Fort Detrick
The Standard
A Sustainable Community of Excellence

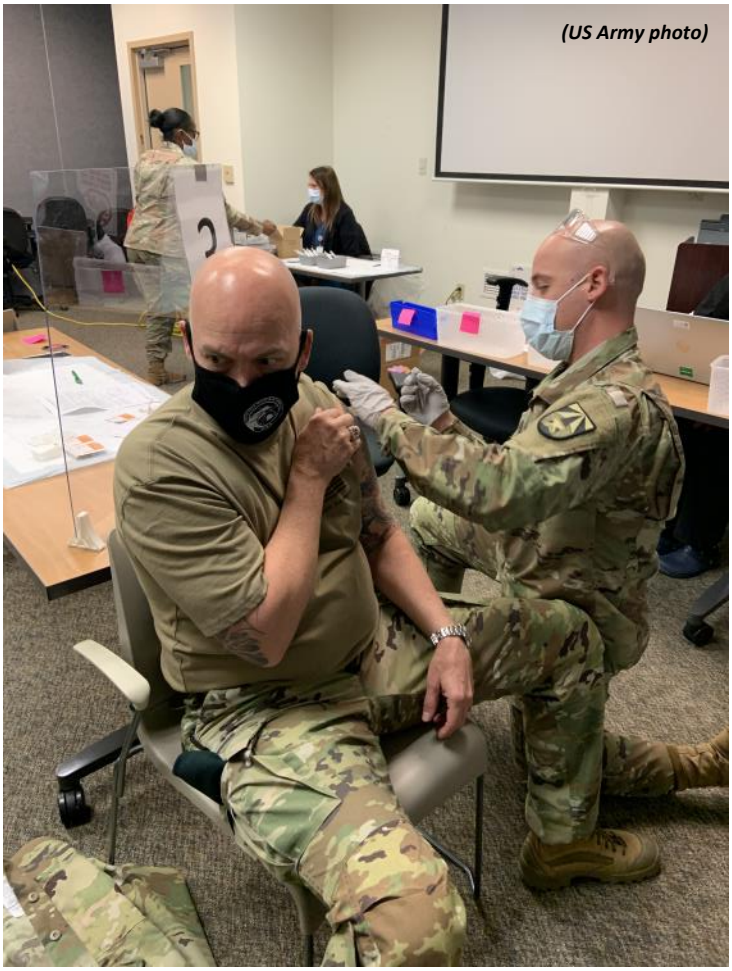
DHA director: vaccine rollout safe, effective

Military Health System Communications Office

The Department of Defense moved quickly to ensure a safe and effective rollout of the first COVID-19 vaccine, and began inoculating front line healthcare workers and first responders since initial allocations of the vaccine were delivered beginning Dec. 14, according to Defense Health Agency Director Lt. Gen. (Dr.) Ronald Place.

"Thirteen military communities in the United States received their vaccine doses on time and within 24 hours of receipt, we began administering the vaccine according to plan," Place said.

Immediately after the Food and Drug Administration issued an emergency use authorization for the Pfizer-BioNTech vaccine Dec. 12, DoD mobilized to distribute approximately 44,000 initial doses to those first 13 communities. This was the first step of a phased and coordinated plan developed over months to prioritize, distribute, and ultimately begin to vaccinate DoD personnel.



(US Army photo)

"As the vaccine becomes more widely available in the coming weeks, we strongly encourage everyone to get vaccinated," Place stressed. "The vaccine is safe, effective, and a critical addition to current public health measures. It helps us protect our health, our families, our communities, and significantly decrease the public health risks associated with the COVID-19 pandemic."

Place said the DHA is gathering real-time data from the pilot sites to fine-tune any process issues in advance of larger scale distribution. "We are intensely focused on the feedback we are getting because these initial sites form the foundation to validate our distribution, administration, and reporting processes, which will then inform how we expand to additional distribution sites," he said.

Place added, "It's also important to recognize the Operation Warp Speed team and our colleagues at the Defense Logistics Agency for their exceptional work over the past week in delivering the vaccine to our medical treatment facilities."

First shots in arms

Within hours of receiving the shipments, prioritized DoD

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personnel at each location were in line to receive the vaccine, moving toward "the beginning of the end of the COVID pandemic," according to Army Col. Martin Doperak, commander of Tripler Army Medical Center in Honolulu, Hawaii.

Until vaccines can be allocated to all of DoD's 11.1 million personnel, critical medical staff and first responders on the front lines of the COVID fight at each medical facility are first in line.

At Wilford Hall Ambulatory Surgical Center aboard Joint Base San Antonio-Lackland, Texas, Air Force Maj. Andrew Gausepohl, medical director of the 59th Air Wing's Family Emergency Center, was first in the San Antonio military health system to receive the vaccine Dec. 14, 2020.

"It was clearly an honor to be the first in line," he said. "It wasn't for me. It was for my patients." Wilford Hall is part of the San Antonio Medical Health System, the largest among the armed services.

Navy Medical Center San Diego also received its initial shipment Dec. 14,2020 and started vaccinating the following day to healthcare workers within the emergency department and intensive care unit as well as local installation emergency medical services, fire, and police departments from six local Navy and Marine Corps installations it serves.

"I'm grateful that we have the opportunity to participate in such a historic public health event that will have a profound impact on the health of our staff and the Department of Defense family we serve," said Navy Cmdr. Jason Rice, NMCSD's director of public health and public health emergency officer.

The next day, Navy Medical Center Portsmouth, Virginia, received its initial allocation. "We are honored to be selected as one of the first military treatment facilities to receive the COVID-19 vaccine," said Navy Capt. Lisa Mulligan, commanding officer of NMCP, upon receiving their shipment Dec. 15, 2020. The medical center is the Navy's oldest continuously operating military hospital, serving past and present military members and their families since 1830.

Within two to three days of vaccinating the prioritized group of recipients, NMCSD plans to use the rest of its initial allotment to vaccinate inpatient health care workers and their outpatient counterparts.

Walter Reed National Military Medical Center in Bethesda, Maryland, started vaccinating select medical staff promptly after receiving its initial shipment of vaccines Dec. 14, 2020. Acting Secretary of Defense Christopher Miller was present to witness the event and receive his vaccine.

"This is a very important day, not just for the Department of Defense, but for our nation," he said.

"Our service members, DoD civilians, and their families have demonstrated remarkable endurance and sacrifice throughout the pandemic," he said before witnessing the first shots. "We know that our collective sacrifice would accelerate the path to a cure and save lives."

Visit https://www.defense.gov/Explore/Spotlight/Coronavirus/Operation-Warp-Speed, and www.health.mil/coronavirus to read more about the DoD's response to the pandemic and ongoing administration of the COVID-19 vaccine.

Fort Detrick begins COVID-19 vaccinations

Fort Detrick USAG Public Affairs

FORT DETRICK, Md. – Fort Detrick began immunizing first responders and health care workers with COVID-19 vaccinations this week.

Fort Detrick follows the DoD's standardized and coordinated strategy for prioritizing, distributing and administering a COVID-19 vaccine through a phased approach to all active-duty, as well as all mission-essential civilian employees and those performing mission- essential functions, including personnel in healthcare, emergency services and critical support.

