both military and civilian populations, compliance with taking prophylactic anti-malarial drugs has been a recurring issue due to daily medication requirements, unpleasant side effects, and intolerance to the current medications. Tafenoquine's weekly dosing regimen for deployed or traveling personnel, along with a mild side effect profile will likely improve compliance with taking the medication.

While other approved anti-malarial prophylactic drugs used today do offer protection against the illness, each may have their drawbacks. For example, Doxycycline requires daily administration at approximately the same time each day to be fully protective, which is difficult to achieve in combat or deployed environments. With Primaquine, Service Members returning from deployments are required to take up to 14 days dosing of the anti-malarial drug, although many rarely complete the full two-week post-deployment treatment regimen. In contrast, Tafenoquine users need only a single dose post-deployment to achieve the same coverage as Primaquine. Finally, Tafenoquine is a chemical derivative of Primaquine, which has been in constant use for over 60 years, and it has not yet shown malaria parasite resistance. Lack of parasite resistance could be a significant advantage of Tafenoquine over other anti-malarial drugs, such as Mefloquine and Malarone, which have been demonstrating resistance.

Because of its broad-spectrum activity and convenient dosing regimen, Tafenoquine's availability will likely result in a measurable improvement in compliance

*Continued on page 12*



and effectiveness in the prevention of malaria in U.S. forces deployed to malaria-endemic areas around the world. In light of this, Zottig believes the Army's successful research and product development, made possible through DOD funding, will reap substantial benefits in the long run.

"I think the DOD will fully realize its investment when Tafenoquine starts being used by Service Members in malaria-endemic environments and the number of malaria cases decreases," said Zottig. "Although the current number of military malaria cases appear to be low, this is mainly due to leadership's strict enforcement of protective measures, and deployments are in relatively low malaria environments."

"However," he continued, "these low numbers could offer a false sense of security and may lead to lower compliance with malaria prophylaxis. Per our results, Tafenoquine has an enormous potential to protect Service Members from malaria. As these Warfighters remain healthy during deployment to malaria-endemic areas, they will be able to complete their assigned missions at full strength — and the DOD should then be very satisfied with its investment in this product."

With the recent FDA approval of Tafenoquine, USAMMDA's PSPMO team has reached a significant milestone in the global fight against malaria, which should likely impact the future eradication of this devastating disease.

### **Identifying Brain Injury Early**

Finding a solution for the diagnosis and evaluation of mild traumatic brain injury in our wounded Service Members has been a DOD top priority for more than a decade. Since 2000, approximately 82 percent of TBI cases among military personnel have been classified as mild TBI, commonly known as a concussion. In 2018, USAMMDA's NPH PMO, in conjunction with its commercial partner, received approval from the FDA to market the Banyan Brain Trauma Indicator™ test, which is a first-of-its-kind product used to evaluate instances of mild TBI.

As the NPH PMO project manager, Lt. Col. Kara Schmid oversees the LATBI effort, and has been involved with this particular program for more than a decade.

"Brain injury, at any level, is not just a military problem — it affects all populations" she explained. "Brain injury has become a significant problem that takes a huge toll, both physically and financially. All of the

research pointed to a blood test that was fast, affordable and easy to use to help solve the TBI problem. And this led to the Banyan BTI™."

Schmid explained that this revolutionary product/device will help to eliminate unnecessary computed tomography scans and potentially harmful radiation exposure, as well as the associated risks and costs of the procedure. Although the primary target group for this product is military personnel, because of their frequent incidents of blast-associated TBI, the Banyan BTI™ ultimately will be used throughout the civilian population as well.

"As the first-ever blood test for TBI, this assay will revolutionize clinical practice for brain injury," said Schmid. "Medical personnel will now have an objective measure for TBI that goes beyond the patient's self-reporting of symptoms. This product/device will allow for the rapid assessment of a brain injury, in both military and civilian settings, from just a few drops of blood."

