

Fort Detrick and Local Leaders Gather for 9/11 Remembrance

By: Ramin A. Khalili, USAMRDC Public Affairs



United States Army Medical Research and Development Command and Fort Detrick Commander, Brig. Gen. Michael Talley delivers remarks during the "September 11 Tribute" ceremony at the Frederick City Hall on the morning of September 11, 2019.

Photo by: Ramin A. Khalili, USAMRDC Public Affairs

Just before delivering prepared remarks on the enduring significance of Sept. 11 to a room full of first responders and law enforcement officers, United States Army Medical Research and Development Command and Fort Detrick Commander, Brig. Gen. Michael Talley made a brief departure, inserting a quick – and personal – anecdote about his own connection to the day while a military university student in Fort Leavenworth, Kansas.

"We didn't have a lot of cell phones back in those days," said Talley, "but pretty soon after the news broke, all the students in my seminar were watching television, and we all saw the [World Trade Center] towers collapse."

Later, flashing forward to the impact of Sept. 11 on his ensuing combat deployment as part of Operation Iraqi Freedom, Talley said, "You better believe that during our huddles before each day's work over there, we were thinking about 9/11."

Talley's personal touch – coming during a speech at the September 11 Tribute ceremony at the Frederick City Hall in Frederick, Maryland – added even more emotional heft to a morning filled with somber awareness and quiet personal reflection. From the larger memorial events in New York City and Washington, D.C., to simpler events in smaller municipalities across the U.S., the ceremonies marking the 18-year anniversary of the terror attacks that killed nearly 3,000 people were notable for their focus on the enduring global impact of the day's events.

Additional speakers at the remembrance event in Frederick included County Executive Jan Gardner, who pointed to county-wide contributions to larger Sept. 11 emergency response efforts as point of local pride.

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Members of the Frederick County Sheriff's Office and the Fort Detrick Police Department bow their heads during the benediction delivered during the "September 11 Tribute" ceremony at the Frederick City Hall on the morning of September 11, 2019.

Photo by: Ramin A. Khalili, USAMRDC Public Affairs

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"Back then, the streets of Frederick were draped in red, white, and blue," said Gardner regarding the immediate aftermath of the terror attack. "Now, it is our duty to educate younger generations of Americans about what happened that day."

The ceremony concluded with a proclamation – signed by both city and county lawmakers, as well as Talley – marking Sept. 11, 2019 as Patriot Day in Frederick County.

For his part, Talley concluded his remarks on a note in praise of the U.S. military – in particular the men and women who have dedicated their lives to service following the events of Sept. 11.

"We now have our first generation of Soldiers, Sailors, and Marines who were born after that date," said Talley in closing. "Those who are enlisted now understand the stakes."

NDAA Implementation Starts Soon

The Soldier for Life - Transition Assistance Program is excited to announce changes coming to SFL-TAP that will be more beneficial to Soldiers.

The National Defense Authorization Act of 2019 outlines the changes.

They include a new self-assessment that will help determine the level of transition assistance each Soldier needs. Other changes include an updated curriculum for some of the classes and a requirement that Soldiers start the process of transitioning at least a year out. Technically, if a Soldiers starts 365 days out, they are late.

These changes will take effect October 1, 2019.

"This is the best thing that has happened for Army transition in 10 years," said Col. (R) Walter Herd, director of the Army-wide program.

In the future, more changes will be made to the curriculum and a new Pre-Separation briefing will be added.

"The Army has been advocating for these changes for a while in order to better prepare Soldiers for transition," Herd said. "Congress heard the Army, and now Soldiers are getting a transition plan that is more tailored to meet the specific needs of each individual Soldier, rather than the "one size fits all" program that's been the overall standard. The overarching theme of 'Go Early, Go Often' is still a key component of SFL-TAP"

Moving forward, Soldiers who are better prepared for the transition to the civilian sector will not have to spend as much time away from mission requirements and Soldiers who need more support can get the help and advice they specifically need.

SFL-TAP is excited to enact these changes and continue our mission to support Soldiers.



USAMRDC Soldiers Rise Up, Dig Deep for Shot at Best Medic Glory

By: Ramin A. Khalili, USAMRDC Public Affairs

Just minutes after securing one of the two top slots in the U.S. Army Medical Research and Development Command's annual Best Medic Competition, Sgt. Jeffrey Carter struck a tone that belied the grueling intensity of the contest he'd just completed.

"I don't want to turn this into a Hallmark card," said Carter, a medic by trade who's stationed at the U.S. Army Medical Research Institute of Infectious Diseases at Fort Detrick, "but just to be lumped in with this crew, with this bunch of competitors – that's an honor in itself."

Standing within earshot, Staff Sgt. Daniel Tumey – the competition's other winner – offered a more straightforward take on the pair's accomplishments.

"It was a tough challenge," he said. "It feels good to get the payoff."

And yet to focus solely on that payoff – a chance for both to vie for the Army-wide Best Medic title in a few weeks' time – would be to ignore the near super-human effort that put both men in the winner's circle. Over a period of three action-packed days – from Monday, August 26 to Wednesday, August 28 – Carter, Tumey, and four other Soldiers from across the USAMRDC participated in a series of fitness, readiness, and stress tests

designed to determine their medical care capacity in the most severe and austere environments.

"We're talking everything from timed runs to land navigation courses to trauma lanes," said Master Sgt. Todd Brenecki, one of the event's organizers. "And so the work these guys did over the past few days – this is how we have to be prepared to operate when we're deployed."

For the six participants, the simulation began before sunrise on the first day with the Army Combat Fitness Test on the rubberized track at Fort Detrick; an effort followed immediately by training at the Huntsinger Aquatics Center at nearby Hood College — all before traveling to Fort Indiantown Gap in Pennsylvania for an alternating series of ruck marches, firearms qualifications, land navigation efforts, and — sandwiched in between, somehow — a two-hour mass casualty drill. In all, Carter and Tumey estimate they were performing some type of medical maneuvers for 54 of the event's 72 total hours.

"Competitions like this are very important," said Fort Detrick Command Sgt. Maj. Timothy Sprunger while addressing the contestants at the event's closing ceremony at the Fort Detrick Auditorium. "Still, I don't think when you guys signed up for this event that you expected to get what you got."

For Carter, a previous Best Medic Competition winner, the

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Staff Sgt. Daniel Tumey and Sgt. Jeffrey Carter, winners of the USAMRDC 2019 Best Medic Competition, during the event's closing ceremony at Fort Detrick on Thursday August 29, 2019.

Photo by: Erin Bolling, USAMRDC Public Affairs

event was a fair reflection of some of the more visceral realities of Army medical care.

"I was stationed in a far forward area when I was deployed," said Carter. "It was just me and one other person most times, so I'm familiar with providing aid in those types of situations with minimal support."

Though he has not previously been deployed, Tumey – who is currently stationed at the U.S. Army Aeromedical Research Laboratory at Fort Rucker, in Alabama – likewise trusts the event's immersive nature will ultimately serve him well.

"The expeditionary field care was the toughest part," said Tumey. "We were dragging 250 pounds and we really didn't know where we were – but I get it, I understand it." For both winners, the next step is a trip to Joint Base Lewis-McChord near Tacoma, Washington, for the aforementioned 2019 Command Sgt. Maj. Jack L. Clark, Jr. Army Best Medic Competition in late September – an event which promises more of the same physical and mental challenges, though on a much larger scale.

As for Carter and Tumey, they'll hatch a plan of attack for their next test soon ... right after a shower, a meal, and some much needed sleep.

"Everything we did here was, honestly, a great time," said Carter. "But up there I'm expecting a whole lot more – harder conditions and tougher competitors."