"We all want to get back to normal and get to the other side of social distancing, wearing masks, and limiting our interactions with friends and loved ones. This is the next step," said Fort Detrick Garrison Commander Col. Dexter Nunnally. "It's also an important step. COVID-19 has taken a great toll on our nation, and the vaccines currently available through the Food and Drug Administration's emergency use authorization are a result of the hard work of people worldwide who want to save lives and defeat this pandemic."

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"Your leaders here, and those at the highest levels of our military and government, encourage all eligible personnel to receive the vaccine once it becomes available to them," said Nunnally. "It protects your health, your families and your communities, while also lowering the public health risks associated with COVID-19."

Fort Detrick remains committed to protecting our service members, civilian employees, and families around the globe; safeguarding our national security capabilities; and supporting the whole-of-government response.

USAMMA leaders renew focus on medical logistics role

By C.J. Lovelace/AMLC Public Affairs

FORT DETRICK, Md. – The U.S. Army Medical Materiel Agency's role in the wider Army medical enterprise has undergone some changes, so the agency's leadership is taking proactive steps to continue providing premier support for medical readiness on a global scale.

"There's been a lot of transformation over the past couple years with the standup of the Army Medical Logistics Command," USAMMA Commander Col. John "Ryan" Bailey said.

Col. John "Ryan" Bailey welcomes participants to the U.S. Army Medical Materiel Agency's off-site strategic workshop meeting, Jan. 20, 2021.

Leaders at the U.S. Army Medical Materiel Agency brainstorm ideas during an off-site strategic workshop meeting on Jan. 20, 2021 at Fort Detrick, Maryland.

"USAMMA, as a direct reporting unit, needed to look at our mission statement, our vision statement and our lines of effort to make sure that we were better nested with AMLC [and] effective and efficient at delivering capability in support of global health care operations," Bailey said.

AMLC, activated in 2019, serves as the Army's primary operational medical logistics and sustainment command, responsible for managing the global supply chain and medical materiel readiness across the total force.

To examine the organization's strategic direction under AMLC and its higher commands, USAMMA leaders, both military and civilian, gathered for a two-day strategic workshop in January.

Discussions resulted in reworked mission and vision statements that better reflect the organization's sustainment role, as well as a

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renewed focus on various lines of effort – most importantly, its people.

"Our people are the most important asset in our organization," Bailey said. "We need to make sure we're recruiting the right people, retaining the right people. We're looking at ways to be more diverse and innovative, and taking care of people was one of the priority lines of efforts that we came out of this workshop with. We're really excited about that."

Other focus areas included further steps to integrate strategic data and technology, the creation of a new integrated logistics support center and enhanced sustainment operations.

The agency's new mission and vision statements center on USAMMA's new motto – globally responsive, ready and resilient.

"This is something that USAMMA lives by," Bailey said, explaining that USAMMA's mission is "unique" and highly specialized as it provides Class VIII medical materiel support for the Army and joint operational forces.

USAMMA oversees three medical maintenance operations divisions that repair vital medical devices that ensure top-notch operational health care for warfighters. It maintains prepositioned medical stocks, unit deployment packages and deployable hospital center assets to support operations around the world.

(US Army photo)

Col. John "Ryan" Bailey, Jan. 20, 2021 speaks at a USAMMA off-site.

And in the past year, USAMMA's role as a vaccine ordering and distribution oversight hub for the Department of Defense has come even further to the forefront with the whole-of-government's response to the COVID-19 pandemic.

Regardless of what challenges arise, it's the people that ensure USAMMA's mission is met every single day, Bailey said.

"It takes all of us working together," he said, pledging his thanks to the agency's workforce of roughly 400 people. "It doesn't matter your role in the organization … you're a critical part to helping us achieve our mission."

COVID-19 underscores need for flexibility, adaptability of medical deployment packages

By C.J. Lovelace/AMLC Public Affairs

FORT DETRIICK, Md. – In order to bolster the current fight against the global pandemic, U.S. Army Medical Logistics Command has spent the last several months tailoring packages of essential COVID-19 supplies.

This initiative has been executed utilizing multiple procurement options in collaboration with both the Defense Logistics Agency-Troop Support and the U.S. Army Medical Research Acquisition Activity.

In a Dec. 11, 2020 meeting with Army Materiel Command leaders, AMLC Commander Brig. Gen. Michael Lalor said the teams have worked together to ensure unit deployment packages, or UDPs, are filled and configured to go – should the Army need to deploy additional military medical resources to support the whole-of-government response to COVID-19.

"DLA has been a key partner in helping ensure we have critically needed stocks filled," Lalor said. "We've also used existing resources to build out our packages in a way that matches up with the current hospital center/field hospital configuration, which maximizes our operational flexibility and readiness."

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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, Washington, in support of COVID-19 relief efforts this past spring. (US Army photo)

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UDPs typically consist of potency and dated items, including medications and other expendable items such as syringes and suction tubes.

These packages, when combined with a unit's on hand medical equipment or Army pre-positioned stocks, deliver first-class medical capabilities around the globe in support of the full spectrum military operations ranging from humanitarian assistance and disaster relief to combat operations.

AMLC and its direct reporting units have continued to support the military's front-line workers in defense against COVID-19, both in the continental U.S. and abroad.

The U.S. Army Medical Materiel Agency's Distribution Operations Center plays a critical role annually overseeing the distribution of influenza vaccinations across the Department of Defense.

Now, the team is serving as the military's lead for compiling COVID-19 vaccine orders in coordination with the U.S. Food and Drug Administration.

USAMMA's medical maintenance teams also continue to repair and calibrate critical medical devices, such as ventilators and oxygen generators.

Additionally, AMLC's medical materiel centers in Europe and Korea, which serve as the theater lead agent for medical materiel in their respective regions, continue to support the demand for personal-protective equipment, COVID-19 testing supplies and more.

"This is a great collaboration with DLA-Troop Support," said Gen. Ed Daly, commanding general of AMC. "Thank you to you and your teams."

Frontline health care workers among first in DoD for COVID-19 vaccine

By Military Health System Communications Office

U.S. military communities in Washington, D.C., San Diego, and San Antonio are among the first in the Department of Defense to receive the COVID-19 vaccine Dec. 14, 2020 as part of the DoD's initial distribution plan.

Walter Reed National Military Medical Center in Bethesda, Maryland, started vaccinating select medical staff for COVID-19 Monday, with acting Secretary of Defense Christopher Miller on hand to witness the initial shots and receive one himself.

"This is a very important day, not just for the Department of Defense, but for our nation," Miller said before getting his vaccination.

Seven months after President Donald Trump announced Operation Warp Speed and the goal to deliver a vaccine by January 2021, "today ... the very first Americans are being inoculated by a safe and highly effective vaccine," Miller said.

"Our service members, DoD civilians, and their families have demonstrated remarkable endurance and sacrifice throughout the pandemic," he added. "We know that our collective sacrifice would accelerate the path to a cure and save lives."

Miller said that because of the DoD's precision logistics, "the first shipments of vaccines are arriving securely at hundreds of distribution sites around the country as we speak," he added.