The LATBI can be used within 12 hours of injury to determine if the patient requires a computed CT scan of the head to identify structural damage to the brain — making this crucial first step one that impacts the future of TBI diagnosis and treatment. Not only will this assay save Army funds by eliminating the need for costly CT scans, it also will provide a tremendous benefit to each patient by eliminating unnecessary exposure to potentially harmful radiation.

Schmid says this is only the beginning. The future LATBI will be a point-of-care device for use far forward to assist medical personnel in making costly evacuation decisions for those who have experienced a TBI.

"The success of the LATBI program not only provides a new solution for Army Medicine, but it also delivers a new capability to help all brain-injured personnel, both Service Members and civilians alike," she said. "This accomplishment will change the practice of medicine not only for Army medical providers, but for all medical providers dedicated to treating brain injury. Receiving the FDA's approval to market the LATBI solidified that it's possible to create a blood test for brain injury, and that the device is safe and does what it claims to do.

"This also opens the door to a world of possibilities with regard to TBI biomarkers," she continued. "This is where the DOD's investment will really be seen — down the road, with the potential to discover new

ways to use blood to test different types of brain injuries.”

Schmid firmly believes that the world of TBI biomarkers has just begun.

“Over the next 10 years, our brilliant TBI researchers will use this recent FDA approval as just the starting point for what’s possible in blood-based biomarkers,” she said. “The upcoming years in the field of science will change the way we diagnose, manage and treat brain injuries, for our Service Members and our civilian population as well.”

### Conclusion

USAMMDA manages its PMOs to leverage their potential and maximize output in support of our Nation’s military throughout the world. Although each individual PMO may have its own mission, the entire organization works towards the same end goal — to support and sustain our Warfighters.

The PSPMO is charged with developing and delivering vaccines, drugs, diagnostics and hemorrhage control and resuscitation products to protect, treat, and sustain the health of U.S. Service Members, while the mission of the NPH PMO is to rapidly develop and field, across the continuum of care, FDA-approved medical solutions that aid in the detection,

protection, prevention and treatment of neurotrauma and psychological health conditions, such as traumatic brain injury, post-traumatic stress disorder, and suicide.

However, everyone involved must be concerned with the health and safety of our Warfighters. Nothing can be done in haste, and no task may be undertaken without careful consideration. The work of USAMMDA, in all of its unique fields, remains critical to the strength and readiness of our Nation’s forces, as well as the health and welfare of our veterans returning home from battle.

As evidenced by the historic achievements of USAMMDA’s PSPMO and NPH PMO over the past year — obtaining FDA approval for important medical products that will be used to save lives, protect Warfighters, and strengthen our Nation, perhaps our world, going forward — many would agree that the DOD’s investment in our Service Members is clear, and the future of successful military medical solutions remains bright.

***The U.S. Army Medical Research and Materiel Command was under the umbrella of the U.S. Army Medical Command until October 2018, at which time the USAMRMC began reporting directly to the U.S. Army Materiel Command.***



**Maj. Gen. Barbara R. Holcomb (center), U.S. Army Medical Research and Materiel Command and Fort Detrick commanding general, visits with team members of the Neurotrauma and Psychological Health Project Management Office and Col. Ryan Bailey (right), USAMMDA commander, at the U.S. Army Medical Materiel Development Activity, Fort Detrick, Maryland.**

*Photo by Ashley Force, USAMMDA Public Affairs*

# USAMRMC Welcomes General John M. Murray



*Gen. John M. Murray, commanding general, Army Futures Command, gains a better understanding of how Army medical capabilities support Multi Domain Operations from subject matter experts during his visit to the U.S. Army Medical Research and Materiel Command on Feb. 26, 2019.*

*Photos by Leticia Hopkins, USAMRMC Public Affairs and Ashley Force, USAMMDA Public Affairs*

## Program Spotlight Employee Assistance Program

Personal and family problems can diminish your health, your happiness, and your ability to be at your best for yourself and your family. With the help of your Employee Assistance Program, provided by Federal Occupational Health, you can resolve these problems and become happier, healthier, and even more effective at home and at work. Department of Army civilian employees and their family members can call **1-800-222-0364** (TTY: 1-888-262-7848) from anywhere in the United States to receive immediate assistance, 24 hours a day, 365 days a year. You can also get information and resources online at [FOH4You.com](https://www.foh4you.com). There, you will have easy access to educational materials, self-assessment tools, and specific information on available EAP services.