U.S. Army Medical Research and Development Command 2019 "Best Medic Competition" Competitors

Sgt. Andres Rochaguzman— Walter Reed Army Institute of Research
Sgt. Jeffrey Carter— U.S. Army Medical Research Institute of Infectious Diseases
Staff Sgt. Mykola Usatenko— U.S. Army Medical Research Institute of Infectious Diseases
Sgt. Brian McCoy—U.S. Army Institute of Surgical Research
Staff Sgt. Daniel Tumey—U.S. Army Aeromedical Research Laboratory
Sgt. 1st Class Wayne Irion—U.S. Army Aeromedical Research Laboratory



2019 CFC Kickoff Let's Show Some Love, Fort Detrick!



It's time to Show Some Love! This year's Chesapeake Bay Area Combined Federal Campaign officially began Monday, September 23, and you are invited to join the hundreds of thousands in the federal community who pledge through the CFC year after year.

Not sure what the CFC is or how it works? One of the largest and most successful employee fundraising campaigns in the world, the CFC is the official workplace giving opportunity for the federal government. The mission of the campaign is to promote and support philanthropy through a program that is employee-focused, cost-efficient, and effective in providing federal employees the opportunity to improve the quality of life for all.

If you're still looking for a reason to participate, Kristen Bastis of the Advisory Council on Historic Preservation said it best: "[The CFC is] powerful. As a member of a larger community of federal workers, we can make a vital difference to the causes we support."

Whether this is your first experience with the CFC or your 10th, it's helpful to know your giving options. You can contribute financially to one or more charities of your choice through payroll deduction, credit card, and e-check. You can even pledge volunteer hours!

So, start thinking about the causes you want to support and how much you can give to help those in need. Check out the <u>list of participating charities</u> at cfcgiving.opm.gov to find those with programs that support your chosen causes. However you choose to give, every little bit makes a difference for those in need.

If you have questions on the importance of the program or the process please contact the Fort Detrick CFC Chair, Nicole Schwab directly at (301) 619-2209.

Army Activates New Medical Logistics Command

By: C. J. Lovelace, AMLC Public Affairs

Every great Army commander makes sacrifices.

They are responsible.

They lead.

That was the message of Gen. Gus Perna, who said he sees those qualities and many others in Col. Michael B. Lalor – all of which make him the ideal choice to serve as the first commander of the Army Medical Logistics Command, ceremoniously activated Sept. 17.

"Command is a privilege. It is one that is earned to receive and one that is earned to keep," said Perna, the Army's senior logistician and commanding general of Army Materiel Command. "I am proud to say that Col. Mike Lalor has what it takes to command."

On a historic day for the AMLC, Perna shared messages of appreciation to leadership and underscored Lalor's exemplary record in welcoming the AMC's new major subordinate command during an activation ceremony at Fort Detrick located in Frederick, Maryland.

Just before Perna's remarks, Lalor joined the four-star general to uncase the Army field flag, representing the AMLC as a new organization. Immediately after the uncasing, Lalor assumed command of the AMLC through the ceremonial passing of the flag.

"It is my great honor to join your team and to serve as your commander," Lalor told the many people in attendance for the ceremony, including members of his family and distinguished guests. "You are ready and we are officially on the clock."

Headquartered at Fort Detrick, the AMLC was provisionally activated on June 1, as part of a restructuring to become the Army's primary medical logistics and sustainment command, responsible for managing the global supply chain and medical material readiness across the total force.

The AMLC has three direct reporting units, including the U.S. Army Medical Materiel Agency, the U.S. Army Medical Materiel Center-Europe and the U.S. Army Medical Materiel Center-Korea.

Looking out across the auditorium, Perna was quick to credit Col. Timothy D. Walsh, Sgt. Maj. Corey A. Lord and others who served in dual-hatted roles between AMLC and USAMMA during the command's formation process.

"The effort of this community – this team – has been exceptional," Perna said. "And it has been ... a seamless transition."

Distinguished guests included Assistant Secretary Of Defense for Sustainment Robert McMahon and Principal Deputy Assistant Secretary Of Defense for Sustainment Peter Potochney, as well as representatives from various elected officials and leaders from AMC and the U.S. Army Medical Research and Development Command.

Lalor comes to the AMLC after serving as the military assistant to the assistant secretary of defense for sustainment in Washington, D.C. Before that, he served as commander of the 1st Armored Division Sustainment Brigade at Fort Bliss, Texas.

Lalor said he is thankful for his family and the opportunity to lead the new command, but also to join a new Army family in the AMC. He, too, expressed appreciation to Walsh and the AMLC team for their work to get the organization to this point.

The medical logistics community has done, "invaluable work for generations, especially over the past 18 years in Iraq and Afghanistan," Lalor said.

He pledged to continue building on the Army's logistics processes and capabilities to prepare and maintain readiness for future challenges on new battlefields.

"This AMLC team is ready to attack our mission," Lalor said. "... Both now and in the future, we will be called to deliver, to execute, and we are ready to go."



The Army's senior logistician GEN Gus Perna (right), Commanding General of the U.S. Army Materiel Command, uncases the Army field flag with Col. Michael Lalor (left) and Sgt. Major. Corey Lord (middle) during an activation and assumption of command ceremony for the U.S. Army Medical Logistics Command Sept. 17, 2019, at Fort Detrick, Maryland.

Photo by: Ellen Crown, AMLC Public Affairs

Employee Spotlight



Fort Detrick Police Captains Roy Parker and Philip Stokes pin the new rank of Lieutenant on Eric Cannon during a promotion ceremony on Sept. 5, 2019. Lt. Cannon is part of the police team at Forest Glen Annex in Silver Spring, Maryland.

Complimentary Photo

Fort Detrick U.S. Army Garrison Commander, Col. Dexter C. Nunnally presents Valerie Wright with a Commanders Award for Civilian Service Award on Sept. 5, 2019. After many years of serving as the Garrison Records Manager and Freedom of Information Act Officer, Wright leaves Fort Detrick as she takes on a new role at Fort Wainright, Alaska.

Complimentary Photo



Drinking Water Quality Report Available For Viewing

In a recent Military Times article, Fort Detrick is included in a list of Army installations where contaminants were at one time found in ground water. This most recent list adds additional installations and is not current for Fort Detrick. The list provides dates where samples were taken from water drawn from the Monocacy River and the level of polyfluoroalkyl substances detected. The PFAS detected are from an upstream source unrelated to Fort Detrick. Initial samplings for Fort Detrick were taken in 2016.

Fort Detrick is committed to providing our customers with safe and reliable drinking water. Testing of our drinking water has consistently shown that the water provided to Fort Detrick customers meets or exceeds Environmental Protection Agency and Maryland Department of the Environment standards for quality. Per and polyfluoroalkyl substances are a group of man-made chemicals that includes Perfluorooctanoic acid, Perfluorooctane sulfonate, and many other chemicals. The Fort Detrick drinking water has been tested for PFOS and all results were well below EPA life health advisory levels of 70 parts per trillion.

Fort Detrick has entered into a long-term agreement with Frederick County to purchase drinking water for use at the Installation. Beginning on September 20, 2012, Fort Detrick began obtaining supplemental drinking water from Frederick County sources. This Drinking Water Quality Report details the quality of water produced at the Fort Detrick WTP (Public Water System ID MD010-0011). The quality of the drinking water produced and distributed by Frederick County is documented in Frederick County's Annual Water Quality Report, which is available by clicking on the New Design link at the following location:

www.frederickcountymd.gov/DocumentCenter/View/318286/CCR-2018---New-Design

Drinking Water Quality Reports back to 1998 can be found on the Installation extranet at:

https://installation.detrick.army.mil/reports/

USAMRIID Officer Retires After 30 Years of Military Service

By: Caree Vander Linden, USAMRIID Public Affairs

Fort Detrick bade farewell to one of its most beloved officers, Col. Carl I. Shaia, during a ceremony and reception at Nallin Pond Sept. 4.

Shaia, who served as director of administration for the U.S. Army Medical Research Institute of Infectious Diseases for the past two years, paid tribute to many of the people who shaped his career, which began in 1987 when he joined the Marine Reserves with a high school buddy at the age of 17.

"This is really our story, and I couldn't have gotten here without many of you," he said.