In addition to WRNMMC, Naval Medical Center San Diego in California and the Air Force's 59th Medical Wing in San Antonio, Texas, also received their first shipment Monday and expect to begin vaccinations Tuesday.

These are the first of an initial 16 DoD sites to receive authorized COVID-19 vaccines as part of the DoD's phased approach to distribute and administer COVID-19 vaccines.

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Army Capt. (Dr.) Isaiah Horton, an internal medicine provider at Walter Reed National Military Medical Center, receives a COVID-19 vaccination, Walter Reed National Military Medical Center, Bethesda, Maryland, Dec. 14, 2020. (Photo by Lisa Ferdinando, DoD)

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Recently, the Pentagon outlined the DoD's plan to vaccinate its population of approximately 11.1 million.

“Our goal is to be transparent with the force about what is happening and to encourage our personnel to use the vaccine,” said Pentagon Spokesman Jonathan Hoffman during a DoD press briefing recently with Assistant Secretary of Defense for Health Affairs Thomas McCaffery and Army Lt. Gen. Ronald Place, Defense Health Agency director.

McCaffery and Place said the phased, standardized, and coordinated strategy for prioritizing, distributing, and administering COVID -19 vaccines was developed in collaboration with Operation Warp Speed, the Centers for Disease Control and Prevention (CDC), and the DoD’s COVID Task Force assessment of unique mission requirements.

It “will provide the COVID vaccine to DoD uniformed service members, both active and selective reserve components, including members of the National Guard, dependents, retirees, civilian employees, and select DoD contract personnel as authorized in accordance with DoD policy,” added McCaffery.

Vaccine safety

Even though the vaccine cannot be mandated under the terms of the emergency use authorization, the department is strongly encouraging everyone to get it to “protect yourselves, your families, your shipmates, your wingmen, your battle buddies, and your communities,” said Place. “The preliminary data on the safety and effectiveness of the two vaccine candidates is highly encouraging.”

As with most vaccines, Place explained, there is a chance some recipients will experience slight adverse effects, such as arm soreness or fever.

“The department will be fully transparent about any adverse effects that are reported and share this information with the CDC,” said the DHA director. However, as a physician, he advised everyone to get the vaccine. “The risk of these vaccines, from what we know, is much less than the risk of the actual disease process.”

“Our goal is to be transparent with the force about what is happening and to encourage our personnel to use the vaccine.”

- Pentagon Spokesman Jonathan Hoffman

Vaccines are only available after they are demonstrated to be safe and effective in phase 3 clinical trials, have been authorized by FDA, and have been manufactured and distributed safely and securely. Additionally, the DoD has decades of experience with conducting global vaccine programs — whether it’s annual flu campaigns or protection against novel diseases around the world.

“We vaccinate millions of our service members and families and retirees of every age every year, and we have systems in place to monitor the health of everyone who receives a vaccine,” Place said.

Mitigation during phased distribution

As a result of the gradual approach, DoD will continue to distribute vaccines in a phased format, “adding additional prioritized personnel and additional prioritized locations until allocations of the vaccine reach 60 percent of our DoD, roughly 11.1 million personnel," explained McCaffery.

Once the 60 percent threshold is reached, DoD anticipates vaccine manufacturing rates to support full-scale, unrestricted vaccine distribution to department personnel. At that point, DoD intends to distribute the vaccine in the same way it conducts its annual flu vaccine program.

“I’m extremely confident the department’s plan … provides a very clear roadmap to protect our entire DoD population across the globe against the pandemic,” said McCaffery.

DoD health officials stressed the need to continue wearing appropriate face coverings, practice physical distancing, wash hands, and following local and installation force health protection guidelines until a large portion of the DoD population is vaccinated.

FORT DETRICK HAZARDOUS WEATHER GUIDE

Click here to view the Guide

2020 Fort Detrick

Winter Weather Updates

The Public Affairs Office updates the following resources in the order listed:

Social Media: Facebook @DetrickUSAG and Twitter @DetrickUSAG

The Fort Detrick Weather Line: (301) 619-7611

Alert! Mass Warning and Notification System

Other Media Outlets: TV and Radio — Listed Below

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			

Archery at CYS Sports

CYS Sports would like to congratulate these individuals for completing the first level of Archery and look forward to seeing them continue to the Intermediate shooting level. The Youth Archery program was started Nov. 24, 2020, by CYS Fitness Specialist Gabriel Maher and she is eager to expand.

If you would like to register, or would like more information please contact the CYS Sports Department at 301-619-2538.

Benefits of stream restoration on Fort Detrick run from local watershed to Chesapeake Bay

By Erickson Barnes, Fort Detrick Public Affairs

FORT DETRICK, Md. - Fort Detrick is home to Shookstown Creek, one of more than 100,000 rivers and streams that make up the Chesapeake Bay watershed, which covers 64,000 square miles across six states. Over time, the creek lost its natural form, resulting in erosion, loss of habitat for plants and animals, and increased pollution.

Installation Management Command (IMCOM) invested $2.1 million to restore, realign, and stabilize 3,624 linear feet (.7 miles) of stream to a more natural state, create an additional 13,164 square feet (.3 acres) of wetlands, and plant approximately 800 native trees. Appropriate areas were also seeded with a pollinator seed mix, including milkweed, to support monarch butterfly populations. The stream restoration was completed over an eight-month period, from April to November 2020.

“Shookstown Creek is located in an inter-jurisdictional flood hazard watershed and a tributary of Carroll Creek which flows through downtown Frederick. The restoration activities will aid in the reduction of storm flows to Carroll Creek and help alleviate flooding of downtown Frederick,” said Mark Lewis, program manager for environmental sustainment at For Detrick. “The restoration further reduces nutrients and pollutants that could be transported to the Chesapeake Bay and its tributaries.

The ambitious project reduces stream bank erosion, vastly enhances aquatic habitat for plants and animals, and re-establishes critical connectivity to the floodplain and greater watershed. Ultimately, it will also reduce sediment and nutrient loading to the Chesapeake Bay, which is crucial for the health of the plants and animals that live there. Sediment clouds the water and can smother habitat for oysters and other wildlife, while nutrients such as nitrogen and phosphorous can cause algal blooms that reduce light infiltration to critical aquatic grasses.

“The Fort Detrick stream restoration was completed as a project to meet Chesapeake Bay Total Maximum Daily Load (TMDL) requirements for the reduction of stormwater pollutants,” said Lewis. “The stream restoration project was selected due to the degraded condition of the existing channel and surrounding floodplain. The restored stream decreases peak storm event flows and allows pollutants to settle out from the stormwater runoff.”

The project brings Fort Detrick into compliance with its Maryland Department of the Environment stormwater permit requirements, and compliance with the federal Clean Water Act (CWA). The CWA established a National Pollutant Discharge

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Pre-construction, pre-planting. Fort Detrick is home to Shookstown Creek, one of more than 100,000 rivers and streams that make up the Chesapeake Bay watershed, which covers 64,000 square miles across six states. (Courtesy photo)

Post-construction, post-planting. The project brings Fort Detrick into compliance with its Maryland Department of the Environment stormwater permit requirements, and compliance with the federal Clean Water Act. (Courtesy photo)

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Pre-construction, pre-planting. The project restores, realigns, and stabilizes 3,624 linear feet (.7 miles) of stream to a more natural state, creates an additional 13,164 square feet of wetlands, and plants approximately 800 native trees.

