



Fort Detrick Installation Utilizes Whole of Government Approach to Tackle COVID-19

BY: USAMRDC and Fort Detrick Public Affairs Offices

Fort Detrick, located in Frederick, Maryland, may be small in size, but its scientific expertise is mighty — and when faced with a global pandemic, the installation is at the forefront of the COVID-19 response.

“We are using both our immediate research capabilities and our larger interagency partnerships to help tackle COVID-19,” said Brig. Gen. Michael Talley, commanding general of the U.S. Army Medical Research and Development Command (USAMRDC) and Fort Detrick. “The trust and hope placed in our team by the Department of Defense, the Department of the Army and the American public have already enabled us to make great strides in this fight, and we are eager to pursue this effort to the end.”

The installation is home to the National Interagency Confederation for Biological Research (NICBR), of which USAMRDC is a member. This consortium of eight agencies shares a common vision of federal research partners working in synergy to achieve a healthier and more secure nation. It serves as a framework for facilitating and encouraging interaction among member organizations on topics of mutual interest, like COVID-19. NICBR includes elements of the DOD, Health and Human Services, the U.S. Department of Agriculture and Homeland Security, and its members collaborate and share technical expertise and scientific support.

There is no better place to witness the whole-of-government approach in action than at Fort Detrick, which is playing a significant role in COVID-19 response efforts by relying on unique communities of research and acquisition personnel during this challenging and unprecedented time.

“When it comes to infectious disease threats, we have extensive capabilities and an international research infrastructure already in place that allows our scientists to anticipate and develop countermeasures against emerging infectious diseases,” said Talley. “We’ve been able to move quickly in advancing a vaccine candidate at one of our labs, while growing the live virus and



Fort Detrick, located in Frederick, Maryland is at the forefront of the COVID-19 response. Many of the installation’s tenants are playing critical roles in the areas of medical research, logistics and intelligence. (Photo by USAG Public Affairs)

developing animal models to test effectiveness at another.”

In early January, as the COVID-19 infection spread throughout the world, scientists at USAMRDC’s Walter Reed Army Institute of Research (WRAIR), located in nearby Silver Spring, Maryland on Fort Detrick’s Forest Glen Annex, began developing several vaccine candidates utilizing a previously tested platform. These vaccine candidates are currently being tested in various models to identify those that induce the strongest immune response. “Based upon WRAIR’s long experience developing vaccines for other viruses and recent work on coronaviruses, we’ve been able to move quickly in advancing a vaccine candidate,” said Dr. Kayvon Modjarrad, director of WRAIR’s Emerging Infectious Diseases Branch.

While USAMRDC scientists hope to have a vaccine available within 12-18 months, they are also utilizing their extensive laboratory capabilities to rapidly advance COVID-19 antiviral treatments. The U.S. Army Medical Research Institute of

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Infectious Diseases (USAMRIID), located on Fort Detrick, has consistently been at the forefront of the discovery and development of biodefense therapeutics, including remdesivir, mAB114 and ZMapp, which were used during the 2018-2020 Ebola virus disease outbreak in the Democratic Republic of Congo. WRAIR has participated in the development of every malaria prevention drug approved by the U.S. Food and Drug Administration (FDA), most recently tafenoquine in 2018.

USAMRIID and WRAIR investigators are collectively implementing a screening-based approach to find repurposed drugs for SARS-CoV-2, the virus that causes COVID-19, in the near-term, as well as broad-spectrum drugs that target coronaviruses in general in the long-term. The work leverages USAMRIID's biology expertise, WRAIR's chemistry expertise and the extensive network of industrial, academic, non-profit and U.S. government collaborators at both laboratories.

USAMRIID is also pursuing additional medical countermeasures, including monoclonal antibodies and convalescent plasma from COVID-19 survivors. The institute recently received samples from New York to evaluate the ability of the antibodies in such plasma to block the SARS-CoV-2 virus, according to Dr. John Dye, chief of Viral Immunology at USAMRIID. "This testing has revealed that not all convalescent patient plasma contains neutralizing antibodies to the virus, and demonstrates the need to evaluate donor plasma for its potential therapeutic effects," said Dye.

USAMRIID has both the trained personnel and specialized Biosafety Level 3 containment laboratories to safely work with SARS-CoV-2. The institute has generated large quantities of authentic, well-characterized virus for use in developing multiple diagnostic assays and models. These tools are essential to evaluate and prioritize the most promising vaccines and treatments developed by USAMRDC scientists and their collaborators.

USAMRDC laboratories are also working to improve the ability to detect COVID-19 infections in Service Members and their dependents. Scientists are working closely with industry partners in order to advance a range of diagnostic options. These include high-throughput tests to identify who is currently infected and who may have been previously infected.

Outside of the laboratory, USAMRDC is using industry agreements to advance existing efforts in the fight against COVID-19. The command's U.S. Army Medical Materiel Development Activity (USAMMDA) signed a cooperative research and development agreement (CRADA) with Gilead Sciences to provide their drug, remdesivir, for the treatment of DOD personnel exposed to COVID-19. Currently, 13 medical treatment facilities (MTFs) are capable of treating patients under this protocol and several patients have received or are currently receiving the treatment.

USAMMDA's Warfighter Deployed Medical Systems (WDMS) team has been tasked with filling shortages for deploying units by surveying current equipment, facilitating delivery of key materials and coordinating with other agencies to ensure deploying units have the equipment required to combat the pandemic. "We have been working on ensuring any shortages in equipment for the mission are top priority to fulfill," said Lindsay Longobardi, Deputy Project Manager for USAMMDA WDMS. "Our team has exercised multiple contracting actions to ensure critical care medical devices [are] shipped to the units [and] on the ground in as little as 24 hours."

USAMRDC isn't the only Fort Detrick entity supporting the COVID-19 response effort. A number of other installation tenants, including the Department of Homeland Security's National Biodefense Analysis and Countermeasures Center (NBACC), are playing critical roles. NBACC is conducting research to help scientists better understand the coronavirus that causes COVID-19 and methods to prevent its spread. The center's unique combination of capabilities in virology and aerobiology are integral to this effort, and will allow researchers to evaluate the impact of a range of conditions – such as temperature and humidity – for the virus to survive.

Medical intelligence is also playing a role in the response at Fort Detrick, the Defense Intelligence Agency's National Center for Medical Intelligence (NCMI) provides analysis on health and medical issues, including pandemics and novel and existing diseases. NCMI supports military operations by assessing the infectious disease risk to U.S. forces as well as foreign health system capabilities, including pandemic preparedness. "We look at medical intelligence not so much to report information like the CDC or the WHO does but we analyze the intelligence as it affects U.S. forces," said COL Shane Day, director of NCMI. "We have many experts who are energized to be able to have an impact on this important mission and this is what we train for."

In addition to research, Fort Detrick also plays a significant role in moving necessary equipment to the frontlines of the fight. The U.S. Army Medical Logistics Command (AMLC), a subordinate command of the U.S. Army Materiel Command (AMC), has ensured the delivery of life-saving medical supplies for three Army hospital centers charged with supporting New York and Washington – two of the states hardest hit by COVID-19. Shipments included syringes, suction tubes, various blood products and oxygen.

With regard to deployments, the 6th Medical Logistics Management Center (6MLMC) has deployed 22 Soldiers across the U.S. to support federal efforts to combat the pandemic. Tasked chiefly with tracking medical materiel, supporting medical maintenance operations and integrating with federal entities such as the Federal Emergency Management Agency (FEMA), six teams have been dispatched to such hotspots as Washington, California, Louisiana and New York.

Similarly, the Medical Communications for Combat Casualty Care (MC4) team – whose Product Management Office is headquartered at Fort Detrick – is responding to the pandemic both domestically and overseas by supplying equipment and direct technical and training support to Army units who use MC4 IT systems. To date, MC4 has deployed more than 175 such systems globally.

Robust acquisition efforts have also played a role in the response to COVID-19. Two organizations reporting to the Joint Program Executive Office for Chemical, Biological, Radiological and Nuclear Defense (JPEO-CBRND) – the Joint Project Manager for CBRN Medical (JPM CBRN Medical) and the Joint Project Lead for CBRND Enabling Biotechnologies (JPL CBRND EB) – have been involved in virus response efforts since the first cases were identified. The JPEO-CBRND is leveraging existing partnerships with industry to rapidly deliver diagnostic capabilities to MTFs around the globe.

Elsewhere on the installation, the Barquist Army Health Clinic (BAHC) has initiated efforts to hold the bulk of its current appointments virtually – including behavioral health appointments – to meet social distancing requirements. Patients who must come into the clinic are pre-screened via an outdoor “drive-through” station to determine individual risk levels of

COVID-19 exposure and transmission before entering the facility. Patients requesting COVID-19 testing are screened using the same process.