Raised on a small ranch in Billings, Montana, Shaia earned a B.S. in Animal Science from Montana State University and went to veterinary school at Kansas State University in 1994. He joked that he'd missed being around troops after his time in the Marines, so the decision to join the Army Veterinary Corps was a "no brainer."

"I raised my right hand with the expectation that I would knock out a stint in the Army and go home to Montana to work on cows and horses," he added. "That was 22 years ago."

He began his Army career as chief of the Barksdale Air Force Base Veterinary Treatment Facility in Bossier City, Louisiana, from 1998-2000. He and his family spent the next four years in Germany, where they made lifelong friends in Bavaria and had what he called "the most fun period" of his military service.

Later, Shaia deployed with the 21st Medical Detachment (Veterinary Services) in support of Operation Iraqi Freedom. In 2004, he began his residency program at the Armed Forces Institute of Pathology, which he described as "a mental version of Ranger School." Upon completion of that program, he spent four years at USAMRIID living out his dream of working in Biosafety Level 3 and Level 4 laboratories, providing pathology support to the research

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and development of medical countermeasures to protect U.S. service members.

In 2011 he was selected to head the Education Division at the Department of Defense Veterinary Pathology Residency Program at the Joint Pathology Center in Silver Spring, Maryland. According to Shaia, that role—which blended his diagnostic pathology expertise with leadership training—prepared him for the one assignment he couldn't leave the Army without completing: serving as commander of the 43D Medical Detachment (Veterinary Service Support) at Fort Hood, Texas.

Col. E. Darrin Cox, commander of USAMRIID, shared a lies in the conversation he'd had with Shaia about his most treasured victory." memories of military service.

"In the Army, when someone asks us about our favorite assignment, we always say it's the current one," said Cox. "But in Carl's case, he had two. He enjoyed coming to USAMRIID and spending some time in the lab, and then being able to come back as the director of administration years later. The other thing he shared with me was his great love for the troops, as evidenced by how he spoke about his time as commander of the 43D. I'm convinced he made an indelible mark on those Soldiers."

The 43D is a deployable unit that directly supports warfighting Soldiers and Marines to provide medical care to Military Working Dogs and to ensure the safety of troop food supplies. Under Shaia's command from 2014-2016, the 43D deployed to Kuwait in support of Operation Enduring Freedom and Operation Inherent Resolve. Following redeployment, the 43D MDVSS trained and assumed the Disaster CBRNE Response Force mission.

"If there ever was a calling for me, I felt that this was it," Shaia commented. "I couldn't leave the Army without serving in this capacity."

The position also came with personal sacrifice, as he left his wife and children in Maryland for two years and became a "geographic bachelor" in Texas and later Kuwait.

Nonetheless, he made it clear the experience allowed him to serve alongside some of the finest Soldiers he had ever met, including Command Sgt. Maj. Darryl D. Bogan.

Bogan, now the Senior Enlisted Advisor for U.S. Army Public Health Command-Central, was NCO of the 43D during Shaia's tenure. He and several others from the unit were present for the retirement ceremony and spoke movingly of Shaia's impact on others.

"Many of America's sons and daughters are better because of your leadership," said Bogan. Then, reading a quote from Mahatma Gandhi, Bogan said, "Satisfaction lies in the effort, not in the attainment; full effort is full victory."

"That's Col. Shaia in a nutshell," said Bogan, capping his remarks. "It's not the achievements that we appreciate, it's the effort you gave to our family of Soldiers."

Prior to taking command, Shaia said, he attended a workshop on leadership where participants were asked to identify their four core characteristics—the point being that knowing your true nature gives you valuable insights to draw upon in challenging times. His four were family, fitness, optimism and service.

On the family front, Shaia and his wife Haylee have been married for 28 years and have raised three children. Genna, 24, lives in Austin, Texas; Jared, 22, resides in Montana; and Jacob, 20, is a U.S. Marine who was very pleased to be on hand for his dad's retirement ceremony. Shaia and his wife are permanently relocating to Montana after making Maryland their home for the past 15 years.

With regard to fitness, Shaia's commitment to daily PT is legendary, and he has completed several marathons and ultra-marathons. He even has a favorite saying: "Fitness isn't owned, it's rented—and the rent is due every day."

And his sense of optimism is contagious, even in the face of adversity, as his USAMRIID colleagues can readily attest.

Finally, with regard to service, Shaia said, "I've been told there are two types of leaders: those who demand to be served by those they lead, and those who live to serve the people they lead. I hope that, above all else, the latter is the type of leader I've been for many of you."

He closed with a quote from actor Jack Lemmon, who likened his career to riding an elevator all the way to the top, saying, "No matter how successful you get, always send the elevator back down."

Added Shaia, "This is me—getting out of the way for the next generation of Officers to follow."



USAMRIID Commander Col. E. Darrin Cox (L) presents Col. Carl I. Shaia with an American flag flown in his honor during a retirement ceremony Sept. 4, 2019 at Fort Detrick.

Photo credit: William Discher, USAMRIID VIO

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Army Medical Communication System Reaches Milestone, Fielding on the Horizon

By: Ashley Force, USAMMDA Public Affairs

Two years ago, a lifesaving medical communication device was only an idea exchanged off-hours on a napkin. Now, the Medical Hands-free Unified Broadcast, or MEDHUB, system has completed its latest round of user testing to assess functionality in an operational-relevant environment. Initiated in 2013, the Transport Telemedicine Systems program focuses on bidirectional communications, also known as telementoring. In January 2017, an After Action Review was conducted with the Aero-Medical Evacuation user community. The results: due to the noise and vibrations, telementoring would be difficult in an operational environment. In addition, review of the battlefield communication platforms showed there was not sufficient bandwidth for telementoring.

Following this AAR, Jay Wang, product manager for the U.S. Army Medical Materiel Development Activity's Warfighter Health, Performance and Evacuation Project Management Office, established the MEDHUB concept. The MEDHUB system provides situational awareness of evacuation patients to improve readiness of deployed hospitals and reduces medic burden, while leveraging the minute Department of Defense tactical bandwidth available. Together with the help of his team of engineers, acquisition professionals and industry partners, the program underwent a new acquisition strategy, which

allowed rapid prototyping that accelerated the schedule. Having completed independent operational assessment at Fort Bragg, North Carolina, with the 44th Medical Brigade in a Field Training Exercise, MEDHUB has reached Technology Readiness Level 8 within 24 months, and is one-step closer to saving lives.

"Studies have shown there's poor verbal and written communication when handing patients off between medical providers in a life and death situation. Not because they're bad at documenting or communicating, it's because their priority is performing lifesaving interventions," said Wang.

In a standard Army ambulance, one medic may treat up to six patients. MEDHUB uses U.S. Food and Drug Administration-approved medical devices integrated with an Android tablet and the existing DOD tactical satellite network to transmit patient information to the receiving hospital. MEDHUB relays that information as soon as patients are on the medical evacuation vehicle, increasing communication and providing enhanced situational awareness by allowing the deployed hospitals to see near-real-time patient status.

Without MEDHUB, deployed hospitals typically receive patient information from the MEDEVAC vehicle in the form of a radio call five minutes before

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U.S. Army medics with the 44th Medical Brigade carry a Soldier who sustained mock injuries into a field hospital during Operational Testing in Fort Bragg, North Carolina.

Photo by Ashley Force, USAMMDA Public Affairs.



Test participants with the 44th Medical Brigade take part in the new device training session during Operational Testing in Fort Bragg, North Carolina.

Photo by Ashley Force, USAMMDA Public Affairs

the patients arrive. Conversely, when utilizing MEDHUB, medics complete a Tactical Combat Casualty Care card faster and with two times the accuracy compared to pen and paper.

Before deploying MEDHUB in the hands of Soldiers, MEDHUB must be tested for suitability and effectiveness in an operationally relevant environment. During the independent operational assessment, MEDHUB was evaluated during patient transport in ground and air ambulances, from the point-of-injury to the deployed hospital.