Post-construction, post-planting. The project brings Fort Detrick into compliance with its Maryland Department of the Environment stormwater permit requirements, and compliance with the federal Clean Water Act (CWA).

Elimination System (NPDES), which included, in part, measures to reduce common pollutants in stormwater runoff, which is a major source of pollution to our surface waters.

Under the authority of the CWA, the United States Environmental Protection Agency committed to establishing a strict "pollution diet" to restore the Chesapeake Bay and its network of local rivers and streams that contribute some 51 billion gallons of water to the massive estuary daily. The "diet" is known as a total daily maximum daily load, or TMDL, and includes discharge limits for nitrogen, phosphorous, and sediment. The Shookstown Creek project is estimated to prevent 272 lbs of nitrogen, 246 lbs of phosphorous, and 163,000 lbs of sediment from entering the Chesapeake Bay annually.

The Shookstown Creek restoration project is just one of many efforts made by Army environmental planners and other regulated entities to comply with the TMDL, which has resulted in an overall 70 percent increase in underwater grass acreage since the first survey in 1984. Recent declines in grass coverage, however, point to how critical it is to continue such environmental restoration efforts to improve water quality.

36th Annual Army Ten-Miler (Virtual Edition)

The 36th Annual Army Ten-Miler (Virtual Edition) took place Oct. 11 through 18, 2020, and included over 15,000 runners and nearly 60 teams. Team Fort Detrick took 16th place overall in the mixed team category with a time of 5:08:41. The team was presented with an Army Achievement Medal during a ceremony, Jan. 6, 2021.

Below, Garrison Commander Col. Dexter Nunnally and Garrison Command Sgt. Maj. Jason Gusman present the team with an Army Achievement Medal.

Team Fort Detrick included: 1st Sgt. Neill A. Sevelius of 4rd LAR Battalion; from USAMRIID, Sgt. 1st Class Brian E. Peters, Sgt. Kasondra M. Wallner, Spec. Luke G. Bonagofski and Spec. Ari C. Bonagofski. Representing 53rd Signal Battalion was Sgt. Brent D. Massey, and from Army Security Agency were Pfcs. Charles A. Wood-Shelhamer and Edward R. McDonald.

(Courtesy photos)

Commissaries keep safety main focus during COVID-19

FORT LEE, Va. – Out with 2020 and in with 2021. Although the year has changed, the Defense Commissary Agency's responsibility to deliver the commissary benefit safely during the COVID-19 pandemic has not.

"Be assured, at all of our commissary locations worldwide, we are following CDC and DoD guidance, specifically regarding sanitary measures, social distancing and wearing masks," said Bill Moore, DeCA director and CEO. "These measures are particularly important to keep our employees and customers healthy as case numbers climb."

On March 25, 2020 DeCA's stores, central distribution centers and its central meat processing plant were designated mission-critical in DoD's response to the COVID-19 pandemic. Since then, the agency has not taken this responsibility lightly, Moore said.

"The entire DeCA team appreciates the tremendous responsibility of being one of your valued lifelines for support and understands the critical mission of delivering your commissary benefit," he said.

Since the start of the COVID-19 pandemic, DeCA has implemented the following measures to help mitigate the spread of the virus in commissaries:

• Commissaries conduct daily health screenings of anyone who works in commissaries – including employees, baggers and affiliated contractors – before they start their shifts

• Anyone (including customers) entering a store must wear a face covering

• Stores have clear plastic sneeze shields in all regular checkout lanes

• Commissary personnel wipe down checkout areas, product display cases, restrooms and shopping carts with disinfectant, and practice routine hand washing and other basic sanitation measures

• Touchless credit card processing eliminates the need for the customer to sign

• Customers scan their own ID cards so cashiers can provide them touchless transactions

• Reusable bag usage has been banned

• DeCA canceled special events such as the spring sidewalk sales, in-store product demonstrations (including DeCA's free coffee program), group tours, vendor-sponsored events and other events to discourage group gatherings

• Commissaries are working with installation leadership and public health personnel to implement risk reduction practices specific to that base

To help give customers more cost-effective options for personal protective equipment, commissaries have added disposable and reusable masks and digital contactless thermometers to store inventories.

"I would like to send a profound 'thank you' to our customers on behalf of our DeCA employees worldwide," Moore said. "We all would like you to know how much we appreciate your understanding, patience, and continued support throughout the coronavirus outbreak."

Digital Garrison app now links to ArMA

By Sarah Luna

The Digital Garrison mobile app continues to improve readiness as a one-stop shop for installation services. Beginning January 19, users can use Digital Garrison to link to the new Army Maintenance Application (ArMA). Housing and barracks residents are able to sign up and access the new system through Digital Garrison or at https://www.armymaintenance.com.

In the modern age, the ability to access accurate and timely information is a powerful enabler. Lt. Gen. Doug Gabram, the commanding general of United States Army Installation Management Command whose team oversees the apps, believes the "value they provide the Army goes well beyond convenience. They emphasize improving the quality of life for the Army's people by empowering them with information."

ArMA enhances the ability of our Soldiers, Family members, and other tenants of Army-owned housing to securely access up-to-date information about the status of work orders they submit and provide feedback once the work is accomplished. The new work order service allows residents to enter requests via the website or app 24/7 and receive tracking numbers immediately without having to wait for a service representative to call back. Users can also check status updates of their service issues, submit questions, comments or responses, and complete automated customer satisfaction surveys through the system.

Housing residents may visit the website and provide a personal, .mil or .civ email address; the location, including building number, of the residence; and unit and phone number. Family members will be able to use the website with a personal email address after the sponsor validates it.

The linkage to ArMA starts off another year of continual improvement for Digital Garrison. Other planned improvements include garrison newsfeeds and social media connections, ICE comments, and a new link to the Army PCS Move app. Digital Garrison currently has 63 garrisons represented, and more are joining as they achieve technical requirements. Download Digital Garrison for free from the Google Play and Apple App stores now and link to ArMA.

Amidst COVID-19, Army works on long-term improvements to quality of life

By Karen Jowers, Army Times

Even as Army officials try to mitigate the impact of COVID-19 on the quality of life of Soldiers and families, they're looking beyond the pandemic in their continuing efforts to improve quality of housing, child care capacity, permanent change of station moves and better employment opportunities for spouses.

"We understand our strengths and weaknesses. We know we have gaps. … But we have a pretty good grasp of the data that helps us inform some decisions that we make," said Lt. Gen. Douglas Gabram, commander of the Army Installation Management Command. He took command on Jan. 22, 2020, just before COVID hit. "We as a team are committed to making it better for our Soldiers, civilians and families."

Here are some of the efforts:

Housing

Gabram and his team are tracking maintenance work orders at each installation. In anticipation of the COVID dangers, before the nationwide shutdown in March, officials decided to limit maintenance in Soldiers' homes to those issues affecting life, health and safety, "because folks didn't want maintenance workers in their homes if they didn't need to go in there," he said.