The entire Fort Detrick community – including those outside the biomedical research field – has answered the call for help in the face of the pandemic by relying on unique capabilities and partnerships. As a matter of best practice, the U.S. Army Garrison (USAG) continues to act as the “mayor” of the installation, handling contracts and maintenance efforts so that lifesaving research can continue. USAG has initiated an installation-wide effort to clean and sanitize areas of concern and to conduct trace interviews in order to notify anyone who may have been in contact with individuals testing positive for COVID-19.

These efforts, as many and varied as they may be, provide just a glimpse into the work being done at Fort Detrick – a relatively small installation in Maryland, actively responding to a global pandemic. One might argue that a more capable, committed team does not exist.



The Barquist Army Health Clinic, located on Fort Detrick, conducts pre-screening appointments via an outdoor “drive-through” station. Patients requesting COVID-19 testing are screened using the same process.

(Photo by USAG Public Affairs)



The Fort Detrick Visitor Control Center (VCC) screens visitors before entry on to the installation. The VCC has implemented practices to limit the spread of COVID-19.

(Photo by USAG Public Affairs)

Innovative MEDHUB System is Showcased to Future Users in Germany

By Ashley Force, USAMMDA Public Affairs

Members of the U.S. Army Medical Materiel Development Activity's Warfighter Health, Performance and Evacuation Project Management Office's team travelled to Landstuhl, Germany, in March to perform a capability demonstration of the innovative system called Medical Hands-free Unified Broadcast, or MEDHUB. This system will be fielded to U.S. Army Soldiers, doctors and nurses.

The live, in-person demonstration took place at Landstuhl Regional Medical Center. The demonstration was integrated as part of a larger field training exercise, conducted by the 421st Medical Battalion, to ensure medical readiness in Germany.

The U.S. Army's Multi-Domain Operations strategy revolves around its ability to fight and win across any battlespace—land, sea, air, space and cyberspace — as part of the joint force. The MDO strategy calls for equipment to be interoperable with U.S. Army sister Services, multinational teams, allies and partners.

In alignment with MDO, the WHPE PMO supported the multifunctional event and trained U.S. Army and German personnel. This included briefing veterinary surgeons, medical personnel, and company and field grade commanders on the various capabilities of MEDHUB via tactical military networks. This field training exercise was in preparation for Defender-Europe 2020 which is the deployment of a division-size combat-credible force from the United States to Europe. The Office of The Surgeon General requested the MEDHUB team participate in the field training exercise after hearing of its capabilities from a staff member who saw it being demonstrated.

"Doctors, nurses and medics have never used the network before. In the near future, they will suddenly need to know how to get the MEDHUB network up and running. We are familiarizing them with this program, which will be fielded to them in the future," said Jay Wang, WHPE PMO product manager.

Modernization of technology is vital as the Army prepares for future conflicts. The MEDHUB system uses smart automation technology to simplify the exchange of patient information during life-or-death situations. In a standard Army ambulance, one medic may treat up to six patients. MEDHUB uses U.S. Food and Drug Administration-approved medical

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Soldiers with the 557th Medical Company (Area Support), 421st Medical Battalion (Multifunctional), 30th Medical Brigade effectively document medical interventions on casualties utilizing the Medical Hands-Free Unified Broadcast system during a field training exercise at Landstuhl Regional Medical Center, Germany.

(Photo by John McNeil, Warfighter Health, Performance and Evacuation Project Management Office)

devices integrated with a smart tablet and the existing Department of Defense tactical satellite network to transmit patient information to the receiving hospital. The system enhances situational awareness by allowing the deployed hospitals to see near-real-time patient status, giving them more time to strategize and prepare for incoming patients.

Not only did the USAMMDA WHPE PMO's visit to Germany allow the team to communicate the capabilities of MEDHUB to future users, but it also allowed for integration with our European defense forces resulting in increased readiness, as well as the integration of MEDHUB with some of our units in theater.

"We are excited to build a long-standing relationship with the 30th Medical Brigade in Germany," said Wang. "As a result of our participation, they are looking forward to being one of the first to receive MEDHUB upon its fielding. They invited us back in April to support Defender 2020 and other exercises."

During the field training exercise, MEDHUB supported Roles of Care 1 and 2 MEDEVAC operations. With Soldiers acting as casualties, the running exercises showed ground ambulances and helicopters with and without MEDHUB. Without the help of MEDHUB, medics face a documentation burden which draws their focus away from patient care. MEDHUB reduces medic burden by allowing them to complete a Tactical Combat Casualty Care card faster and with twice the accuracy compared to pen and paper.

"My hands-on experience with the system was very intuitive. As soon as I picked up the devices, I was able to navigate with ease with minimal direction and guidance," said Army Capt. Sebastian Coates, commander of the 557th Medical Company (Area Support), 421st Medical Battalion (Multifunctional), 30th Medical Brigade, 21st Theater Sustainment Command, U.S. Army Europe.

During the 72-hour field exercise, casualties were transported to hospitals with and without the use of MEDHUB. Without MEDHUB, deployed hospitals typically receive patient information from the MEDEVAC vehicle in the form of a radio call five minutes before the patients arrive. With MEDHUB, three distinct advantages were demonstrated.

The first advantage is the ability to see the estimated time of arrival from the moment that MEDHUB devices are connected to the patient. This allows the hospital to plan accordingly for patient movement once the casualty reaches the Medical Treatment Facility.

Second, the devices send the patient's vitals to the receiving MTF with near real-time accuracy.

Third, the system allows the MTF to see how many patients they will be receiving. During the demonstration, the receiving field hospitals utilized the MEDHUB Patient Awareness Support System, and they found it provides a situational awareness they had been unable to obtain prior.

Army Capt. Joshua Brown Somma, Role of Care 1 physician assistant for the 557th Medical Company Area Support, 421st Multifunctional Medical Brigade oversaw the medical treatment and movement of the patients during the field training exercise. He used MEDHUB for the first time to track patient status.

"As a PA, I would have loved to have this on my last deployment. I like that you can archive patient treatment information and re-print as needed," said Somma. "This is the right direction for Role [of Care] 1 medicine to be moving. It is really an asset to Army medical professionals."

This display of field use in a multi-partner operational exercise showcased North Atlantic Treaty Organization capabilities and was a great opportunity for the MEDHUB program to interface with the end user.

"Our participation was important because we were able to show key stakeholders in the military medical community, and every medic that will get their hands on MEDHUB, that this capability exists and it's coming," said Wang.

The Army must be ready to conduct major operations in the face of high intensity conflict. With the help of innovative medical devices and systems such as MEDHUB, the U.S. Army will be ready for any mass casualty scenario. USAMMDA will continue to modernize and strategize its medical equipment to make our Army stronger and more resilient than ever before.

USAMMDA is a subordinate command of the U.S. Army Medical Research and Development Command, under the Army Futures Command. As the premier developer of world-class military medical capabilities, USAMMDA is responsible for developing and delivering critical products designed to protect and preserve the lives of Warfighters across the globe. These products include drugs, vaccines, biologics, devices and medical support equipment intended to maximize survival of casualties on the battlefield.

Army Civilian Writer Doubles as Scientific Diver

By C.J. Lovelace, AMLC Public Affairs

Frank Karafa jumps into the water, eager to begin another scientific diving mission in search of centuries-old artifacts hundreds of feet below the surface.

In a wetsuit with a scuba cylinder strapped to his back, Karafa progresses downward with each smooth kick of his diving fins, passing by fish and even an alligator or two as the daylight from above fades away.

In seconds, he descends into pitch black conditions “like space,” where all life ceases due to a lack of dissolved oxygen in the water – no creatures, no vegetation, no light. Nothing.

“It’s just completely black,” Karafa said. “It’s eerie, very eerie. The only thing you really have are the lights and special equipment you carry with you.”

Karafa, 61, a civilian employee with U.S. Army Medical Logistics Command at Fort Detrick, has logged 1,567 dives since he developed an interest in the activity as a teenager.

Of that total, 150 to 200 of them have been scientific dives with the Florida Aquarium Dive Operations, Karafa said. He has been certified as a scientific diver by the American Academy of Underwater Sciences since 2009.

Also a Level 1 recreational scuba instructor, Karafa has played a key role in exploring several underwater archaeological sites since then, including old shipwrecks and deep sinkholes where previously unseen artifacts can offer a glimpse of little-known pieces of history.

“I find underwater exploration to be very exciting,” Karafa said. “Discovering artifacts lost to history for hundreds or thousands of years, observing marine life in their native environment, witnessing vibrant reef systems and caverns with beauty that defy description.

“It’s truly a world like no other; one with amazing hidden secrets that have yet to reveal the full story of our past or help us understand our future,” he said.

OUT OF THE WATER

Karafa’s favorite hobby presents a stark contrast from his day-to-day life as a technical writer-editor for AMLC’s Medical Maintenance Policy and Analysis directorate.

He’s been with the organization since 2011, recently transitioning to AMLC when the U.S. Army Medical Materiel Agency was realigned under the first-year command last year.