The 44th Medical Brigade provided test participants, some playing the role as medic, others as injured Soldiers, and it also provided ground ambulances and two hospitals. The Iowa National Guard provided two Blackhawk air ambulances and flight crews. A total of 10 scenarios were completed with over 40 Soldiers.

The only communication the MEDHUB team had with test participants was during the initial new device training session, which only lasted four hours. This ensured the best possible product would be fielded, because the Soldiers are responsible for operating MEDHUB without assistance from the product manager or trainers.

"The Soldiers either make it or break it on their own. The scenarios are as realistic as possible because our engineers will not be there with the Soldier if MEDHUB breaks out in the field," said Wang. "Through realistic simulations, we can identify the best parts of the system and the worst parts, and fix it before it gets to the field."

The U.S. Army Medical Department Test Board from San Antonio independently evaluated the system during independent operational assessment. Its role was to gather data while objectively monitoring everything from how the medics used the tablets, to the performance of the vital sign monitors and the transmission of MEDHUB data to the receiving hospitals.

"During data collection, we were not focused on the patient care or user skill level; instead, we documented their execution of what they were trained on regarding the system under test. Our goal was to collect as much data and get as much Soldier feedback as we possibly could so that we have a strong report," said David Lee, AMEDD's primary test officer from the Test Board.

The Medical Evacuation Proponency Division, which is the requirements office, observed the MEDHUB test. As a capability developer, this group ensures MEDHUB meets the Army's need for an automated solution for improved deployed hospital's patient situational awareness and improved patient documentation.

"I think MEDHUB is a technology worth a hard look. It has proven that a medical device can communicate with other medical devices, and it can utilize a military network to transmit information. Those are key pieces," said George Hildebrandt, retired flight medic and MEPD analyst.

On the second test day, key leaders observed MEDHUB in action and were truly impressed with the product's capabilities.

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Pictured are some key players who were involved in the development of the MEDHUB system, including members of the U.S. Army Medical Materiel Development Activity's Warfighter Health, Performance and Evacuation Project Management Office (formerly Medical Support Systems and Evacuation), the Aviation & Missile Research Development Engineering Command, and the Sierra Nevada Corporation.

Pictured from left to right:
Front: Alexandra Cholewczynski (USAMMDA), Emily
Krohn (USAMMDA), Jay Wang (USAMMDA), Jan
Cooke (SNC), Mike Moore (AMRDEC)
Back: Cory Anderson (AMRDEC), Duston Thompson
(SNC), JT McNeil (USAMMDA), Spencer Brooks
(USAMMDA), Captain Gerrod Gomez (USAMMDA), and
Torrence Moore (USAMMDA)

Photo by Ashley Force, USAMMDA Public Affairs.

"This collaborative effort is critical to making these tests successful. It's really important to get that real user feedback during user testing because we really just want to make sure the system works for the Warfighter," said Army Col. Ryan Bailey, former USAMMDA commander.

"Data collected from the MEDHUB testing will ultimately determine its future fielding and use on the modern battlefield," said Army Col. Kimberlee Aiello, 44th Medical Brigade commander. "The technology it delivers has proven to be beneficial in its function to provide critical patient information in a timely and accurate manner."

Over the last two years, the MEDHUB team has reduced the logistical burden and maximized the fielded capabilities. One improvement is the ability to replace sensors rapidly. If a sensor breaks, a new sensor can easily be paired to the tablet — as easily as pairing your cell phone to your home speaker, thus increasing the operational availability of MEDHUB.

In addition, the MEDHUB team has continued to add medical capabilities to the system, such as the MEDHUB's Drug Rack, or DOSE, which stands for Drug Optimal Safety Equipment. DOSE existed as a prototype since 2018 and was tested for the first time during MEDHUB's testing in an operational environment. The medic, through use of the tablet, will select the medication, and DOSE will illuminate the corresponding drug to reduce medication errors.

The device controls the access to drugs and tracks the use of narcotics, thus increasing the safety of the patient and provider. This product ensures the provision of the right drug, dosage and amount to the right patient, preventing life-threatening medication errors.

Developing the MEDHUB program this far has required monumental efforts from the U.S. Army Medical Research and Development Command; USAMMDA; the U.S. Army Medical Materiel Agency; U.S. Army Combat Capabilities Development Command - Aviation and Missile Center; Program Executive Office Soldier; PEO Aviation; PEO Command, Control, Communications – Tactical; and Sierra Nevada Corporation.

"We are so fortunate to have gotten to where we are over the last two years. I cannot wait to field MEDHUB and help save our Warfighters' lives," said Wang.

The Operational Evaluation Report from this test will be used to influence final product design decisions and system fixes to be implemented. It will also be used to request the Milestone Decision Authority for permission to procure and deploy MEDHUB. Reaching Milestone C would mean the system would be ready for Low Rate Initial Production and an Initial Operational Test & Evaluation, which is the next step for MEDHUB. A small step taken now leads to a giant leap in lifesaving capability for the Warfighter.



U.S. Army Soldiers with the 44th Medical Brigade use a MEDHUB Android tablet during an Operational Test training exercise in Fort Bragg, North Carolina.

New Changes to ACFT Being Rolled Out to Impact All Soldiers

By: Thomas Brading, Army News Service

Major changes are coming to the Army Combat Fitness Test, officials announced Sept. 27, with changes that will affect every Soldier.

The changes, locked in for fiscal year 2020, include the official testing standards for all Soldiers, each one tailored to an individual's military occupational specialty. Also, all Initial Military Training (Officers and Enlisted) will take the ACFT as a graduation requirement, and the arm-extension pushup will replace the hand-release pushup.

The ACFT is expected to be the standard fitness test for all Soldiers by October 2020.

The latest adjustments come on the heels of the Army's initial message that the age- and gender-neutral ACFT will replace the nearly 40-year-old Army Physical Fitness Test, or APFT. Since then, Army officials have assessed ACFT standards, making tweaks and changes as needed, to ensure the fitness test precisely targets readiness and combat-related skills for a new era of Soldiers.

However, one thing that remains is the emphasis on physical fitness leading to combat readiness.

"Physical fitness is fundamental to sustained Army readiness," Sgt. Maj. of the Army Michael A. Grinston said. "We must have highly trained, disciplined and physically fit Soldiers capable of winning on any battlefield. The ACFT, specifically linked to common warfighting tasks, will help us assess and improve the individual readiness of the force."

In the beginning, Army leaders based their standards on "scientific data, and the need to revolutionize the culture of fitness in our force," said Maj. Gen. Lonnie Hibbard, commander of the U.S. Army Center for Initial Military Training. Now, as new data becomes available, the Army is "looking at ways to refine how scores meet what Soldiers are accomplishing in the field."

The new changes are part of a two-part decision-making process based on science and results, said Dr. Whitfield East, EdD, Research Physiologist for CIMT.

Specific battalions were selected to provide a sample from across the Army, with Soldiers from nearly every MOS, who represented the Active Duty, National Guard, and Army Reserve components, Hibbard added.

In fiscal year 2019, data was compiled from 63 battalions, or roughly 17,000 Soldiers, who took the ACFT during its initial implementation phase. That information was then evaluated for the changes that will be carried out next year.

Continued on page 14



Major changes are coming to the Army Combat Fitness Test, officials announced Sept. 27, 2019. The latest adjustments come on the heels of the Army's initial message that the age- and gender-neutral ACFT will replace the nearly 40-year-old Army Physical Fitness Test, or APFT. Since then, Army officials have assessed ACFT standards, making tweaks and changes as needed, to ensure the fitness test precisely targets readiness and combat-related skills for a new era of Soldiers. Photo Credit: Kevin Fleming

PHASE TWO OF IMPLEMENTATION

all Soldiers are scheduled to complete the modernized fitness test. However, according to officials, they will not be held to any of the standards during the service-wide diagnostic testing phase.

"The diagnostic test gives leaders a chance to make even more informed decisions," Hibbard said.