Residents have been emailing photos of maintenance issues for evaluation. For minor maintenance issues, like changing air filters, maintenance experts have been connecting to residents via video calls to walk them through the replacement procedures. They've also provided supplies to help residents take a more active role in maintaining their homes. In August, housing companies started tackling the backlog of work orders that had been put on hold because of COVID, and in general that work order situation "is in pretty good shape" now, Gabram said.

They're also tracking the number of families who are displaced from their homes because of mold and other issues. There are 63 displaced families on Army installations, out of 87,133 residences, with 22 of those being pre-planned to facilitate renovations.

I want it down to none, but we were a little over the 200 mark when we first started this" a year ago, he said. Each Monday, he meets (virtually now) with garrison commanders of installations where there are displaced families, alongside their privatized housing partner, to discuss each family — when and why they were displaced, when they're moving back into the house and the repair plan.

"We're in a completely different situation than we were a year ago," he said, referring to the housing crisis involving mold, rodent infestations and other problems. "We all can agree that the Army and the [privatized housing] companies took our eye off the ball."

Officials at higher levels in the services and the DoD are now working with the companies to iron out the final provisions of the tenant bill of rights for housing residents.

Officials are also finalizing plans to pump more money into housing. Previous Secretary of the Army Ryan McCarthy recently announced a $2.5 billion housing improvement effort over the next five years that involves both reinvestment and new capital, primarily spearheaded in the beginning by the Lendlease and Balfour Beatty companies. "That will make a huge difference at multiple installations," Gabram said. "Fort Hood is one of those," with several million dollars going into housing at the Texas installation.

PCS moves

The Army is putting together "PCS Summer Surge 2.0", applying lessons learned this year during the pandemic in the hope of improving moves in the summer of 2021.

Soldiers made about 72,000 household moves during the June-through-September compressed PCS cycle following the stop movement order in the spring. More than 97 percent of those moves were inspected in person by a quality assurance inspector, surpassing the DoD requirement. The customer satisfaction rate was 94.5 percent for Army moves in the period from Jan. 1 through Sept. 20, Gabram said.

In 2019 Gen. Gus Perna, then-commander of the Army Materiel Command, ordered a study of the three small installations with the highest turnover rate — Carlisle Barracks, Fort Leavenworth and Fort Bliss. The goal was to improve the quality of moves by looking at transportation, personnel, orders, household goods and maintenance on the homes between occupants.

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"If we could improve the quality of all those things, we'd have a much better quality move," Gabram said. "We had this in place, and then what happened? COVID hit." So their plan moved up to Army headquarters for use on a broader scale.

One change is to try to get orders to most Soldiers 120 days before their report date, giving them and their families more maneuvering space to deal with household goods, schools, housing and the myriad other elements of a move.

Child care

Before COVID hit, Army child development centers had a capacity of 19,557 children, which fell short of the needs of Army families. Recognizing that shortage of child care spaces, Army officials established a facilities investment plan, Gabram said. The 10-year strategy involves 21 funded projects that will provide an additional 4,300 child care spaces.

A new requirement gives military families priority in child development centers, which, in effect, adds more spaces. Since Sept. 1, when the DoD requirement took effect, Army installation CDC officials have given 655 supplanting notices to lower priority families, giving them 45 days notice that their space is needed for a higher priority family. Out of the 655 who have been supplanted, 545 have been civilian families and 110 have been active-duty families who were supplanted by a higher -priority military family, Gabram said.

Senior division commanders and garrison commanders have the authority to grant exceptions to policy, depending on the situation.

Individual CDC capacity is affected by the installation's health protection condition. With COVID, the current attendance is 9,889, or 51 percent of capacity. With COVID-induced requirements, there are fewer children allowed in a room. In some cases, parents have chosen not to put their children in child care during COVID for a variety of reasons, Gabram said.

"You can't social distance children," Gabram said. The lowest capacity the CDCs went to was 25 percent, in March and April, but they didn't close, because of mission requirements, he said.

"At CDCs, we get hit every day in terms of [positive COVID cases], but we're pretty good about mitigating the risks, closing the minimal amount of rooms, minimizing the impact to the mission, and messaging the parents and chain of command appropriately.

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Lt. Gen. Douglas Gabram, Army Installation Management Command commanding general, speaks with staff at the Fort Sam Houston Child Development Center about their safety and health protocols in May 2020. (Photo by Brittany Nelson/Army)

QOL, continued from Page 14

"We're very proficient and effective in executing our mission in a COVID environment. If it gets worse, we're prepared for that, because that's what we do. Our installations work through it. We were getting through it when others weren't."

Spouse employment

Like the other service branches, the Army has a number of programs designed to increase employment and education opportunities for spouses.

This year, Army officials have streamlined the process for spouses who want to operate home-based businesses on installations. Now, officials at Morale, Welfare and Recreation "escort" a spouse through the administrative and legal process, cutting the approval time. Of the 616 home-based businesses on Army garrisons, 471 are operated by spouses, and that doesn't include family child care homes.

Spouses who are employed in non-appropriated fund activities now have access to the Civilian Employment Assignment Tool, helping them continue employment as they transfer to another duty station. As of October, 1,000 people have been registered and 428 have been reassigned to jobs, of which 240 are military spouses, Gabram said.

DoD utilizes 3D-printing to create N95 respirators in the battle against COVID-19

By Jeffrey Soares, USAMMDA Public Affairs

In response to the COVID-19 global pandemic, the U.S. Army Medical Materiel Development Activity's Warfighter Expeditionary Medicine and Treatment Project Management Office, as part of the U.S. Army Medical Research and Development Command's Additive Manufacturing Working Group, has played an integral role in the ramped-up effort to produce N95 respirators for healthcare and frontline workers across the nation. As stated on the U.S. Food and Drug Administration's website, an N95 respirator is "a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles." Compared to a surgical mask, which is loose-fitting, the edges of the N95 mask are designed to form a very tight seal around the individual's nose and mouth, providing the highest levels of protection against infection from COVID-19.

U.S. Air Force Maj. Daniel Williams serves as product manager of the WEMT PMO's N95 respirator efforts at USAMMDA. These include coordinating programmatic and regulatory support, leveraging existing government resources, and developing synergies within the Department of Defense's organic industrial base to successfully generate N95 respirator products. He explained that his primary task is to ensure the medical device meets military needs and regulatory requirements, and that development of the product remains on schedule and within budget.

In a recent interview, Williams offered a great deal of insight with regard to USAMMDA's N95 respirator efforts, and the work to produce and distribute these products as quickly as possible in the battle against the spread of COVID-19 throughout our nation and the world.

JS: As product manager within the WEMT PMO, please describe your responsibilities in regard to the N95 respirator effort.

DW: The N95 effort is a slightly atypical experience, in that we are primarily working with DoD partners who have never manufactured medical devices. However, they have extensive experience in various methods of manufacturing, including additive manufacturing, also known as three-dimensional, or 3D, printing. So, our primary responsibility is assisting these DoD manufacturers in navigating the medical device world, including compliance with U.S. Food and Drug Administration and National Institute for Occupational Safety and Health regulations. Further, we facilitate test and evaluation of their products, by leveraging DoD laboratories and government partners to obtain performance feedback on respirator prototypes.