“I love what I do,” said Karafa, a Florida native and U.S. Navy veteran who served in its submarine service for six years. “I had been trying to get in with the government for years.”



Frank Karafa, a technical writer-editor for U.S. Army Medical Logistics Command, is pictured during a safety stop in a dive off the coast of West Palm Beach, Florida. Safety stops are used by divers to slow the release of nitrogen gas, which accumulates in the body’s soft tissues during a deep dive, into the bloodstream to prevent decompression illness.

(Photo courtesy Frank Karafa)

As a technical writer for M2PA, Karafa – described by coworkers as friendly, outgoing and a hard worker with a team attitude – ensures every document that comes out of the organization is written professionally and to military standard. Publications include equipment manuals, but also higher-level Army regulatory documents, white papers and responses to medical maintenance taskers from senior leadership.

“Being that expert in writing, Frank adjusts and modifies our documents so they read professionally and technically correct,” said Chief Warrant Officer 3 Joshua Barto, chief of publications for M2PA.

Barto said Karafa really shines in writing and developing M2PA’s twice-a-year In Focus newsletter, which features helpful information for the Army medical maintenance community.

“This last month, he’s been heavily involved in working to make sure we produce a good product for the Army,” Barto said.

FAVORITE SITES

Ask Karafa about his short list of favorite diving spots and he’ll likely tell you about Little Salt Spring.

The prehistoric sinkhole in North Port, Florida, is 220-feet deep and contains evidence of occupation during the Paleoindian and Archaic periods, spanning from 5,200 to 12,000 years ago.

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Karafa said there's a belief among archaeologists that there's still uncovered artifacts at the bottom, including some of the oldest skeletal remains ever to be discovered, possibly 13,000 years old.

"We just haven't found them yet," he said. "There's almost no oxygen in the water, so things are very well preserved. We've found clothing in there. We've found skeletal remains with brain matter still in the cranium."

Among the fossils and relics found at Little Salt Spring, divers have found evidence of mastodons and giant sloths, as well as wooden items carbon dated to over 12,000 years ago and jewelry traced to a specific quarry in Georgia.

On the upper ledge of the sinkhole, which resembles the shape of an hourglass, there were remains of a giant land tortoise showing signs that it was killed and cooked in its own shell, Karafa said. A wooden stake near the shell was carbon dated to 12,030 years ago.

EXPLORING SHIPWRECKS

Some of Karafa's underwater exploits have included site surveys and mapping, setting up artifact grids, artifact recovery, cataloging and photography, another passion that has led to images being published by National Geographic as a freelancer.

He said another interesting dive site was the USS Narcissus, an armed Union gun boat commissioned by the



Centuries-old relics gathered from Little Salt Spring in North Port, Florida, are pictured. Cataloging fossils and delicate artifacts is a long and tedious process that begins underwater. At this point, they have been identified, tagged, local proximity measurements were taken, and a physical map has been drawn. They now await dive-team extraction.

(Photo courtesy Frank Karafa)

Navy that sunk in 1866 following a major storm.

Karafa also assisted in underwater surveys of several other historic vessels, including mapping the hulls and ship components of an unidentified Civil War-era schooner that was a suspected Confederate blockade runner.

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Frank Karafa, a technical writer-editor for U.S. Army Medical Logistics Command, recorded his deepest dive of 130 feet while exploring the USS Spiegel Grove shipwreck, pictured here. The vessel was a former Navy Thomaston-class dock landing ship that sank off the coast of Key Largo, Florida.

(Photo courtesy Frank Karafa)

In recording his deepest dive of 130 feet, considered the end of the recreational diving limit, Karafa explored the shipwreck USS Spiegel Grove. The vessel was a former Navy Thomaston-class dock landing ship that sank off the coast of Key Largo, Florida.

"The top of the wreck starts at 45 feet and descends to its full depth of 130 feet," he said. "Most of my scientific diving was done within an approximate depth of 20 to 100 feet."

'NOTHING MORE BEAUTIFUL'

Karafa said swimming and diving have always come natural to him because he got started at an early age. He was 13 when he learned his neighbor was a diver.

"Every weekend, he would come home, take his dive gear, wash it off and I talked to him about taking me out," Karafa said. "He's a former Green Beret and he took me diving all over the place."

Karafa was hooked from then on.

Diving has since taken him to locales around the globe. Karafa had planned a trip to the Philippines this year for

another scientific dive, but has since canceled due to the ongoing COVID-19 pandemic.

Karafa still plans to dive for fun in May, when he heads back home to Florida, at a site called Devil's Den, an underwater cavern that has contained numerous artifacts that are now in the possession of the Smithsonian Institute.

Even after so many years, Karafa said it's the thrill of exploration – combined with the rush of exhilaration he first felt as a youngster – that keeps him getting in the water any chance he gets.

"And it's the beauty," he said, describing one of his dives out at sea. "I enjoy it because there's no noise. The animals are out – sharks, turtles, Grouper; big Grouper, like bigger than I am.

"In my view, there really is nothing more beautiful than seeing all this," he said. "You really don't know what's going on until you're down there."



A Queen Angelfish is pictured. Frank Karafa, a technical writer-editor for U.S. Army Medical Logistics Command, doubles as a photographer during many of his scientific dives, having several of his photos licensed to National Geographic.

(Photo courtesy Frank Karafa)

MC4 Supports Army Units Worldwide to Combat COVID-19

By Paul Clark, MC4 Communications

Medical Communications for Combat Casualty Care is responding to the coronavirus pandemic at multiple locations across the country and overseas with equipment, direct technical and training support to dozens of Army units who use MC4 systems and who are deploying to aid COVID-19 efforts.

MC4 teams consist of healthcare information technology subject matter experts, system administrators, and a variety of training personnel specializing in on-site support. The teams will be conducting software and hardware maintenance, refreshes, updates and providing training on the systems.

To date, MC4 has deployed 176 MC4 systems.

MC4 systems contain electronic health record software used to support the documentation of COVID-19 symptoms and health data from patient encounters. At Darnall Army Medical Center hospital located at Fort Hood, Texas, MC4 is providing training and support for medics and providers. Darnall provides services for some 42,000 Service Members, families and veterans. Here, the 581st Medical Company Area Support is pre-screening COVID-19 patients at the hospital while using MC4 systems.

The MC4 regional office in Korea responded on March 23 in support of COVID-19 response operations. The 121st Field Hospital (FH) established MC4 systems using MC4's Tele-Health capabilities to allow remote access to providers at other Army medical facilities, and conducted AHLTA-T user training at the 121st FH Isolation (ISO) Center. MC4's Site Lead, Craig McDowell was on-hand to update patient records, and set up Application Virtual Hosting Environment (AVHE) that allowed the 121st to remotely access hospital records. Coordination occurred with the 65th Medical Brigade and the 1st Signal Brigade, 8th Army.

On March 28, MC4 personnel deployed to the Javits Center in Manhattan, New York. The mission for MC4 is to support units from the 1st Medical Brigade and 44th Medical Brigade - these units are setting up treatment rooms and equipment to provide additional medical capability in support of mediating the COVID-19 pandemic.

In addition to on-site support, MC4's help desk has been receiving a substantial number of calls for support from a number of units including the 47th Combat Support Hospital (CSH) out of Joint Base Lewis-McChord (JBLM) who requested assistance with the Theater Medical Information Program (TMIP) Composite Health Care System (CHCS) Cache (TC2) software. This software is used for inpatient management, laboratory, radiology and pharmacy ordering.

In some instances, MC4 personnel are arriving on-site to support units who haven't yet received their hardware systems. On March 28, an MC4 team arrived to support the expeditionary 627th Hospital Center (HC) who deployed from Fort Carson, Colorado, to the CenturyLink Convention Center in Seattle, Wash. However, the unit was still waiting for their equipment to arrive.

Other medical units being mobilized for the COVID-19 relief effort include the 807th Ohio National Guard and the 307th Medical Brigade, an Army Reserve unit also based in Ohio; the 131st FH located at Fort Bliss, Texas - an active-duty unit that incorporates Army medicine's updated modular design and has an 88-bed hospital capability; and the 56th Multifunctional Medical Battalion (MMB) with its three Area Support Medical Companies (ASMCs) and field ambulances from JBLM. MC4 personnel are standing by to support efforts once the destinations for these units have been determined.



On March 23, 2020, in support of COVID-19 response operations, 121 FH S6 established Medical Communications for Combat Casualty Care (MC4) systems and conducted a training at the 121 FH Isolation (ISO) Center. The training that the staff received from the Site Lead of the Korea Region MC4 Product Management Office, Mr. Craig McDowell include AHLTA-T user training, update patient records, and Application Virtual Hosting Environment (AVHE) allowing them to remotely access the hospital records on the network with 65th MED BDE S6, 1SIG, and 8th Army.

Courtesy Photo

Army Medical Maintenance Technicians Rush Ventilators to COVID-19 Fight

By C.J. Lovelace, AMLC Public Affairs

TOBYHANNA ARMY DEPOT, Pa. – In the fight against COVID-19, every ventilator the U.S. Army can get working is another life potentially saved.