Although the new ACFT standards are "locked in for next year," Megan Reed, spokeswoman for CIMT said, they "are viewed as a living document, and are subsequent to change after the larger and more diverse phase of training" in fiscal 2020.

The larger service-wide test consists of every Soldier, with active -duty members taking the test as a diagnostic twice, six-months apart, and Reserve and National Guard Soldiers scheduled to complete the diagnostic test once.

The strategy, Maj. Gen. Hibbard said, will expose Soldiers to the ACFT, help them strategize the best way to train themselves, and give the Army a wider demographic of data for decisions in fiscal year 2021.

"We've compiled good empirical research on what's required to do high physically demanding, common Soldier tasks," East said, regarding last year's field test. "When you look at the six events (of the ACFT), they cover major components of fitness: muscular strength, muscular endurance, explosive power, and a lot are anaerobic power or anaerobic endurance."

Next year, Soldiers in Basic Combat Training, Advanced Individual Training, One Station Unit Training, Warrant Officer Basic Course and the Basic Officer Leader's Course, will take the ACFT as a graduation requirement. Doing so allows IMT Soldiers to "train realistically and develop physically in the earliest phase in their career," Hibbard said. "This sets them up for success."

This game plan optimizes readiness, by placing an "ACFT-trained Soldier" at their first duty assignment, Hibbard added, where they'll be able to promote readiness among their fellow Soldiers.

One of the major changes is the arm extension pushup. To complete the exercise, Soldiers start chest down and do a traditional pushup. Then, while back in the down position, they will move their arms outward, followed by going in to do another pushup. Soldiers will repeat as many times as possible, enabling additional upper-body muscles to be used.

Along the same lines of the hand-release pushup, the arm extension pushup tests muscular strength and shoulder endurance, Hibbard said.

"We found it very difficult to grade the hand-lift (pushup) due to As the ACFT nears its second phase of implementation on Oct. 1, a myriad of factors, including shoulder mobility," East said, adding, "Instead of lifting their hands, Soldiers hyperextended their lower backs and lifted their chests off the ground, and then never got back to the start position."

> Changing pushup events is also a willful effort to help the noncommissioned officers, who will be administering the tests in the field, Hibbard said.

> "The test has to be implemented across the Army, and graded by our Level 1 Certified Graders," said Hibbard, adding that during initial testing, the hand-release pushup provided too much ambiguity to the grading process.

With the arm extension pushup, Soldiers taking the test "extend their hands all the way out" and eliminate any uncertainty to grading, Hibbard said. "Especially at 5:30 in the morning when they're trying to figure out if (a Soldier's) hands actually come off the grass 4 inches or not."

Another factor for substituting the hand-release component was to help "establish a cadence and reduce the number of repetitions," East said.

HOLISTIC HEALTH AND FITNESS

Although the ACFT tests Soldiers physical fitness, being physically active is only one aspect of training for the test, officials said. In fact, the ACFT is just one part of the Army's Holistic Health and Fitness system (H2F) that empowers the force to be strong, well-rounded Soldiers: mentally, spiritually, and physically.

The non-physical elements of H2F are vital for Soldiers to succeed on the ACFT, Hibbard said. These components include sleep- and nutritional-readiness, as well as spiritual- and mentalreadiness. They all work together into a single, comprehensive health system.

On the physical side, the ACFT will determine a Soldier's fitness level through high-intensity repetitions.

By reducing the number of repetitions, Soldiers reduce the potential for injury, East said, and the ACFT prompts a 40-50% reduction of repetitions versus the APFT.

"Each repetition requires a greater force to push a greater resistance," East said. "That means we're able to get the same work volume with fewer repetitions."

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ACFT continued from page 14

For instance, he said, "Soldiers could run 10 miles at a 10-minute pace, or they could run 2 miles at a 6-minute pace" and save strain on "their knees, hips, and everything else for 8 miles."

The ACFT is a part of an overall modernization focus on nearpeer competition by measuring explosive power and speed, while also focusing on events such as dynamic balance, flexibility, and agility -- things the current test "got away from," East said.

The science behind the ACFT is a systematic study to imitate real-life scenarios, but it also helps prevent injuries, he added.

"Overuse injuries have been a tremendous problem in the Army, with a significant number attributed to musculoskeletal injuries," East said. "As we increase strength, and reduce the number of repetitions (with the ACFT), we should see some concomitant decrease in injuries."

For this reason, Army leaders have accounted for these types of injuries.

Moving forward, "we need to train the Army, not only how to take the test, but also how to train for the test," said Hibbard, adding that it's important for Soldiers to train with and without equipment.

"When Soldiers do physical training, they tend to focus on what's on their test," Hibbard said, adding that the ACFT will change how Soldiers PT, emphasizing the importance of flexibility, mobility, agility, and core strength.

How Soldiers train for the ACFT will impact how well they'll do, Grinston said.

"I would encourage all Soldiers across each component to begin training for the ACFT now -- if you aren't already," Grinston said.

"We have already released an ACFT training guide with exercises from Field Manual 7-22 to help Soldiers successfully prepare for the test with or without equipment."

To decide test scores, every MOS in the Army will be given a color code -- either gold, gray, or black -- to correlate with the frequency of the high physical demands within their respective careers. The three categories will then determine ACFT passing scores, regardless of age or gender.

The standards, broken into color-coded categories is similar to the Army's Occupational Physical Assessment Test, or OPAT, which is administered to all recruits to assess their fitness for various careers, with black typically reserved for combat arms careers.

Based on feedback received from Soldiers, Hibbard said Soldiers are "excited" about the ACFT, because every Soldier in their career field will compete along the same standard, adding "that standard is what is necessary for them to be successful in their occupational specialty."

By Oct. 1, Maj. Gen. Hibbard, who is responsible for transforming more than 130,000 civilians into Soldiers annually, is preparing to produce Soldiers who can pass the ACFT at the minimal gold standard right out of Basic Combat Training.

"As units in the field begin transitioning to the ACFT, Soldiers arriving can already pass and are grounded in the fundamentals of the test," Hibbard said.

"Like our new chief of staff (Gen. James C. McConville) said, the Army's greatest asset is its people," he added. "As we look at how we're implementing holistic health and the (ACFT), it's about training and educating our Army's newest Soldiers, so they're ready for the demands that are going to be placed on them."



Final Flight for Military Aircraft

By: USAG Public Affairs

An early model C-130 aircraft calls Fort Detrick home as it takes its final flight Sept. 5, 2019, into Frederick Municipal Airport.

The aircraft will be disassembled at the Frederick Municipal Airport before it will be transported through the City of Frederick to its final home, Fort Detrick. The airframe will then be parked on the Air Force Medical Evaluation Support Activity test site on Area B and reassembled to become a test platform for medical equipment evaluation for en route care.

C-130 aircraft are used for cargo and troop movement but can also be used as an aeromedical evacuation or patient transport.

"The importance of operational testing of medical devices and equipment is vital to the operational medical mission.

Having devices fail during field operations has the potential to cause harm to patients. This C-130 platform will allow the capability to make observations in the way a device supports the mission of en route care and evaluate the effectiveness and suitability of that device - not only in the aircraft, but also as ground transportation is used to move the "patient" from the point of injury, to the deployed hospital, and then to the aircraft. It is so important to ensure our medics have equipment that works in all en route care settings. Now, with this new testing platform we have the ability to conduct testing scenarios that incorporate the majority of en route care settings," said Lt. Col Brandi Ritter, chief, Air Force Medical Evaluation Support Activity.

A ribbon ceremony is being planned for late fall 2019 once the test platform is operational.



An early model C-130 aircraft calls Fort Detrick home as it takes its final flight Sept. 5, 2019 into Frederick Municipal Airport.

Photos by Jenni Benson, USAG Public Affairs

Security is a Team Effort: Remember These Tips

Workspace Security

It is important to be aware of security in and around your workspace.