JS: Please describe the features of the N95 respirator, and why this device is superior to others currently on the market. What is its significance, especially with regard to COVID?

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DW: It's not so much superiority, as it is availability. One of the highest levels of respiratory protection for medical purposes, to include viral infection, is a NIOSH-certified N95 respirator. These come in multiple forms, but all are held to the same standard of

filtering at least 95 percent of relevant particles, such as the Sudden Acute Respiratory Syndrome Coronavirus-2 virus. Most people are familiar with what is called an FFR, or a Filtering Facepiece Respirator. These are the standard disposable, one-time-use products typically worn by our healthcare workers. However, at this time, these types of masks are nearly impossible to 3D-print. Our group has been working on what is called an elastomeric half-mask respirator, which is a reusable frame produced by a 3D printer, with a disposable media or cartridge that filters at the 95-percent level.

The U.S. Army Medical Materiel Development Activity's Warfighter Expeditionary Medicine and Treatment Project Management Office is involved in the DOD's effort to produce N95 respirators. Shown here are various prototypes of N95 masks that have been considered for production. These particular examples are elastomeric half-mask respirators, which have a reusable frame produced by a 3D printer, with a disposable media or cartridge that filters at the 95-percent level. The three masks on the right are early prototypes, while the two on the left are currently in the test and evaluation phase of development. (Photo by Jeffrey Soares, USAMMDA public affairs)

When the pandemic hit, the on-hand supply of N95 respirators, specifically FFRs, was quickly exhausted and traditional N95 manufacturers were not prepared to meet this new demand. Therefore, the primary purpose of the N95 working group is to develop N95 respirators to supplement existing supplies of respirators, as well as to develop new manufacturing capabilities within the DoD's organic industrial base, which consists of military arsenals, maintenance depots and ammunition factories. Ensuring the DoD has the capability to independently manufacture protective respiratory devices will help to protect frontline workers during the COVID-19 pandemic, and it will also help to maintain our military readiness in the face of future pandemics or biothreats.

JS: Please detail the current status of the N95 program, and explain what lies ahead.

DW: Currently, we've partnered with multiple organizations across the DoD including the Army, Navy, Coast Guard, and the Defense Logistics Agency to support N95 respirator design, manufacturing and distribution through existing logistics. To date, we've facilitated testing of 18 iterations of respirator design, and two have successfully passed preliminary evaluation at the Army's Combat Capabilities Development Command's Chemical Biological Center. Our next steps will be to assist these manufacturers with the NIOSH application and process, to obtain an N95 certification for these respirators. Further, we are continuously seeking new partners within the DoD who have N95-related efforts, so that we may be able to assist.

The COVID-19 pandemic has clearly illustrated that civilian medical supply chains were unprepared to rapidly scale-up production of critical medical supplies such as medical personal protective equipment, including N95 respirators. Although this crisis will end, the next one could come along at any time. Additionally, the impact of critical medical supply shortages on military readiness could occur again in future battlefields from natural pandemics or biothreat agents. By continuing to focus on producing medical devices within the DoD organic industrial base, we can translate the lessons we've learned with medical PPE shortages into better

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preparedness for the next medical crisis, as well as for future conflicts in a Multi-Domain Operational environment.

JS: Why was the WEMT PMO tasked with the N95 respirator effort?

DW: The WEMT PMO's everyday mission is to develop and deliver medical devices to our Service partners in the Army, Navy, Air Force and Marines. In response to the COVID-19 pandemic, our

program office was able to naturally pivot and leverage our staff's medical product development expertise and apply it to the crisis at hand. This is truly what project managers do – we find creative ways to deliver effective, suitable and timely medical solutions when and where they are needed most.

JS: Please list the other members of the N95 respirator program team, and detail their responsibilities in the overall effort.

DW: The team has been phenomenal and is comprised of many professionals. However, the N95 program is actually a subgroup of the USAMRDC's Additive Manufacturing Working Group, and nothing could have been accomplished without its assistance and guidance. The AMWG oversees three specific product lines: diagnostic swabs, ventilator parts and accessories, and the N95 respirator. As the lead for the N95 line of effort, I was tasked with outlining FDA and NIOSH requirements, initiating agreements between organizations, and leading an N95 working group to facilitate collaboration amongst all of our partners.

The N95 team specifically, can really be split into three different components, and we'd be nowhere without the ongoing collaborative effort from each component. First are our manufacturing partners, the U.S. Navy Underwater Warfare Center-Keyport, U.S. Forces Korea, Defense Logistics Agency, and the U.S. Coast Guard Academy. These organizations have the technical and subject matter expertise to not only design an N95 respirator, but actually to produce it through additive manufacturing methods.

Second is our AMWG team members at USAMRDC, comprised of the Office of Regulated Activities, Office of the Principal Assistant for Acquisition, Legal office, and USAMMDA's Office of Research and Technology Applications and the WEMT PMO. The USAMRDC ensures all regulatory requirements for the respirator have been met, appropriate agreements are in place between organizations, and that any concerns with patents or intellectual property on the respirator designs have been addressed. It also provides clinical expertise on potential products, and facilitates test and evaluation of N95 respirator prototypes.

Last, but certainly not least, is the Army's Combat Capabilities Development Command Chemical Biological Center. The CCDC CBC has been evaluating all forms of respirators for decades, and has an unparalleled knowledge of respirator design and evaluation. Once our manufacturing partners have produced a prototype, it is sent to CCDC CBC for evaluation, to determine whether it will meet the NIOSH standards for an N95 respirator. The CCDC CBC has been critical in providing performance feedback and offering design suggestions for our manufacturers, allowing iterative prototyping to expedite development of respirators.

JS: Other than for the current pandemic, what are some other (future) uses of the N95 mask?

DW: The N95 was thrust into the spotlight as COVID-19 is an airborne respiratory illness. However, the N95 respirator has long been used as medical PPE to prevent against other airborne illnesses, as well as in industrial settings to protect workers against airborne environmental toxins. Therefore, even when the COVID-19 pandemic ends, the N95 respirator will still be a much-needed product in these types of situations.

JS: Is there anything else you would like to say regarding the N95 working group?

DW: Tireless effort is put in on a daily basis, from N95 working group members internal and external to USAMMDA and USAMRDC, USAMMDA's higher headquarters. It has been such an honor to work with such an amazing group of professionals, spanning the medical and non-medical communities, and a truly unique experience to see so many different specialties come together for a common goal. I am extremely grateful to have been a part of it, and I would like to say a sincere "Thank you" to everyone involved!

Increased collaboration promotes improved medical diagnostic capabilities and health outcomes

By Dr. Jason Opdyke and Christina Watson, JPM CBRN Medical

The U.S. Department of Defense (DOD) has a long-standing history of developing medical countermeasures (MCMs) to combat deadly biological threats. Vaccines, diagnostics, and therapeutics serve in a fully-layered continuum of defense capabilities that both protect before exposure as well as to inform and treat after exposure. This set of capabilities also includes products intended to increase survival and health outcomes for service members in the event that deadly bacteria or viruses are manipulated and used as weapons of mass destruction (WMDs) or emerge from their natural sources.