That's why Army biomedical equipment specialists around the globe are tirelessly turning their wrenches to repair and return ventilators to military hospitals and medical units, in support of the whole-of-government's COVID-19 response.

"We're taking the vents, calibrating them, putting in needed parts, doing a thorough inspection and sending them back out with all the accessories and consumables so they are ready for use right out of the box," said Tom Fortner, a technician assigned to the U.S. Army Medical Materiel Agency's medical maintenance division at Tobyhanna Army Depot.

USAMMA, a direct reporting unit of Army Medical Logistics Command, has three stateside depot-level maintenance facilities, each covering a geographical region. MMOD-Toby handles the East region, while MMOD-Hill, located at Hill Air Force Base in Utah, covers the Central region. MMOD-Tracy in California takes care of the West.

Army medical maintenance teams at each location are prioritizing not only the calibration and repair of ventilators, but also oxygen generators, suction apparatus and patient monitors to support COVID-19 response efforts.

Fortner said the teams have been turning these devices around in record time. He said some devices that only need minor fixes or checks are repaired and returned in just hours.

Once ready to ship, the delivery process can go just as quickly. For example, a recent shipment of ventilators back to the Georgia Air National Guard went out on a Friday evening and were in use in the hospital by Sunday morning.

The team has been handling the added workload with great efficiency, according to Fortner.

"We have a pretty good little system going," Fortner said. "It's definitely kudos to them."

"I'm proud to see the continued teamwork, sense of pride and urgency shown by our employees at the MMOD's during this response to COVID-19," said Jack Rosarius, director of USAMMA's Medical Maintenance Management Directorate. "Their work continues to be appreciated and essential in the Army's battle of this health crisis."



Chief Warrant Officer 3 Daniel Button is pictured handing off ventilators to the Georgia Air National Guard on April 3 following maintenance operations at Tobyhanna Army Depot.

(U.S. Army photo by Tom Fortner)

Army Daughter Accepted to Eight Prestigious Schools, Including West Point

By C.J. Lovelace, AMLC Public Affairs

The letters just kept coming.

Christiana Adeyemi, an 18-year-old high school senior, was amazed as she received acceptance letters from eight prestigious universities, including two Ivy League schools and the U.S. Military Academy at West Point, New York.

"At first, I was stunned," she said. "I had to read them over and over again. I just felt really excited that I was given those opportunities."

Christiana, daughter of U.S. Army Maj. Tolulope Adeyemi, is one of millions of children the Army is recognizing this April, known as the Month of the Military Child. The month serves as a time to honor the sacrifices made by military families worldwide.

She is the oldest of three children belonging to Maj. Adeyemi and his wife, also named Christiana. They have a son, Tolulope, named after his father, and a younger daughter, Emanuela. The family resides in North Carolina.

"I'm just so proud of Christiana and all my children," said Maj. Adeyemi, whose service has spanned over 20 years, including the last 10 months as a student in the Medical Logistics Management Internship Program (MLMIP) at Fort Detrick, Maryland.

MLMIP is a program run by the U.S. Army Medical Materiel Agency, a direct reporting unit of Army Medical Logistics Command. Both organizations are headquartered at Fort Detrick.

Christiana said she's narrowed her list of finalists. West Point – where she has already received immediate provisional admission and final acceptance to attend – is on that short list, along with Duke, Cornell and Columbia universities.

The other schools include the University of North Carolina at Chapel Hill, as well as Boston, New York and Wake Forest universities.

About 350 miles south of Fort Detrick, Christiana is a student at Village Christian Academy in Fayetteville, North Carolina.

In addition to her academic strengths, extracurricular activities, like mock trial, student government, yearbook and varsity soccer, also played a big role in her successful college acceptances, she said.

"All those activities really helped me cultivate my leadership, collaboration and critical thinking skills,"

Christiana said, adding that her success has been a result of working hard, staying focused on her end goals and persevering through difficult times.

"It took a lot of delegation of tasks and time management," she said, "and sleep discipline at some points."

While she hasn't yet made a decision, Christiana said she plans to study chemistry, with the end goal of becoming a surgeon.

Could that be as an Army surgeon? She said she could see herself attending West Point and entering the service in the medical field, like her father.

"As a military child, leadership and hard work were instilled in me at a young age," Christiana said, when asked what impact her father's service has had on her. "So when I was looking at where I was going to spend the next four years, I was looking for a school that could cultivate those skills as well."



Christiana Adeyemi, an 18-year-old high school senior and daughter of Army Maj. Tolulope Adeyemi, has been accepted to eight prestigious universities, including two Ivy League schools and the U.S. Military Academy at West Point, New York.

Photo courtesy Maj. Tolulope Adeyemi

USAMMDA Welcomes First NCO to the Organization

By Jeffrey Soares, USAMMDA Public Affairs

It may have taken nearly 35 years, but the U.S. Army Medical Materiel Development Activity welcomed its first-ever Non-commissioned Officer to the organization this past December. Upon his arrival, Army Sgt. 1st Class Daniel P. McGarrah made history for the U.S. Army Medical Research and Development Command, USAMMDA's higher headquarters, by becoming the first enlisted Soldier assigned to USAMMDA. Stationed at the organization's headquarters at Fort Detrick, Maryland, McGarrah now serves as the Senior Enlisted Advisor to the USAMMDA commander, Army Col. Gina E. Adam.

McGarrah feels honored to have been chosen as the first NCO to serve at USAMMDA, especially in light of the command's mission to develop and deliver quality medical capabilities to protect, treat and sustain the health of Service Members throughout the world.

"I think it's a great mission," he said, "and I can see why USAMMDA would need an NCO here, after all of these years, to help facilitate some of the changes taking place with the Defense Health Agency and the USAMRDC — and all of the things that are happening in our world right now. I believe an NCO might be able to see certain situations from a different perspective, because many of our Officers are engaged with so many other things going on throughout the Army."

Considering McGarrah's heritage, it's safe to say he understands the military milieu pretty well. As an eighth-generation Army Soldier, which includes being third-generation special operations, he has the Army in his blood, he says.

"My dad served in Europe during the Vietnam Era, in the 5th Special Forces Group, my grandfather was in World War II and the Korean War, and my great-uncle was a member of Merrill's Marauders (Unit Galahad)," he said. "And we traveled up to Gettysburg recently, to see where one of our ancestors fought in the Civil War."

Growing up as an "Army brat," McGarrah was born at Fort Knox, Kentucky, and spent his childhood traveling quite a bit. From Fort Bragg, North Carolina, to Fort Leavenworth, Kansas, from Germany to Indiana, he relocated regularly until his family finally settled in Tampa, Florida, upon his father's retirement from the military. McGarrah said he enjoyed spending his middle and high school years in the south, where he developed a passion for fine foods and cooking. In fact, after working in restaurant management for a number of years, he dreamed of owning his own eatery until a family event led him to consider a military life of his own.

"In 2002, I had just gotten married," he explained. "My dad and I talked about my serving four years and then going to college afterwards. I expected to go back into the restaurant business, but that didn't happen and I'm still in the Army — obviously, I made it a career."

Yes, the Army is in his blood. And it's no wonder he was



Army Sgt. 1st Class Daniel McGarrah (then Pvt. 2nd Class; second to right) poses with fellow team members of the 864th battalion aid station in Balad, Iraq, during 2003. Photo courtesy of Daniel McGarrah

chosen as USAMMDA's first NCO, when you review his military history and previous assignments.

With more than 17 years of service, McGarrah's overseas experience includes three combat deployments to the U.S. Central Command's Area of Responsibility, and three additional assignments to the U.S. Southern Command's AOR. He served as a combat medic with the 864th Engineer Battalion, and conducted improvised explosive device route clearance missions for three years, deploying to both Iraq and Afghanistan.

Admittedly, this tour was rough on him — both mentally and physically — and McGarrah was not sure if he would continue in the military. However, he once again sought the advice of his father, who encouraged him to remain a Soldier, suggesting that he follow in his footsteps and apply for the U.S. Army Special Operations Command.

McGarrah trusted his father's recommendation and submitted his application, and he was accepted to join the SOCOM team soon after. This new assignment meant a return to Fort Bragg, where he had spent much of his childhood; but this time, he would spend more than a decade on the post with a family of his own.

During this time, McGarrah had many roles, including an eight-year assignment to a Special Operations Civil Affairs team. Often working with civilian agencies and organizations, this specialized unit supported humanitarian aid operations, counter-narcotics investigations, and human trafficking and hostage rescue missions, among other tasks.

"I really loved working with that unit, until I was injured in a training exercise in 2013," he explained. "I shredded my knee and tore my shoulder very badly, which limited my mobility. But surprisingly, that was the catalyst for my college career."

Continued on page 13

A blessing in disguise, you say?