### Counseling Services

Licensed or credentialed professional counselors provide free face-to-face, short-term counseling to employees and family members. Counselors can also provide referrals to community resources based on client needs, health insurance coverage, and financial resources.

### Financial and Legal Services

FOH's EAP includes free consultation with financial experts and licensed attorneys to provide assistance with your legal and financial questions.

### Confidentiality

The EAP is confidential in accordance with both state and federal laws, including the Privacy Act of 1974 and applicable Confidentiality Regulations.



# When Connectivity is Unavailable, HALO Fills a Gap

By Paul Clark, MC4 Public Affairs

The Medical Communications for Combat Casualty Care Program Management Office has developed a software application called Health Assessment Lite Operations designed to allow medical providers to electronically document critical health information on injured or sick patients, even when connectivity is unavailable.

After treating an injured Soldier at the point-of-injury, a medic's primary job is to get the Soldier and the medical treatment data to the next level of care. That is often a Role 1 (Battalion Aid Station), but can also be the closest Role 2 (Medical Treatment Facility) or Role 3 (hospital).

During a period of no digital connectivity, the HALO application allows medical providers to continue digitally capturing the Soldier's medical treatment data.

*When network communications return, the data entered in HALO will be automatically transmitted to Armed Forces Health Longitudinal Technology Application – Theater, which in turn links to the Theater Medical Data Store and the Clinical Data Repository.*

*Combined, these repositories make-up the electronic medical system which stores data and becomes part of the patient's electronic health record. This health record follows the Soldier throughout his or her career and beyond, even into the Veterans Administration's system.*

If a medical provider is unable to electronically capture a Soldier's treatment data, he or she must revert to paper in order to capture vital health information. This often results in the loss of data which in turn poses a potential risk to the patient's safety and neglects the transfer of that medical encounter to the Soldier's lifelong Electronic Health Record.

One of the reasons HALO was created was to fill this critical gap. HALO is a Windows-based application that provides the user with an electronic SF 600 form, the standard form used in the military to chronologically record a Soldier's medical care such as symptoms, diagnosis and treatment.

"HALO is a simple, electronic, medical documentation application intended for use when connectivity is down," said Jay Patnaude, a senior engineer with MC4. With the ability to continue recording health data in HALO, medical providers can focus more of their time on saving lives.

The MC4 engineering team wanted to ensure medical personnel could perform the same health data documentation functions in HALO as they would in AHLTA

-T, albeit a pared down version. Engineers eliminated unnecessary functions and provided the user with a simple documentation application that includes capabilities like printing sick call slips, laboratory reports and pharmacy prescriptions.

Tracy Ellis, product director of MC4, explained, "HALO is not an EHR, it is essentially an electronic SF 600 that uploads to AHLTA-T when communications are restored. The intent of HALO is not to replace AHLTA-T, in fact, just the opposite".

There are other benefits according to Ellis. "HALO can greatly reduce, if not eliminate, the number of paper encounters, making it much more likely the data will be included in the Soldier's record and allow that data to be searchable via Medical Situational Awareness for future treatments, research, etc.," he continued.

HALO comes pre-installed on current MC4 systems and is "easy to install, configure, update, and maintain," Mark Gregory, MC4's Technical Management Division chief, said. In order to make HALO more intuitive, the engineering team provides easy to follow instructions and a training demo video.