Diagnostic products are included as MCMs because they play a key role in the treatment of military patients, providing information to both physicians and commanders about health-related events in their areas of responsibility. In fact, the diagnosis of an ill service member is likely the first indication that a biological event has occurred. Augmented situational awareness, such as evidence of a biological event, would translate into more effective decision-making, enhancing force health protection and ultimately resulting in improved health outcomes.

In 2013, the Joint Program Executive Office for Chemical, Biological, Radiological and Nuclear Defense (JPEO-CBRND) awarded a contract to BioFire Defense, LLC, to develop the Next Generation Diagnostics System 1 (NGDS 1), known commercially as the BioFire® FilmArray®, which is used in hospitals and clinical settings around the world for standard health care diagnoses such as gastrointestinal, sexually transmitted, and respiratory diseases. In 2017, the U.S. Food and Drug Administration (FDA) approved the use of the Warrior Panel, a DOD-funded diagnostic test, used in conjunction with the BioFire® FilmArray® for the diagnosis of anthrax, tularemia, plague, Q fever, and hemorrhagic fevers caused by Ebola and Marburg viruses. The Warrior Panel can diagnose diseases caused by all of these agents using only a small volume of patient blood. These advances drastically aid in protecting and treating our nation's warfighters from biological threats they may encounter while operating in high-risk military environments.

However, the DOD is not the only federal agency that requires the development of these diagnostic MCMs. Various subordinate organizations in the U.S. Department of Health and Human Services (HHS), including the Centers for Disease Control and Prevention (CDC), are similarly tasked with protecting the U.S. civilian population from these same biological threats. Due to the significant financial and time investments required to develop medical products, collaboration among government agencies, when opportunities and needs align, is highly desirable.

A Soldier demonstrates the use of the Warrior Panel, a DOD-funded diagnostic test, on the Next Generation Diagnostics System 1 (NGDS 1), known commercially as the BioFire® FilmArray®, which is used in hospitals and clinical settings around the world for standard health care diagnoses. Photo courtesy of JPM CBRN Medical.

"No one organization working within the CBRN space can possibly do it alone," said Col. Ryan Eckmeier, Joint Project Manager for Chemical, Biological, Radiological, and Nuclear Medical (JPM CBRN Medical). "It is critical that we leverage the expertise and resources of our like-minded partners to streamline the development of safe and effective medical countermeasures, getting them into the hands of the Joint Force faster."

Recognizing the importance of rapidly diagnosing these particular biological agents in a traditional civilian medical environment, the CDC used an interagency agreement with the JPEO-CBRND's JPM CBRN Medical to purchase BioFire® FilmArrays® and Warrior Panels in June 2018. In October 2019,

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the diagnostic system was made available to the CDC-managed Laboratory Response Network (LRN) as an integral operational capability.

The LRN is an integrated network of local, state, military, and

federal laboratories with the infrastructure and capacity to respond to biological and chemical terrorism, as well as other public health emergencies. Initial BioFire® FilmArray® instruments and Warrior Panels were fielded to 16 high-priority domestic LRN facilities, enabling these labs to provide a unique and specialized public health and preparedness function and improving their overall response capability.

"Collaborations with federal agencies like the DOD are important for the LRN to stay on the cutting edge of emerging technology," said Dr. Julie Villanueva, chief of the Laboratory Preparedness and Response Branch, CDC. "Deploying the Warrior Panel expands and streamlines the LRN's capabilities to test for bio-threat agents and high-consequence pathogens. This is a good example of how we can leverage assets and investments across federal partners."

Given the present-day CBRN global environment, fielding these diagnostics could not be timelier. An alarming increase in the use of chemical and biological weapons internationally, such as the now infamous Salisbury attack in 2018 using a deadly Novichok nerve agent, suggests that, for certain actors, the barrier to using these banned weapons is diminishing. In addition to these weaponized agents, parallel events where deadly biological pathogens emerge from their natural sources to infect human populations are also occurring. There is perhaps no better example of this than the SARS-CoV-2 pandemic.

"Collaborations with federal agencies like the DOD are important for the LRN to stay on the cutting edge of emerging technology."

- Dr. Julie Villanueva, chief, Laboratory Preparedness and Response Branch, CDC

In light of these growing concerns, and augmenting the CDC's efforts, the JPM CBRN Medical extended its infectious disease preparedness partnerships beyond the federal government. In 2019, the JPM CBRN Medical entered into cooperative research and development agreements (CRADAs) to further position the BioFire® FilmArray® and Warrior Panel technology in laboratories at two well-renowned U.S. universities, both equipped with the medical expertise and physical infrastructure capable of successfully treating sick patients infected with high-consequence Biosafety Level 4 (BSL-4) pathogens, such as Ebola. The Emory University Hospital's Serious Communicable Diseases Unit (SCDU), and the University of Nebraska's Biocontainment Unit (NBU), were commissioned by the CDC to provide treatment for people affected by bio-terrorism or highly hazardous communicable diseases, and are considered leaders in steady-state operational readiness to address these pathogens.

Use of the BioFire® FilmArray® and Warrior Panel allows these facilities to accurately diagnose afflicted patients and provide specialized treatment. In fact, the Emory SCDU and the NBU have each successfully treated patients with Ebola virus disease and other hemorrhagic fevers. This capability benefits both the civilian and the military sectors, not only improving overall ability to care for patients who contract diseases that pose a significant individual and public health consequence, but also providing lessons learned from a clinical environment.

"The presence of these diagnostics in the health care setting greatly increase our ability to detect and treat potential threats in a clinically rapid manner," said Dr. Colleen Kraft, associate professor at the Emory University School of Medicine. "This greatly assists clinicians in their diagnostic abilities – both to 'rule-in' concerning diseases and the reassurance of ruling out."

More now than ever, the U.S. must develop and use MCMs to address not only biological and chemical weapons, but also emerging infectious diseases like the COVID-19 pandemic that is currently afflicting the globe. In addressing the pandemic, the FilmArray® has been relied upon heavily by both DOD and civilian medical institutions to keep up with an unprecedented testing demand.

The JPM CBRN Medical supported BioFire Defense, LLC, in the development of a COVID-19 specific test that is analyzed on the FilmArray®. This COVID-19 test, supported by the Office of the Assistant Secretary of Defense for Health Affairs using Defense Health Program funds, received an Emergency Use Authorization (EUA) from the FDA on March 23, and has since been used to test thousands of patients for COVID-19.

Collaboration between the DOD, other federal agencies, and non-governmental stakeholders, including academic institutions and industry partners, is an unequivocal public health force multiplier. Forging strong partnerships reduces costs, decreases the amount of time it takes to develop these critical products, and facilitates enhanced readiness and treatment for both service members and civilians alike.

New medical device may change battlefield treatment

By Jeffrey Soares, USAMMDA Public Affairs

The U.S. Army Medical Materiel Development Activity has teamed with one of its commercial partners in the development of a novel medical device that may prove to be a "game-changer" in the frontline treatment of wounded Warfighters. Created by TDA Research, Inc., and funded through the Defense Health Agency's Small Business Innovation Research program, the Lactated Ringer's Solution Generator is a lightweight, portable unit that can produce sterile LR solution in austere locations from locally available freshwater sources. The device utilizes proprietary technology to produce one liter-size intravenous bags from a concentrated LR salt solution.