Please ensure that:

- Laptops are physically locked.
- IDs and badges are with you at all times. Do not leave your badge in a key-board or laptop.
- Computer screens are locked every time you leave.
- Personally Identifiable Information is safeguarded appropriately.
- For Official Use Only materials are locked when unattended.
- All notes, draft documents, electronic media, and any other materials containing sensitive information are properly secured.
- All documents are properly marked.
- Sensitive attachments in emails are password protected.
- Sensitive information is not left unattended in the recipient's work space. Sensitive
 documents are not placed in accessible recycle or trash bins. You're conscious of your
 surroundings when discussing sensitive information. Protect verbal communication with
 the same heightened awareness that you would apply to sensitive information on paper
 or email.
- You don't leave sensitive information unattended on local printers, copy ma-chines, or fax machines.
- You don't allow piggybacking when you don't know the person entering a secure area behind you.
- You always remove your PIV card before exiting the building.

Here's How 3 Million More People Will Get Military Shopping Benefits

By: Army Times

As about 3 million more people will soon be eligible to shop at military stores, officials are working to make sure these new customers will have access to bases, and that the shelves will be stocked.

Starting Jan. 1, 2020, all service-connected disabled veterans, Purple Heart recipients, former prisoners of war and primary veteran caregivers will be eligible to shop at commissaries and exchanges, and officials from three federal agencies are preparing the way.

The newly eligible customers will also be able to use certain morale, welfare and recreation activities.

It's the largest patronage expansion in more than 60 years, said Virginia Penrod, principal deputy assistant secretary of defense for manpower and reserve affairs, who spoke at a recent meeting of the American Logistics Association.

The departments of Defense, Veterans Affairs, and Homeland Security have been planning for the expansion for more than six months, with four teams totaling about 70 people. Among other things, they've decided how the new customers will get access to military installations and to the stores; assessed the impact on the stores, and have been making plans to ensure enough products get to the shelves in the right assortment.

The fiscal 2019 National Defense Authorization Act expanded the pool of eligible shoppers. Because the expansion also applies to Coast Guard facilities, the Department of Homeland Security has been involved.

The law also included Medal of Honor recipients, but they already had shopping privileges. Previously, veterans with 100 percent service-connected disabilities were able to shop; now all with service-connected disabilities can shop. The benefit extends to MWR programs that are "revenue-generating facilities," according to the law.

The expansion is about a 50 percent increase in customers. Currently, about 6 million total households are eligible for the benefit; this adds 3 million, said Justin Hall, director of the DOD office of MWR and Resale Policy. "That's a huge lift across the entire system." he said.

Officials have been mapping out the areas, using VA statistics, where there may be more of an impact on the stores. The impact assessments generally show there will be a low to moderate impact on military stores overall, said Penrod. But she called on representatives of industry for their help to make sure the supply chain "remains responsive to the increased sales volume to ensure no out of stock situations occur" at stores in

states with high populations of disabled veterans and in states with higher cost of living.

States with a higher population density of disabled veterans are Florida, Texas and California, said Barry Patrick, in the DOD office of resale policy. High cost areas were identified as Hawaii; Alaska, California; the Washington metropolitan area; New York; New Jersey and Washington state, he said.

These new shoppers generally don't have access to military bases. Officials have decided the best form of identification for these groups:

Disabled and other eligible veterans: For access into the installation, and for access to the stores, they will use the veterans' health ID card, Patrick said. Officials are working to enable technology at the front gate to scan those veteran cards, and will start scanning the cards in October, he said. Commissary officials are working on adjusting their technology to enable systems to read the veterans' health ID card.

Caregivers: The process will be different, initially, Patrick said, since they are not directly affiliated with DOD or VA other than through their annual appointment to be a caregiver. The benefit applies to the primary caregiver of wounded/injured veterans who are registered in the Department of Veterans Affairs caregiver program. Beginning in October, the VA will post a memo to VA.gov for caregivers, to be used for access at the front gate, along with driver's license or other authorized form of ID. The VA process will later transition to a caregiver-type ID card, which will have scanning swipe capability, he said.

Currently there are about 30,000 VA caregivers who will qualify for this benefit, but over the next several years the number could potentially grow to about 250,000, Patrick noted.

Credit card fee: These new customers will pay a fee for using a credit card at commissaries, except for the military resale system's Military Star card. The amount of the fee has not yet been determined. By law, this expansion can't include extra costs associated with using credit cards in commissaries; the cost must be passed on to the customer. Except for the Military Star card, credit card companies charge transaction fees to retailers when customers use their credit cards.

There will be a flag built into the system at commissaries so that when the card is swiped the fee will be charged.

The fee applies only to new patrons using credit cards in commissaries, not to Medal of Honor recipients or others who were previously authorized to shop. New customers can avoid the fees by paying by cash, check or using the Military Star card.

Continued on page 19

It only applies at the commissary, which is funded primarily by taxpayer dollars.

The DOD resale community has been working together to estimate the number of likely shoppers by location, and the merchandise categories that will interest those shoppers. For example, the Army and Air Force Exchange Service will be adjusting its inventory by location, said Chris Ward, spokesman for AAFES. "Extending the brick-and-mortar military exchange benefit to all disabled veterans is not expected to require material investments in facilities or technology," he said.

Patrick said officials will launch an information campaign to get out the word about the new benefit to the new customers, but also to installation officials.



25 Ocotober 2019 – 12:00pm Blue & Gray Field

Half time event include Tug O'War and Litter Rece. Food sales will be available on site.

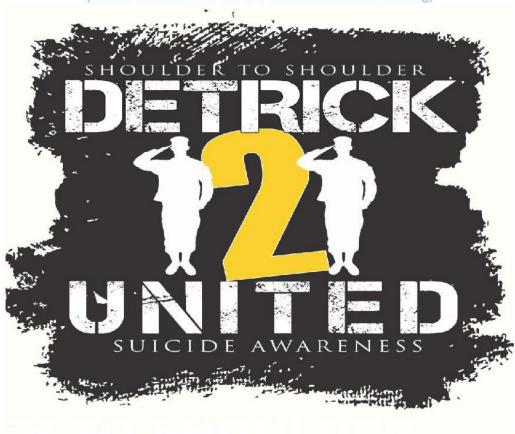


Make it Your Mission to **BE THERE**

10 October 2019

Columbus Day Installation Run/Walk

(Counts towards FY20 ASAP Personal Readiness Training)



In support of the Nation's observance of Suicide Prevention Month Army Professionals must BE THERE for themselves and for others to prevent suicide - SMALL STEPS SAVE LIVES!

Stop by the ASAP Office at Building 1520, Room 217 to pick up Yellow Shirts for your Unit/Office from 30 September -9 October, between 1000-1200 and 1300-1600.

(while supplies last)



National Suicide Prevention Lifeline: 1-800-273-8255 (TALK) PRESS "1" for the Veteran's Crisis Line or text 838255 (24-7) Deaf and Hard of Hearing dial: 1-800-799-4889

Fort Detrick Housing: Efforts to Improve Mark One Year

By Lanessa Hill, USAG Public Affairs

One year has evolved since efforts began to improve housing across the Army, and here at Fort Detrick we continue to make progress thanks to efforts on a number of fronts. Specifically, the many residents and leadership members who attended multiple town halls, met with Fort Detrick and Army leadership, participated in the Army Housing Survey, and lastly continued to submit work orders through the rental portal and the Commanders Hotline all combined for success in this endeavor. This type of effort and teamwork allows Fort Detrick to become a better place. We still have a lot of work to do, but both Fort Detrick and Balfour Beatty Communities leaders have heard our voices loud-and-clear: we must do a better job for our people. We need to be more responsive, and are taking steps to do so.

We wanted to recap accomplishments in the past year and further touch on both our continuing efforts and the way forward, because our residents who choose to live on the Installation have a right to safe and clean housing.