HALO also provides a capability that allows providers to share and synchronize patient encounter data in real-time within each aid stations. The hub capability enables the ability to share medical data between two facilities in real time, thereby relaying information to the next level of care, and the ability for providers to oversee and co-sign their medic's notes when they are in different facilities, both which are not available in AHLTA-T.

HALO can also be disconnected from the network then reconnected when the provider returns to the clinic. At certain times and places in operational environments, credentialed clinicians (e.g. physicians assistants, physical therapists and behavioral health clinicians) can be in short supply, and often have to travel to multiple facilities within an area of operation to see patients.

In a recent pilot test completed in Europe in January, this point was demonstrated by a physical therapist. The PT visited patients at multiple clinics using HALO in a disconnected environment and upon returning, she was able to transmit all of the medical encounters to AHLTA-T.

When using AHLTA-T, if the laptop is taken offline and to different facilities, the system needs to be reconfigured, which can take several hours and

*Continued on page 16*

requires system administrator support. A major advantage to HALO is that it does not require reconfiguring after disconnection from the server, which saves a lot of time.

HALO also allows providers the ability to document a Military Acute Concussion Evaluation, document encounters using ICD-10 diagnosis codes and templates, access references, run standard reports to track, and append sign patient encounters. The first HALO application was tested in 2017 during [MC4's limited user test](#) of EHR software release of the Joint Operational Medicine Information Systems Theater Medical Information Program-Joint at Joint Base San Antonio in Camp Bullis, Texas.

Although the LUT was set up to evaluate TMIP-J, MC4 testers noticed a lot of interest around HALO. Feedback from Soldiers was positive. Maj. Melissa Hodges of Moncrief Army Health Clinic, Fort Jackson, South Carolina stated, "You can type a lot and write more in HALO about the patient, so in Role 1 and in combat situations it's easy to use... and for loading [health] information it's great."

Spc. Jesse Medina, a combat medic at Moncrief Army Health Clinic, stated that HALO was a good choice and just made more sense, "There are a lot of pre-selected boxes you can check off and so it makes it faster and simpler."

After a brief deployment and more testing of HALO in Afghanistan in 2018, MC4 engineers were able to continue user tests during the pilot in Europe. MC4 hopes this will give the engineering team more feedback on future improvements and requirements.

### HALO's benefits for medical providers:

- ◆ Store-and-forward capability
- ◆ Pre-installed on MC4 systems
- ◆ AHLTA-T compatible (EMR 2.3.1.3)
- ◆ Customized medical templates & lists
- ◆ No extensive training required
- ◆ Voice dictation
- ◆ Reference storage
- ◆ ICD-10 Codes
- ◆ Medical Reporting
- ◆ Multi-user synchronization
- ◆ Reliable and secure (CAC-enabled)
- ◆ Pre-loaded medical tools like MACE\*
- ◆ SF 600, Sick slip and Rx printing

\*MACE: Military Acute Concussion Evaluation - a concussion screening tool for the acute assessment of Service Members involved in a potentially concussive event.

Ultimately, with an operational health IT application like HALO, MC4 continues to explore ways that fulfill the Department of Defense's mission of providing Service Members with a modernized EHR. MC4 sees HALO as a vital digital communication solution that can quickly be fielded to operational units, providing an important capability for medical personnel in their efforts to save more lives.



Army Physician Assistant Maj. Melissa Hodges and Spc. Jesse Medina, a medic, provide Maj. Gen. Brian Lein feedback on HALO during the MC4 Limited User Tests conducted at Joint Base San Antonio, Camp Bullis, Texas, in 2017. Courtesy Photo



Army medical personnel work to perform patient administration tasks on software including HALO during MC4 Limited User Tests conducted at Joint Base San Antonio, Camp Bullis, Texas, in 2017. Courtesy Photo