"I turned my focus towards the education I planned on years ago, and I earned my bachelor's degree in two years, then completed a one-year master's program in strategic studies from the National Defense University," said McGarrah. "I'm currently pursuing a doctorate in public health from Walden University."

McGarrah's keen ability to successfully complete a task, be it an academic degree or one of his many military assignments, has certainly played a role in his selection as USAMMDA's first NCO. He hopes to use this valuable trait to help whenever and wherever he is needed within the organization, from the commander to each of the project management offices, and everyone in between.

"Leadership felt that my background would fit nicely with this position," he said. "They wanted someone who's been on the ground fighting, and who has guided and worked at an operational level — and at a strategic level, from my history with multiple COCOMs."

"I'm really looking forward to working with all of the project managers, to provide them with up-to-date guidance and/or recommendations, with regard to our medical products and devices," he added. "I have personal knowledge of many of these products downrange, and I can use this experience to help identify their success or failure in the field, so we can work to create the best products for our Warfighters. And if I don't have the answers, I know plenty of people that do."

Adam agrees with this assessment, and she is looking forward to what McGarrah can provide to the entire USAMMDA team.

"Having a senior medic here will be a great help to the project management teams, and I have no doubt his experience and first-hand knowledge will be invaluable for them as they assess what medical products will be most useful on the battlefield," said Adam. "I am looking forward to having his perspective as part of my leadership team."

When asked about his relocation to Fort Detrick, and the surrounding area of Frederick County, McGarrah said he and his family are very excited to explore the historical sites in the region as well as all of the museums and points of interest in Washington, DC. Comparing Fort Detrick to Fort Bragg, he said it will take some time to get used to the smaller post and its fewer amenities, but he is looking forward to visiting the many restaurants and shops of historic Downtown Frederick. McGarrah is very confident that his new home will provide much to satisfy his family's interest in the great outdoors, including hiking, camping and fishing.

While McGarrah may be the first NCO to serve at USAMMDA, he believes he will not be the last. He is already thinking about his future replacement — which should not be a concern for another two to three years, he said. For now, he plans to build many positive relationships to advance the mission of USAMMDA, doing whatever it takes to help support our nation's Warfighters.

As for that restaurant he still hopes to open one day, he knows that dream will always be there for him — it will just have to simmer on the back burner for a little while longer.



Army Sgt. 1st Class Daniel McGarrah receives an academic scholarship from the Special Forces Association Chapter LX in August 2019. From left to right, Army Maj. Gen. James B. Linder, commanding general of Special Operations Joint Task Force-Afghanistan, McGarrah, Gary Weber, SF Association Chapter LX President. McGarrah received the scholarship for his studies towards a Doctorate of Public Health degree.

Photo courtesy of Daniel McGarrah



Army Sgt. 1st Class Daniel McGarrah (left) with his daughter and father during a skeet shooting excursion in Florida.

(Photo courtesy of Daniel McGarrah)

Army Medical Logistics Command Supports COVID-19 Response in Hard-hit Areas of NYC, Seattle

By C.J. Lovelace, AMLC Public Affairs

The U.S. Army Medical Logistics Command supplied life-saving medical supplies for three Army hospital centers supporting New York and Washington – two of the states hit hardest by COVID-19.

Supplies were sent to support Army medical professionals from the 531st Hospital from Fort Campbell, Kentucky, the 627th Hospital from Fort Carson, Colorado, and the 9th Hospital from Fort Hood, Texas. The packages included potency and dated items tailored to each medical team's needs – everything from syringes and suction tubes to blood products and oxygen.

"Part of the DOD strategy is to push out capabilities to bolster the existing health care system in these heavily impacted locations," explained Maj. Bryan Pamintuan, director of the U.S. Army Medical Materiel Agency's Force Projection Directorate. "Our supplies are intended to bolster these unit's capability to delivery health care support where it is now needed most."

New York and Washington are among the states hardest hit by the coronavirus in the U.S., where nearly 175,000 total cases have been recorded as of March 31. COVID-19, the respiratory disease that results from the virus, has contributed to the deaths of about 3,300 nationwide.

While a large portion of the country has been subject to lockdowns and closures to limit community spread of the virus, Pamintuan said USAMMA, a direct reporting unit of AMLC, has adapted well and successfully reconfigured deployable assets on the fly to accommodate the needed facilities.

He just didn't think it would be to combat an invisible enemy like a virus.

"You always practice in the military for a plan when something unexpected happens," Pamintuan said. "That's a testament to the team, and it shows their grit, intelligence and commitment to the mission."













Soldiers from the 551st Medical Company (Logistics) and the 627th Hospital Center unload tri-walls of medical supplies as they arrive at Joint Base Lewis McChord, WA, in support of COVID-19 relief efforts. (Courtesy photo)

Coronavirus Disease 2019 COVID-19

What you need to know to keep your family safe and healthy.

Coronavirus or Something Else?

Symptoms	Coronavirus <small>Symptoms range from mild to severe</small>	Flu <small>Abrupt onset of symptoms</small>	Cold <small>Gradual onset of symptoms</small>	Allergies
 Fever	Common	Common	Rare	Sometimes
 Cough	Common	Common	Common	Sometimes
 Headache	Sometimes	Common	Rare	Sometimes
 Aches and Pains	Sometimes	Common	Common	No
 Fatigue	Sometimes	Common	Sometimes	Sometimes
 Sore Throat	Sometimes	Sometimes	Common	No
 Shortness of Breath	Sometimes <small>(on more serious infections)</small>	No	No	Common
 Sneezing	Rare	No	Common	Common
 Stuffy Nose	Rare	Sometimes	Common	Common
 Diarrhea	Rare	Sometimes	No	No

To learn more about COVID-19, visit:

www.tricare.mil/Coronavirus

Source: Centers for Disease Control and Prevention and World Health Organization



Current as of: April 13, 2020

Month of the Military Child: Purple Up



Children of Mission Essential Personnel at Fort Detrick, took part in the Month of the Military Child Purple Up: Purple Wave initiative on Thursday, April 16, 2020. [#MOTMC](#)

April is designated as Month of the Military Child; a time to honor the sacrifices made by military families worldwide, with an emphasis on the experience of the dependent children of military members serving at home and overseas.

"Purple Up! For Military Kids" is a day for DoD communities to wear purple to show support and thank military children for their strength and sacrifices. Purple indicates that all branches of the military are supported. Air Force blue, Army green, Navy blue, Marine red, and Coast Guard blue all are thought to combine together as a single color, purple.

Courtesy Photo

Masks on Frederick: Stay Home, Stay Safe



Fort Detrick partnered with Frederick County in this collage (pictured below) for a campaign to encourage the community to wear masks, stay safe and stay home and to remind us that we are all in this together.

Courtesy Photos





2020 GEMS



Gains in the Education of Mathematics and Science Summer STEM program

Application Deadline: April 30, 2020

Apply at <https://www.usaeop.com/program/frederick/>

Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
June 29 - July 2	July 6-9	July 13-16	July 27-30	August 3-6	August 10-13

GEMS at Fort Detrick brings local students into the cutting-edge world of U.S. Army Research and Development. Designed for 4th through 11th grade students of all academic abilities in the 2019-2020 school calendar, GEMS promises a hands-on experience that will excite. Students will choose from a variety of classes in which they can build robots, dissect squids, learn how to suture, code computer games, solve a murder mystery, and even analyze their own DNA.

Courses are 4 days long and all programs are completely free of charge to students and families. A stipend of \$125 will be awarded to those who participate to offset the cost of transportation.

GET INVOLVED TODAY - Gains in the Education of Mathematics and Science (GEMS) Program is looking for volunteers! We need you to provide the direction, coaching and training that empowers today's youth with the skills they will need to lead tomorrow.



Use your skills to be a subject matter expert and teach suturing, dissection, PCR, DNA extraction, electrophoresis, pipetting, robotics, coding, and so much more.

Love talking about your career? Share your journey and all the fun you have each day with a career talk. They only last 15 minutes but provide a long lasting impact to the students that attend GEMS.

Summer STEM Opportunities

CAMP INVENTION

A program of the National Inventors Hall of Fame® (NIHF), Camp Invention is a nationally acclaimed summer program for children in elementary, where STEM concepts come to life. Led by local teachers, this program has tapped into kids' natural curiosity since 1990, giving them the opportunity to become innovators through teamwork and immersive, hands-on creative problem-solving.

Availability is limited, so visit www.invent.org/camp or call 800-968-4332 to learn more and secure your child's spot today! Use promo code INNOVATE25SUMMER to save \$25 (expires 3/22) or PLAY15SUMMER to save \$15 (expires 5/10).

Local Opportunities

Whittier Elementary School
Monocacy Elementary School
East Silver Spring Elementary School

GEMS

GEMS is a free summer STEM opportunity for students in grades 4th- 11th. Students will work with other students their age to explore STEM topics that are related to cutting edge U.S. Army Research. Explore robots, code applications, complete dissections, do DNA analysis, solve a murder mystery, and have an amazing time this summer at GEMS.