As far back as September 2018, Fort Detrick held a town hall for residents concerning conditions within family housing units. This meeting was intended to inform the community of an Army directive to identify homes constructed prior to 1978 in order to inspect them and test the units for lead -based paints. The Garrison was also tasked to determine if the units had been approved in the Maryland Lead Free Certificate Program. In working with Balfour Beatty Communities, we identified 150 homes built prior to 1978, and further determined 115 units were certified in the Maryland Lead Free Certificate Program. Of the remaining units, two are currently being processed, while 23 others are undergoing repair work prior to further testing. This is a dramatic improvement over previous numbers indicating that only 60 homes had received certificates.

Just a few months later, in February

2019, families of Service Members testified before a U.S. Senate Armed Services Committee about conditions and safety issues within privatized housing. Their appearances were eye opening; providing first-hand accounts of a lack of oversight resulting in poor, substandard living conditions. Because of these moving stories, the Army mandated leaders to visit 100% of the affected homes by March of 2019 to gain immediate visibility of all emergency and urgent work orders in family housing and barracks, as well as to identify any unsafe or unacceptable living conditions or maintenance deficiencies affecting life, health and safety. Life, health and safety is defined as an emergency condition that, if not corrected, may cause harm or injury to a person. Issues such as mold, broken air conditioners, and water leaks were some items identified as a result of home visits and discussions with residents.

Regarding the issue of housing, former Secretary of the Army –and current U.S. Secretary of Defense– 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."

For leadership at Fort Detrick, these visits provided valuable insight to what has been neglected, and further shined a light on potential solutions; including opening the lines of communication between residents. Balfour Beatty Communities, and installation leadership. Through this process, the Garrison also realized that repairs and maintenance requests were not being completed – and work that had been completed was unsatisfactory. As a result, a hotline number was established and staffed 24-hours per day; and further recording all calls and reporting complaints to the Garrison commander first-hand. Because of the candid replies of residents, the persistency of staff, and overall accountability, ten families had to be displaced for the duration of repair work. Currently all but one family have returned to their

homes. Tenants now know that if their living conditions are not satisfactory, they have avenues to report issues directly to leadership.

Since that first home visit, the Garrison held multiple town halls at Fort Detrick and at Forest Glen. One event included the Department of the Army Inspector General and the most recent meeting was held between, Assistant Secretary of Defense for Sustainment, Honorary. Robert H. McMahon

In July 2019, the Army released the results of the Army Family Resident Satisfaction Survey. For residents at Fort Detrick, the top concerns were discolored water, quality of maintenance, and responsiveness of **Balfour Beatty Communities** leadership. At Glen Haven Apartments, concerns were security of the housing area, pest control, and a lack of responsiveness of Balfour Beatty Communities. Survey results were shared with residents at a town hall held in August 2019 and many attendees provided additional concerns and ideas on how to work together to keep pushing forward and making improvements.

So, what has Fort Detrick accomplished this past year to improve the quality of housing here on the Installation?

To start, the Garrison Housing Office hired four new people to provide oversight of the housing area. This addition of staff enables the Garrison to review every life, health and safety service order, inspect every home between occupancy using a comprehensive checklist, follow up on at least five percent of the closed service orders to ensure resident satisfaction, and visit 100 percent of those who notified the housing office indicating dissatisfaction with the maintenance performed.

Staff has personally visited 100% of all housing, to include barracks, at Fort Detrick and Glen Haven.

The Fort Detrick and Glen Haven locations have developed action plans. These plans include deadlines to either have a plan in place for specific topics or complete the work. These plans were sent to residents through the rental portal provided by Balfour Beatty Communities. Further, Balfour

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HOUSING continued from page 21

Beatty Communities hired a new management team for both locations and the Garrison is hopeful that, as a result, responsiveness will improve.

As mentioned earlier, the top complaint at Fort Detrick is discolored water. During the August town halls, the Garrison and the Balfour Beatty Communities management team learned that additional homes —beyond the original 39— reported problems with brown water. Later that month, a letter was sent to residents making them aware that Balfour Beatty Communities would be installing water filtration units on a select number of homes as part of a pilot program to determine the effectiveness in resolving the brown water. The Garrison commander and Balfour Beatty Communities leadership jointly signed the letter.

The letter stated that, "[A]ged infrastructure across the Army is a concern and the 70 year old water piping at Fort Detrick is just one example impacting us here. For several years, the Directorate of Public Works flushed water lines multiple times a year to clear the sediment in the pipes. Despite our efforts, the Garrison continues to receive reports of brown water and health concerns expressed by residents. Discussions continue on the way ahead to correct this issue and several options are being considered, including requesting funding to replace all the piping across the installation".

As an update to the piping infrastructure, the Garrison recently received news that a funding request of nine million dollars to replace sewage lines was approved. We are hoping to get additional funding for a second project that would replace the infrastructure of the water distribution system.

At the request of residents, Fort Detrick Police Officers have increased patrols in the housing area and speed enforcement on post has increased. Further, resident guides in English and Spanish have been distributed, and maintenance teams are being retrained on work order processes.

Garrison housing representatives are inspecting all homes prior to move-in dates to ensure homes meet Army standards. Pest control companies have treated all units at Fort Detrick and Forest Glen.

At Glen Haven, concerns of trash, pest control, crime, security, and loitering were topics frequently brought to leadership. The action plan developed for Glen Haven was substantially different from Fort Detrick. As such, Balfour Beatty Communities leadership added follow-on service treatment days for units with significant pest issues. A landscaping company to trim trees and bushes surrounding units has been identified.

Fencing to secure the basketball court has been received and is being evaluated. The same is true for lighting in the parking lots after many residents expressed safety concerns associated with dark parking lots.

Information has been submitted to residents gaging interested in forming a Neighborhood Watch in association with local law enforcement. Preventative maintenance will occur more often and increased communication with residents through the resident portal has already started.

Placing resident boards near mailboxes to make event information and various notifications easily available to residents is under consideration. Lastly, resident vehicle stickers are being secured and will be distributed to residents helping them identify residents versus non-residents more easily.

Lastly, Garrison Commander Col. Dexter Nunnally stated he wants to get Montgomery County Officials more involved at Glen Haven. He wants to figure out a way the Army police at Forest Glen Annex and Montgomery County can work together to increase police presence and patrol. He also hopes to meet with the Montgomery County Council Executive to shed some light on military housing in Silver Spring, MD.

As you can see, we have made strides to improve housing – but there is still more to do. Our goal is to reestablish the trust between residents and leadership.

"It's time for results," said Brig. Gen. Michael Talley, senior commander of Fort Detrick at a recent town hall. "It's time to stop talking. It's time to stop making promises."

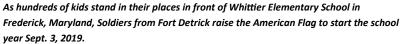
Feedback from residents about concerns and issues while living in Army housing is vital and this is a team effort where we need everyone to play.



BACK TO SCHOOL







114th Signal Battalion Command Sgt. Maj. Vernell Hall speaks to the kids about the importance of hard work and discipline and rallies the crowd with shouts of HOOAH.

The children high-five Soldiers as they enter the school halls beginning this year's journey of growth and learning.

Fort Detrick Soldiers will return at the end the school year with a flag lowering ceremony.

Photos by Jenni Benson, USAG Public Affairs











Building 1507, Porter Street 301-619-2498

Authorized personnel desiring to utilize the facility during extended operating hours must complete a Release of Liability Waiver and register with a CAC/ ID card at the Odom Fitness Center

Monday through Friday 0600-1800









www.facebook.com/DetrickMWR www.detrick.armymwr.com

Fort Detrick Influenza Schedule 2019-2020

Unit 	Time	Place
HQ, USAMRMC	07 October 0900-1030hrs	Conf. 1 or 2 bldg 810
USAG CMD	07 October 0900-1030hrs	Conf. 1 or 2 bldg 810
Marines	08 October 0730-1530hrs	Bldg. 1520 Classroom 5A/5B
Navy	08 October 0730-1530hrs	Bldg. 1520 Classroom 5A/5B
Air Force	08 October 0730-1530hrs	Bldg. 1520 Classroom 5A/5B
MRMC and USAG (others)	08 October 0730-1530hrs	Bldg. 1520 Classroom 5A/5B
114 th SC BN STRAT SIG BN	08 October 0730-1530hrs	Bldg. 1520 Classroom 5A/5B
53d SC BN CO A	08 October 0730-1530hrs	Bldg. 1520 Classroom 5A/5B
302d SC BN A CO	09 October 0730-1530hrs	Bldg. 1520 Classroom 5A/5B
302d SC BN HHC	09 October 0730-1530hrs	Bldg. 1520 Classroom 5A/5B
21 st SC BDE HHC (STRAT)	09 October 0730-1530hrs	Bldg. 1520 Classroom 5A/5B
6 th MLMC	09 October 0730-1530hrs	Bldg. 1520 Classroom 5A/5B
USAMMDA	09 October 0730-1530hrs	Bldg. 1520 Classroom 5A/5B
NCMI	09 October 0730-1530hrs	Bldg. 1520 Classroom 5A/5B
USAMRIID	10 October 0730-1530hrs	Auditorium (USAMRIID Bldg.)