# **Spring Research Festival**

## **May 1-2, 2019**

### **NICBR Collaboration Speakers**

**"Targeting Viral Genomic RNA with Druglike Small Molecules".**

**Dr. Jay S. Schneekloth, Jr.**

**"Hedgehog Signaling Pathway Regulation of Filovirus Infection".**

**Dr. Edward Chiang**

**"Unraveling the Mechanistic Interplay Between Two Transmembrane Proteins During Virus Restriction".**

**Dr. Scarlett Shi**

**To learn more about the Spring Research Festival,  
please visit:**

**[springresearchfestival.amedd.army.mil](http://springresearchfestival.amedd.army.mil)**





# In and 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](http://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 [www.detrick.army.mil](http://www.detrick.army.mil) under "Weeklies" and "Announcements."**

### The Tax Center is now Open

Located in the Office of Staff Judge Advocate, 521 Fraim Street

The Tax Assistance Office will be available to assist Soldiers and retirees with completing their 2018 Tax Forms, Jan. 28 - April 15, 2019.

#### Hours of Operation:

Mon. – Wed. and Fri. from 9-12 a.m., 1-4 p.m.

Thursday from 1-4 p.m.

Closed on federal holidays and days scheduled as a DONSA.

Deadline to file taxes is April 15.

Visit: <http://www.detrick.army.mil/taxAssistance/index.cfm> to download necessary intake forms and documents needed for tax assistance.

For additional information or to make an appointment call (301) 619-1040.

### ACE Civilian Suicide Prevention Training (registration not required)

Feb. 28, 10-11 a.m. Classroom 5A

April 24, 10-11 a.m.

July 17, 10-11 a.m.

Building 1520 – Classroom 6

\*For those who believe attending suicide prevention training will be offensive or emotionally stressful, they are encouraged to contact their supervisor to discuss an alternative to the

training (AR 600-63) and contact 301-619-2120 with any questions.\*

### Upcoming 2019 Personal Readiness Trainings

IAW AR350-1 this training meets the one hour Personal Readiness Requirement, formally ASAP and ACE Suicide Prevention. POC is the Army Substance Abuse Program (301) 619-1751.

March 13/April 10/June 12/July 11/  
August 21/September 10  
1520 Building, Classroom 6

### Obey Signage during Current Construction

Demolition of Buildings 1530 and 1531 (Old Visual Information and FMWR Warehouse) will start March 6 and end approximately March 13. There will be heavy equipment in the area during this time with orange construction fencing around the demolition site. 11 parking spaces on the north side and 11 parking spaces on the south side of Buildings 1530 and 1531 will be blocked. These 22 parking spaces will be blocked through the duration of the demolition. Both front entrances to Building 1520 will remain open and operational during demolition. The sidewalk along Building 1530 will be closed to Building 1520 south entrance.

### Auto Skills Center

Did you know we offer full service

auto repair and lift bay rental for self-help?

Open Tuesday through Saturday  
9 a.m. - 5 p.m.

For more information or to schedule an appointment, call (301) 619-2759.

### Fort Detrick Chapel Prayer Breakfast

March 19

7-8:30 a.m.

Community Activities Center, Building 1529

**The Society of American Military Engineers (SAME) Mid-Maryland Post is proud to announce its 14th annual scholarship competition.** High school seniors and full-time undergraduate students (freshman through junior) pursuing a degree in engineering, architecture, or related science, planning, and construction fields are eligible to apply. Completed scholarship applications, available at [www.same.org/Get-Connected/Find-a-Post/Mid-Maryland/Outreach/Scholarships](http://www.same.org/Get-Connected/Find-a-Post/Mid-Maryland/Outreach/Scholarships), are due April 19. Multiple awards of at least \$1,000 each will be announced in May.

### Upcoming Barquist and Pharmacy Closures

Friday, March 15 - (Mandatory Training) from 11:30 a.m. – 4:30 p.m.

Friday, April 19 - (Mandatory Training) from 11:30 a.m. – 4:30 p.m.