Applications are closing soon. Apply today at <https://www.usaeop.com/program/gems/>

Local Opportunities

Fort Detrick/Hood College- Frederick, MD
WRAIR- Silver Spring, MD

Army's MEDHUB System Proven Effective for Operational Use

By Jeffrey Soares, USAMMDA Public Affairs

The U.S. Army Medical Materiel Development Activity's Warfighter Health, Performance, and Evacuation Project Management Office initiated operational exercises in the fall of 2019 to assess the capabilities of its Medical Hands-free Unified Broadcast system, better known as MEDHUB, and the results were highly favorable. This innovative device is a medical communication platform that utilizes a handheld electronic tablet to share patient information between medics and hospitals during medical evacuations.

The operational assessment was conducted by personnel from the U.S. Army Medical Department Board, which is the Army's sole independent operational test and evaluation agency for medical-related materiel and medical information management and information technology products. Per the results of the assessment, the functionality of MEDHUB was shown to support the medical mission, and the device was proven to be usable in an operational environment. This assessment is the final one required before the Milestone C decision, which is the Defense Acquisition System production and deployment decision point for materiel release and fielding.

Through integrating U.S. Food and Drug Administration-approved wearable medical devices, the MEDHUB system seamlessly collects, stores and transmits non-personally identifiable patient information from point-of-injury to the receiving military treatment facility or hospital. Traditionally, ground and flight medics use a handwritten Tactical Combat Casualty Care, or TCCC, card to document the vital signs, injuries, medications, and treatments of patients during MEDEVAC situations. The TCCC card is intended to stay with the individual during transport, and updated along the way by the multiple medics providing care from one point to the next. However, when the scenario is exacerbated by multiple casualties and intense conflict — and in most cases, handled by only one medic with perhaps as many as six patients — completing critical documentation can become a highly stressful process.

Austin Langdon, a former Army flight medic with the Maryland National Guard, serves as the subject matter expert for evacuation on the MEDHUB team. Langdon is very familiar with the pressure associated with intense MEDEVAC missions. Having been deployed with the U.S. Marine Corps to Helmand Province, Afghanistan in 2012, he experienced his first mass casualty event within 45 minutes of landing at the Forward Operating Base. He was the first all-Army-trained flight medic to perform a blood transfusion in the back of a military helicopter, as part of the Vampire program. Needless to say, Langdon understands the potential of the MEDHUB system in helping to properly treat patients and save lives.

"MEDHUB doesn't replace the way medics triage a patient, or how they conduct rapid trauma assessments — it changes the way we document medical intervention," he

explained. "When the medic is task-saturated, and focused on their critical patient, it is difficult to write legibly on the patient's TCCC card in a vibrating helicopter with an indelible marker. The MEDHUB tablet allows the medic to record administered drugs, or any lifesaving interventions, electronically on a touch screen that can capture all of the necessary documentation, which is transmitted to the hospital and can be scanned into the patient's Electronic Health Record."

"But it also helps with drug dosage calculations, per the Standard Medical Operating Guidelines," he continued. "MEDHUB provides the proper dosage for the individual based on the patient's weight, which increases the accuracy of drug dosages and reduces the workload of the medic in high-stress situations. The real key is its ease of use, and its reliability — it does what I need it to do, when I need it, without extra steps."

In addition to Langdon, who is the third Army-trained flight medic to serve as part of the MEDHUB product team, the group's software expert is a trained paramedic. Staff selection has been very intentional along the way, to ensure a proper mix between scientists, engineers, and experts in medical evacuation. As military ground and flight

Continued on page 19



Army Sgt. Patrick Fogle (right), a flight paramedic with the Maryland Army National Guard, reviews the Medical Handsfree Unified Broadcast systems (MEDHUB) handheld electronic tablet with Army Sgt. Jordan Rodgers, a combat medic from the U.S. Army Aeromedical Research Laboratory, and Austin Langdon, program analyst for the U.S. Army Medical Materiel Development Activity's Warfighter Health, Performance, and Evacuation Project Management Office, during preparation exercises for an operational assessment held at Fort Detrick, Maryland, in October 2019.

(Photo by Jeffrey Soares, USAMMDA Public Affairs)

medics will be the primary user group for MEDHUB, their feedback remains critical to testing and fielding the device, which is why the recent operational assessment was so important in advancing the unit towards ultimate fielding.

The two-week operational assessment, which took place at the Air Force Medical Evaluation and Support Activity at Fort Detrick, Maryland, included staff members from the MEDHUB product team, Army ground medics from the U.S. Army Aeromedical Research Laboratory, and Army flight medics and personnel from the Maryland Army National Guard.

Army Sgt. Jordan Rodgers, a combat medic from USAARL in Fort Rucker, Alabama, was among those selected to participate in the exercise. Not only was he immediately impressed with the MEDHUB unit, he was also amazed with how quickly he could learn and understand the software program.

"I've only been working on [MEDHUB] for a few days now, but I already see the benefits it can offer medics," said Rodgers. "From my perspective, I feel it would make my job easier, because I can input the patient's TCCC card information onto an electronic tablet, and in real-time send all of this info to the MTF I'm en route to — so it helps to prep that hospital with everything they need to do, before I even arrive."

When asked what he liked best about the MEDHUB system, Rodgers replied without hesitation, "I really like the real-time updates to the MTF. As I'm taking vitals, and reassessing my patient, the hospital is getting that updated information instantly."

"The program is very simple to learn, and very simple to use," he added.

Army Sgt. Patrick Fogle, a flight paramedic with the Maryland National Guard, agreed with this evaluation by Rodgers. Having been with the National Guard for 13 years, Fogle completed the Army Critical Care Flight Paramedic program in 2019 and was excited to participate in this operational assessment.

"I think MEDHUB is a very big help in documentation, even in the long-term, for patients when they come back, to make sure they're given the correct disability," he said. "But it's equally helpful during the actual transport as well, and I really like how it helps with medication dosage conversions. It doesn't matter what type of drug we're administering — it gives you the correct dosage for that particular drug, based on the weight of the patient."

Fogle also agreed the real-time updates are one of the best features of the MEDHUB system.

"Right now, if we're in country, I have to get on the radio with the hospital, or else one of the pilots do, which shifts our focus away from what we really should be doing," he said. "With the pilots, they take their eyes away from scanning the environment outside of the aircraft, and with me, it takes my eyes off the patient. But with MEDHUB, we don't have to do that."

While he offered additional praise for the MEDHUB unit, Fogle said he did find a few things he would like to see

"tweaked" with the system, and conveyed his thoughts to members of the MEDHUB product team — and this is exactly the type of feedback that product manager Wang was hoping to receive.

"We're very grateful that the active-duty medics from USAARL and the Maryland National Guard came out to support this exercise," said Wang. "Having the end-user here to actually demonstrate this capability helps us discover new and better ways to train other users, and to develop this capability for the final fielded unit, which will allow us to build the best product for our Warfighters."

"The operational assessment allowed us to work end-to-end, to see how the users will utilize MEDHUB, and how the Army network can support this important capability," he continued. "This was really a follow-up on some things we weren't able to fully demonstrate at our last assessment, due to limitations of the network. However, we've already proven a large part of its capability, and the assessment allowed us to validate additional capabilities of the MEDHUB system."

Wang and his team are very pleased with the success of MEDHUB to date and the positive results thus far, and they look forward to achieving the Milestone C mark in 2020. The group anticipates MEDHUB's use as an approved system for the military within the next few years, as this will help to advance current medical capabilities from analog to digital. Although the initial end-user will be military medical personnel, the device eventually may fall into the hands of civilian medical providers as well. Regardless of who will use MEDHUB, the system should help to alleviate the burden and stress of medical documentation and drug treatment during patient evacuation, both on and off of the battlefield.

This article has been updated with new information since its initial publication in the Fall/Winter 2019 issue of Combat & Combat Care Magazine, published by Tactical Defense Media, Inc., located at: <https://lsc-pagepro.mydigitalpublication.com/publication/?m=58415&i=635198&p=8>.



Army Sgt. Jordan Rodgers, a combat medic from the U.S. Army Aeromedical Research Laboratory, reviews various capabilities and functions of the Medical Handsfree Unified Broadcast system (MEDHUB) handheld electronic tablet prior to a medical evacuation simulation exercise at Fort Detrick, Maryland.

(Photo by Jeffrey Soares, USAMMDA Public Affairs)

Chaplain's Corner

Everyone Counts

This has been an unprecedented two months, with stay-at-home directives, businesses and schools being forced to close, not to mention the loss of life attributed to this virus. We have turned the page to a "temporary", new normal, but with all the negativity and fear that comes from a crisis, adversity, or tragedy; there is always a "silver lining" that shines through.

Maybe that "silver lining", is getting to be at home more with the family, or growing closer with your kids, or just being "forced" to slow down from the hectic world we live in. Maybe you and your family have not only grown closer to each other, but maybe even closer to our creator? Whatever that looks like for you, cherish this time.