Units not listed above, and AD Make-up dates - All Service Members

All Service Members 11 October 0730-1530hrs Bldg. 1520 Classroom 5A/5B

AD, DOD Civilians, Eligible Military Beneficiaries, and Children (3 years and older)

15 Oct 19 0730-1600hrs Bldg. 1520 Classroom 5A/5B 1630-1900 hrs Barquist Army Health clinic

AD, DOD Civilians, Eligible Military Beneficiaries, and Children (3 years and older)

16, 17, 18, 21 October 19 0730-1530hrs Bldg. 1520 Classroom 5A/5B

CYSS

TBD – Occupational Health Clinic will schedule

Winter Weather Resources

Public Notification

- PAO updates the following resources in the order listed:
 - a) Social media (Facebook & Twitter)
 - b) Phone line (301) 619-7611
 - c) Media outlets (TV & Radio)
 - d) Alert System
- 2. Media outlets engaged are in Baltimore, Washington D.C., Hagerstown and Pennsylvania and West Virginia.

Baltimore	Pennsylvania	Washington D.C.	Hagerstown	W. Va	Frederick
WBAL Ch. 11	WGAL NBC Ch. 8 (York)	WJLA ABC Ch. 7	WDVM NBC Ch. 25	WMRE AM 1550	WFMD AM 930
WMAR ABC 4	WCRH FM 90.5	Fox 5 D.C	WWEG FM 106.9	WKSI FM 98.3	WFRE FM 99.9
WJZ Ch. 13	WGTY 107.7	NBC Ch. 4	WARK AM 1490		
WCAO AM 600	WGET 1320 AM	WUSA TV Ch. 9	WJEJ AM 1240		
WPOC FM 93.1	WWMD FM 101	WTOP AM 1500	WILD 96.7 FM		
		WWVZ FM 104.1			
		WRQX FM 107.3			

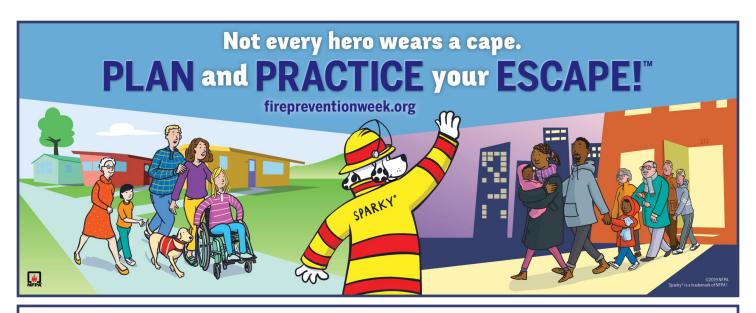






To download the Fort Detrick Hazardous Weather Guide, visit:

https://home.army.mil/detrick/index.php/about/Installation-Status



Fire Prevention Week Coming in October

The Fort Detrick Fire and Emergency Services present this year's Fire Prevention Week theme to you, in conjunction with NFPA: "Not every hero wears a cape. Plan and practice your fire escape."

Every home escape plan should include working smoke alarms on every level of the home as well as in every bedroom.

Are your smoke alarms over 10 years old? Do you change smoke alarm batteries when you change your clocks?

Do you have a Carbon Monoxide alarm on every level as well? If not, you should.

Have two ways out of EVERY room (door/window).

Have a designated meeting place outside in front of your house. As a family, you should practice your home escape plan at least twice a year.

People tend to underestimate their risk to fire, particularly at home. That over-confidence lends itself to complacency toward home escape planning and practice.

In a fire situation, we have seen time and again that advance planning can make a potentially life-saving difference. Starting the week of October 7 and throughout the entire month, information tables and displays will rotate through the following facilities. Make sure to stop by.

Week 1 – Building 810

Week 2 - Commissary and PX

Week 3 – Building 1520 Auditorium

Week 4 – Commissary and PX

- Displays will also be setup at Forest Glen buildings including WRAIR, the Commissary and the National Museum of Health and Medicine.
- Fire apparatus, firefighters and Sparky the Dog will visit the childcare and youth centers at Fort Detrick and Forest Glen.

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 and "Like" us or follow us on Twitter: @DetrickUSAG.

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

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

Annual Holiday Craft Show Vendors Wanted

Looking for crafters, knitters, woodworkers and painters to be vendors in our annual craft show.

November 20, 11 a.m. - 5 p.m. at Odom Fitness Center, Building 1507 Porter Street Cruz at Daniel.r.cruz.mil@mail.mil to reserve a space or for more information, call (301) 619-4079

Road Construction at Forest Glen Annex

Construction began Wed. Oct 2 on a portion of Holland Road at Forest Glen Annex reducing the road to one lane. The single lane closure is expected to continue until Friday Oct 11. We ask vehicle operators and pedestrians to please follow the guidance of the flaggers. We apologize for any inconvenience this may cause and we thank you for your patience.

National Museum of Health and Medicine

Techniques of Medical Illustration at the Medical Museum: Pen & Ink Saturday, October 26, 10 a.m.-12 p.m. Join museum staff for an introduction to pen and ink medical illustrations from the museum's Otis Historical Archives and try your hand at making illustrations of your own using the museum's specimens and artifacts. Supplies will be available but participants are encouraged to bring their own materials. Recommended for ages 14 and up. Reservations are required. Call (301) 319-3312 to register or learn more at https://www.medicalmuseum.mil/ index.cfmp=media.events.2019.illustratio

n ink

Trunk or Treat

Oct. 25, 4-5 p.m.

Building 955 School Age Center. Sultan Dr. Come out and decorate your car to win a

Reserve your spot now by contacting SFC

Forest Glen Winter Weather Conference

Oct 22, 1:30 p.m.

WRAIR Auditorium

Hoping the winter weather holds off for a few months but it is never too early to start planning. Join the Directorate of Operations for the yearly Winter Weather Conference to learn key information and services provided to prepare and respond to winter weather on Fort Detrick.

For Winter Weather notification resources and to download the Fort **Detrick Hazardous Weather Guide, visit:**

https://home.army.mil/detrick/index.php/ about/Installation-Status

Starting the week of Oct. 7 and throughout the entire month, information tables and pop-up banners will rotate through the following facilities. Make sure to stop by.

Week 1 - Building 810

Week 2 – Commissary and PX

Week 3 - Building 1520 Auditorium

Week 4 – Commissary and PX

Displays will also be set up at Forest Glen buildings including WRAIR, the Commissary and National Museum of Health and Medicine.

Fire apparatus, firefighters and Sparky the Dog will visit the childcare and youth centers at Fort Detrick and Forest Glen.



4th Annual Pumpkin Chunkin' Competition

October 25, 5-7 p.m., behind Child & Youth Services, Building 949 Sultan Drive \$10 per team, contest takes place during Harvest Fest. For more information, call (301) 619-4079

Right Arm Night

October 18, 3-6 p.m.

\$5 per person (no one under 18 admitted) Community Activities Center, Building Fire Prevention Week Coming in October! 1529 For more information, call (301) 619 -4079