In Paul's letter to the Corinthian Church, he gives the illustration how every part of a human body is essential to the function of the body, it can also apply about our society. The "silver lining" that I see in our culture right now is seen in the cashier, the bagger, the stockperson in our grocery stores; the truck drivers who deliver supplies daily; the restaurants who

are open and deliver when we don't want to cook at home; the Goodwill workers who clean our offices; the Soldiers that are stepping up to assist where they are needed.

Just as we take our bodies for granted, we have also taken for granted those who do the jobs that we don't think twice about. The part of the body, that when we realize its capability, we began to appreciate it more. The "silver lining" is allowing us to see that everyone, from the bagger, to the truck driver, and all those in between, are an important part of the body.

Say thanks to those who are serving on the front lines during this time.

God Bless,
Chaplain Jackson



U.S. Army Garrison Fort Detrick
Chaplain Gregory Jackson

A MESSAGE FROM FORT DETRICK FIRE AND EMERGENCY SERVICES

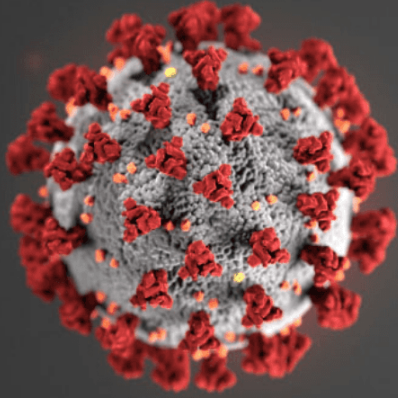
**Directorate of Operations
Fire & Emergency Services Division
Fort Detrick/Forest Glen**

**Fire Prevention Bulletin
Issue Date: April 21, 2020
Reference No.: FPB 20-01**



While all of us are doing what we can to help stem the spread of COVID-19, we are spending more time at home cooking our own meals. Please remember to never leave the kitchen unattended while cooking. There have been several unattended cooking fires in Maryland during the past few weeks. The Fort Detrick/Forest Glen Fire & Emergency Services Division would like to remind you to stay safe during these unprecedented times. If you have a fire extinguisher, please make sure you review the proper procedures for its use. A simple trick to remember fire extinguisher operations is "P-A-S-S" **P**ull, **A**im, **S**queeze, **S**weep. Once a fire is located, please remember to Get Out, Stay Out, and Call 911. Remember to check your smoke alarm and have an escape plan.

Distributed by: *Michael S. Custer*
Assistant Chief of Prevention



CORONAVIRUS 2019 (COVID-19) UPDATES

Current Operations, Closures and Event Cancellations

Gate Operations:

In response to operational changes due to COVID19, beginning March 23, 2020 at 9 p.m., Veterans Gate Fort Detrick will close until further notice. Nallin Farm Gate and Old Farm gates will remain operational for entry and exit. Nallin Farm Gate will be open 24/7 at Fort Detrick and any vetting operations at Fort Detrick will occur at Nallin Gate.

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

At Forest Glen, Linden Lane Gate will be closed until further notice beginning at 5:30 pm, today Monday March 23, 2020. Brookville Gate will be open 24/7 and any vetting operations at Forest Glen will take place at the Brookville Gate.

Visitors: Beginning March 30, the Visitor Control Center (VCC) at Fort Detrick will close. All vetting at Fort Detrick will occur at the vehicle inspection station. At Forest Glen vetting will occur at the police desk. Guards at both locations will assist visitors if needed.

Travel and health screenings of all visitors, deliveries and vendors will take place at the Fort Detrick Vehicle Inspection Point and the Police Desk at Forest Glen.

AAFES/Fort Detrick Exchange

Due to staffing shortages the Fort Detrick Exchange is reducing operating hours starting Saturday, April. 4

Hours of Operation:

Detrick Mini Mall (gas pumps remain open 24/7)

Fort Detrick Exchange:

Monday – Friday: 9 a.m. – 6 p.m.

Saturday – Sunday: 10 a.m. – 5 p.m.

Subway:

Monday – Friday: 9 a.m. – 4 p.m.

Saturday and Sunday: Closed

Dry Cleaner/Laundry Services:

Monday / Wednesday/ Friday: 9 a.m. – 6 p.m.

Tuesday / Thursday / Sunday: Closed

Saturday: 10 a.m. – 5 p.m.

Barquist Army Health Clinic:

Health Screenings-Visitors are prescreened prior to parking vehicles and entering Barquist Army Health Clinic. Patient and Family Partnership Council - cancelled for April & May 2020

Dental Clinic:

Reducing capabilities. Sick call each day from 7:30-9 a.m. Routine patients with appointments will be contacted to reschedule. Call 301-619-7675 if you have questions.

CAC/ID Card:

Military Personnel Division (MPD): ID Cards/DEERS - appointment only; no walk-ins (exception for CAC Pin resets).

Beginning March 25, Military Personnel Division will prioritize CAC Card renewals to the following categories: Active Duty,

Dependents, DOD Civilians, DOD

Contractors, CAC Pin resets. The first available date to book appointments in the online system rapid system is April 6. Individuals in those categories should call 301-619-7311 directly to book an appointment.

For those not in these groups that wish to enter the installation you will need to obtain a 90-day temporary pass to re-enter the installation. At Fort Detrick this is done by stopping at the Visitor Control Center at Nallin Farm Gate. Forest Glen employees, the guards at the Brookeville Gate stand ready to assist you in the process.

Fort Detrick employees please direct questions to 301-619-0101
Forest Glen employees please direct questions to 301-319- 5501

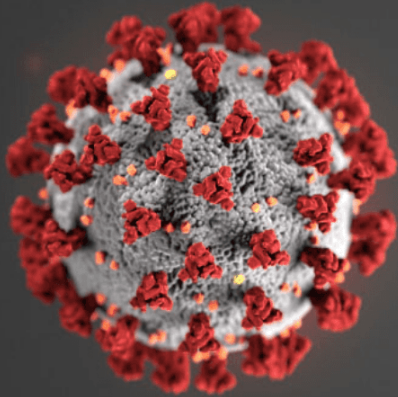
Cleaning

Conduct hourly cleaning of all high traffic customer services areas i.e. lobbies, classrooms, mailrooms etc.,

Classroom scheduling - the team is reviewing the number of classes scheduled for the next two weeks and by what organizations. A note will be sent to command teams recommending postponement.

Closings:

National Museum of Health and Medicine closed thru end of March
Fitness Centers at Fort Detrick and Forest Glen until further notice
Tax Center until further notice



CORONAVIRUS 2019 (COVID-19) UPDATES

Current Operations, Closures and Event Cancellations

Barbershop
Auto Skills Shop
Equipment Checkout Center
Pet Lodging and Doggie Daycare
Community Activity Center
Leisure Travel Services
Parent Central Services Is Closed. Contact the CDC at 301-619-3300 or SAC at 301-619-2901
All Installation Playgrounds, including those at Nallin Pond and Housing Area
Discovery Cafe (Building 549) is closed until further notice.
Playgrounds across the installation
Golf Driving Range

Chapel:

Sunday Chapel Services canceled until further notice. Chaplain Jackson will hold a virtual sermons via Facebook Live on Sundays, at 11 am [Click Here to tune in.](#)

Commissary: <https://www.commissaries.com/shopping/store-locations/fort-detrick>

On March 18, all stores will begin 100% ID Card checks at the entrance of the store and will revoke the visitor policy. This will reduce the number of people in the stores and help with social distancing and crowd control.

Only authorized shoppers are allowed in to the store. The only exception to the policy change is for visitors who are providing active and necessary assistance to an At Risk Patron; an example of this would be a grandchild assisting a grandparent in a wheel chair.

Special hours set aside for at risk populations and Active Duty and their dependents are:

Current Commissary Hours

Monday – Closed

Tuesday

9:30 a.m. – 11 a.m. At Risk Patrons Only
11 a.m. -1:30 p.m. Active duty/
Dependents Patron Hours
1:30 p.m. – 7 p.m. Commissary shoppers welcome

Wednesday

9:30 a.m. – 11 a.m. At Risk Patrons Only
11 a.m. – 6 p.m. Commissary shoppers welcome

Thursday

9:30 a.m. – 11 a.m. At Risk Patrons Only
11 a.m. – 7 p.m. Commissary shoppers welcome

Friday

9:30 a.m. – 11 a.m. At Risk Patrons Only
11 a.m.- 6 p.m. Commissary shoppers welcome

Saturday

8:30-11 a.m. At Risk Patrons Only
11 a.m. – 6 p.m. Commissary shoppers welcome

Sunday

9:30 – 11 a.m. – At Risk Patrons Only
11 a.m.-5 p.m. Commissary shoppers welcome

On March 19, the "early bird" shopping hours will be eliminated to allow more time for cleaning and restocking of the stores.

Fort Detrick is limiting the quantities of

certain items. Customers are asked to please honor these limits.

Commissary - FOREST GLEN

At Risk Authorized Patron Hours are as follows:

Tues-Saturday: 9:30-11 am

Sunday: 10:00-11:30 am

DA Photos:

All official Department of the Army photos are suspended for 60 days or further notice. Once this suspension is lifted, appointments will become available through the Visual Information Ordering site at <https://vios.army.mil>.

Education Center:

Appointment only; testing limited to <= 10 personnel

Events Cancelled:

Commissary Sale
Spring Research Festival

Equal Employment Opportunity Office:

By appointment only

Food Services:

Carry out only in food service areas such as AAFES and Subway

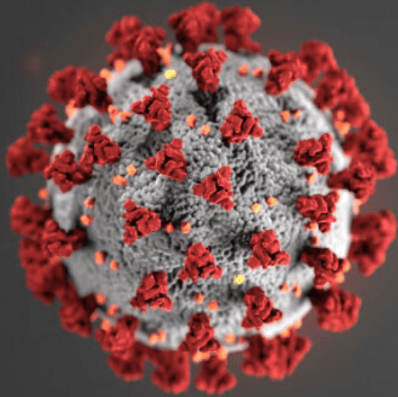
Garrison Housing Office:

Housing Services Office phone number: 301-619-3419/3224

Housing Services offered by appointment during COVID response.

Building 1520, Room 226

Hours of Operation: By Appointment
Barracks UPH info POC: Staff Duty 301-619-2096



CORONAVIRUS 2019 (COVID-19) UPDATES

Current Operations, Closures and Event Cancellations

Gates:

The guards are wearing gloves and masks, pedestals are in use at gates so that CAC Card holders can scan their own ID. Guards are there to assist if needed.

SJA:

Tax Center - Closed until further notice
Remote Legal Services available by calling 301-619-2221 to schedule a telephonic appointment.

Travel:

No travel to CDC level 3 areas and all TDY Cancelled

Tracking INCOMING Soldiers:

Report travelers OCONUS to BAHC

Cancelled Trainings:

TARP until further notice
SHARP cancelled until further notice
ASAP Personal Readiness cancelled until further notice
Local Hazards cancelled until further notice
Newcomers Orientation. April 15 orientation moved to May 20

ID CARD information

Beginning April 7, 2020 Army implemented the following changes to ID Cards and Accommodations through 30 September 2020:

CAC Card Certificate Update Instructions:

[Certificate Update Cardholder Guide \(Simple\)](#)
[Certificate Update Guide \(Detailed\)](#)

Enrollment, Update or Termination of Benefits Required Documents:

[COVID-19 Update on ID Cards and Benefits](#)

[Blank DD Form 1172-2](#)

Reinstatement of CAC Retention for Transferring Civilians:

[Signed Memo - CAC Retention for Transferring Civilians](#)

FAQs:

[CAC COVID19 FAQs](#)

Who to Contact:

[Who to Contact - Updating Card Certificates](#)

ID Card Information

a. Common Access Cards -

(1) CAC transactions shall be limited to initial issuance or reissuance of an expiring CAC within 30 days of expiration; CACs will not be reissued due to printed information changes (e.g., promotions, name changes).

(2) The policy memorandum allowing transferring DoD civilian employees to retain their CAC will be reissued.

b. Uniformed Services ID Cards -

(1) If the cardholder's affiliation is unchanged, USID cards which expired on or after January 1, 2020, are authorized for continued use through 30 September 2020.

(2) Termination of cardholder affiliation

with the Department or benefit eligibility shall be verified electronically prior to confiscating an expired USID card with an expiration date on or after January 1, 2020.

(3) Remote USID card renewals and reissuance shall be expanded.

(4) Remote family member enrollment/eligibility updates are authorized.

(5) Remote USID card initial issuance for first-time card issuance or replacement of a lost/stolen ID is authorized.

(6) All remotely-issued USID cards shall be issued with an expiration date not to exceed one year from the date of issuance.

(7) The minimum age for initial USID card issuance is increased from 10 to 14 years.

(8) Continued use of the Reserve USID card to obtain active duty benefits is authorized for mobilized Reserves and their eligible dependents.

(9) When available Service-specific procedures for remote enrollment and ID card issuance will be posted on <https://www.cac.mil/coronavirus>.

Please direct all questions to Military Personnel by calling 301-619-7311.

COVID-19 MINDFULNESS

BOOSTING YOUR CAPACITY UNDER STRESS

THE CHALLENGE

Workload intensity, change, and uncertainty during the COVID-19 pandemic can deplete cognitive and emotional resources, resulting in reduced performance and increased stress.

One technique proven to increase cognitive and emotional resources is Mindfulness.

Mindfulness is...

Mental training to focus attention on the present moment without elaboration or judgment

Mindfulness in the Military

Mindfulness has been trained and researched across the US military¹⁻⁴

Why use Mindfulness now?

The stress of the COVID-19 pandemic creates additional demands on our cognitive and emotional resources.

Mindfulness can help you to

- ✓ Recharge mentally and physically
- ✓ Enhance performance and decision making under stress

Mindfulness results in better

- Operational performance⁴
- Attention¹⁻³
- Mental Focus¹⁻³
- Emotion regulation^{3,5}
- Mood³
- Sleep⁵

Fundamental Mindfulness: Mindful Breathing



1. **Take** a moment to get comfortable
2. **Feel** free to close your eyes
3. **Settle** in and let go of any unnecessary tension in your body and mind
4. **Take** deep and slow breaths
5. **Focus** your attention on the inhale and exhale
6. **Notice** when your mind wanders to a thought, feeling, or sensation... then gently bring your attention back to the present moment
7. **Practice** this exercise for 2-3 minutes
8. Gently **bring** movement back into hands and feet, as you complete the practice and return to everyday life

Recommendations to get the most out of your practice

- Accept what comes up without judgment
- Be patient with yourself as your mind wanders
- Mind wandering is normal and expected – just bring your attention back to your breath
- Let go of trying to DO mindfulness
- Strike a balance between alertness and relaxation – some effort is needed to sustain attention, but too much can hinder your practice

Advanced Mindfulness: Open Monitoring



1. **Take** a moment to get comfortable, and feel free to close your eyes
2. **Settle** in by taking a few deep and slow breaths
3. On each exhale, **relax** more deeply, letting go of tension in the neck and shoulders
4. **Allow** your breathing to continue at its own natural pace
5. **Expand** awareness beyond your physical self to your surroundings
6. **Be aware** of sounds, smells, the touch of air on your skin, light through the eyelids
7. **Notice** when your mind wanders, then gently bring your attention back to awareness
8. **Feel** yourself to be unchanging and timeless—even as things come and go around you
9. **Practice** this exercise for 5-10 minutes
10. Gently **open** and **close** your eyes a few times as you complete the practice and return to everyday life

Additional Applications

Integrating Mindfulness into Every Day

- Take a couple of mindful breaths throughout the day to recharge mentally and physically
- Take a moment to monitor your inner and outer experience while walking from one place to another
- Accept what can't be controlled
- Pause and act with intention to difficult situations, rather than react in the moment

Using Mindfulness to Connect

- Focus on sending positive thoughts to yourself and teammates to foster empathy and build cohesion
- Visualize a place in nature or another place that promotes well-being, calm, safety, and stability – feel free to imagine family, friends, or pets that support you in this safe place

Frequently Asked Questions

Q: What does mindfulness involve?

A: Mindfulness typically consists of exercises that build capacity to focus attention on inner and outer experience.

Q: Do I need to practice for hours every day?

A: Not necessarily. Benefits have been found with as little as 12 minutes a day and can be practiced a few days a week.

Q. Do I have to sit cross-legged in a lotus position?

A: No, you can practice mindfulness in any position you want like walking, lying down, or sitting in a chair.

Q: When should I use mindfulness?

A: Mindfulness can be used when you want to manage stressful moments or restore attention and mental focus. It can also be used to build your capacity to operate under stress.

Try these Apps to practice mindfulness

Available on Apple and Google Play



Mindfulness Coach

Learn mindfulness skills to manage stress



Breath2Relax

Practice diaphragmatic breathing to reduce tension



Selected References:

¹Jha et al. (2015). Minds "at attention": Mindfulness training curbs attentional lapses in military cohorts. *PLoS one*, 10(2).
¹Zanesco et al. (2019). Mindfulness training as cognitive training in high-demand cohorts: An initial study in elite military service members. *Progress in brain research*, 244, 323-354.
¹Jha et al. (2010). Examining the protective effects of mindfulness training on working memory capacity and affective experience. *Emotion*, 10(1), 54.
¹Nassif et al. Mindfulness training and operational performance. Unpublished WRAIR Brief.
¹Hülshöger et al. (2015). A low-dose mindfulness intervention and recovery from work. *Journal of occupational and organizational psychology*, 88(3), 464-489.

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