Composed of sodium, chloride, potassium, calcium and lactate, LR solution is used primarily to treat dehydration, deliver medication and restore fluid balance following bodily injury. It is also used to treat moderate hemorrhagic shock, as it has been shown to increase initial survival rates among patients and decrease the chances of organ damage.

Austin Langdon serves as assistant product manager for the LR Solution Generator program within USAMMDA's Warfighter Deployed Medical Systems Project Management Office. He believes the device will help to save lives on the battlefield, and recently he demonstrated the unit for Army Brig. Gen. Michael J. Talley, Commanding General of the U.S. Army Medical Research and Development Command and Fort Detrick.

"Without question, this small device will dramatically reduce the Army's logistical footprint of having to ship and store lactated Ringer's solution, which is the fluid of choice for resuscitation if blood is not available on the battlefield," said Langdon. "This unit can make LR solution from practically any water source, including ditch water."

"I truly believe in this device and its application for military use in the near future, although it will probably find its way into civilian medicine as well," he continued. "For the Army, the LR Solution Generator will increase our life-saving capabilities by helping to reduce our logistical supply chain demands — our ability to make LR solution in the field will also help ensure we're able to use these critical bags before they expire."

As a former Army flight medic, Langdon praised the unique qualities of the device, highlighting its size, weight and portability. The unit weighs less than 11 pounds and is stored in a hard-shell case that is approximately 10 inches wide by 18 inches long, and only 6 inches deep. The purification device runs on a rechargeable lithium-ion cell that can produce more than 30 bags of LR solution per single charge.

"Army leadership is continually seeking ways to reduce the logistical strain of getting much-needed resources to the frontline and far forward in Multi-Domain Operations," said Langdon. "Products such as the LR Solution Generator are far-forward-leaning solutions that can help us think outside of our normal parameters of operation. This device, and others like it, will bring forth new innovation that will change our standard of operation and secure our valuable resources."

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.

Austin Langdon, assistant product manager in USAMMDA's Warfighter Deployed Medical Systems Project Management Office, displays the Lactated Ringer's Solution Generator and its capabilities. (Photo by Jeffrey Soares)

Fort Detrick says goodbye to Fire Captain Jeff Miller

By Jenni Benson, USAG Public Affairs and Assistant Fire Chief Thomas Fritz, Fort Detrick Fire and Emergency Services

Fort Detrick Fire Capt. Jeffery Miller is closing out a long and successful 22-year career with the Department of the Army Civilian Fire and Emergency Services at Fort Detrick and Forest Glen, Maryland.

During his time of service, Miller has risen through the ranks from firefighter, driver operator, fire inspector, and finally as a supervisory firefighter at the rank of Captain.

Miller has dedicated many years in service to the country, state, and local communities. Miller's fire service career began in 1986 at the West Lanham Hills Volunteer Fire Department in Lanham, Maryland. There, he continued serving Prince Georges County's communities, moving up the chain of command until becoming the deputy fire chief. Miller's dedication to community and service has played a significant role in his life. His expertise and experience have shaped who he is as a person, firefighter, mentor, and fire officer. His desire to serve is evident in his performance and commitment to the Fort Detrick Fire Department. His unrelenting dedication is not only seen by those he works with or interacts with regularly but by all those in the fire service community across Prince Georges and Montgomery Counties.

Miller's federal service began in 1998 as a firefighter, driver operator, and emergency medical technician with the Fort Ritchie Fire Department in Cascade, Maryland, before becoming a member of the Water Reed Fire and Emergency Services Department in 1999. In the beginning, there was no way to know how long his fire service career would last, but he knew this was the path for his life and took positions that would fulfill his dream of becoming a career firefighter.

Throughout his career, Miller's dedication to service resulted in receiving many accolades and awards. Including service awards from The United States Army, Department of Defense, local community organizations, and the Prince Georges County Government and fire department. While serving at Walter Reed, Forest Glen, and Fort Detrick, Miller responded to over two thousand service calls. Calls ranged from Structural Fires, Hazardous Materials Response, Technical Rescue, and Emergency Medical Services to other life, safety, and property threats.

During his time with Fort Detrick, his contributions led to the department's recognition as the Department of the Army "Best Medium Size Fire Department" in 2013. Captain Miller can also take great pride in being a part of this department achieving accreditation through the Commission of Fire Service Accreditation International in 2019.

Miller takes great pride in mentoring and passing on his knowledge to fellow firefighters and junior officers through training, guidance, and direction, always meeting a high standard of performance with a dedication to personnel growth. Miller willfully shares his expertise and tricks of the trade he's mastered over his 22 years of continuous service to all department members.

"Captain Jeff Miller is an excellent example of someone who takes pride in the job, working hard to serve the people in his community day in and day out. We will miss his presence, his leadership, his counsel, and his passion. We wish him well as he takes this next step in retirement," said Fort Detrick Fire Chief Sean Edwards.

Miller may be closing a chapter in a fire and emergency services career as a professional firefighter but will continue to serve the people in his community as a volunteer. Miller will use the lessons learned and experiences gained during his fire service career to continue teaching and protecting others for many years to come.

Thank you for your service Fire Capt. Miller.

Fort Detrick Fire Capt. Jeff Miller (center) retires after a successful 22-year career with the Department of the Army Civilian Fire and Emergency Services at Fort Detrick and Forest Glen, Maryland. Courtesy Photo

Army medical maintenance leader retires after 42-year career

By C.J. Lovelace/AMLC Public Affairs

FORT DETRICK, Md. – Jack Rosarius has devoted his entire 42-year career with the U.S. Army to the medical maintenance enterprise.

But he almost didn't.

"I actually enlisted as airborne infantry," Rosarius recalled. "But a friend of mine who was in the Army, he said airborne infantry is not for you."

Rosarius is glad he took his friend's advice and so are his colleagues and coworkers, who described him as a leader, mentor and teammate – not to mention one of the Army's premiere subject matter experts in the clinical engineering field.

"Jack Rosarius exemplifies the best of the Army Civilian Corps, with a career spanning multiple conflicts and wars," said Col. Lynn Marm, a former U.S. Army Medical Materiel Agency commander who has known Rosarius for close to two decades.

"His reputation is hard won and the result of distinguished service to Army Medicine, both on active duty and as a civil servant," she said.

Rosarius, 60, admits he "didn't have a clue about medical maintenance" when he enlisted in 1978 at the age of 17, but he quickly embraced the profession and became an expert in the field, dedicating himself to the well-being of warfighters.

On Dec. 18, colleagues and friends collectively recognized Rosarius during a retirement ceremony at Fort Detrick. His 42 years of continuous Army service began with 21 years in active duty that included deployments in support of Operations Desert Shield and Desert Storm.

"Today is not about me," Rosarius said. "It's about me saying thank you to you all."

Jack Rosarius, right, is pictured with his wife, Dawn, and Chief Warrant Officer 5 Wendell Johnson following Rosarius retirement ceremony at Fort Detrick, Maryland on Dec. 18, 2020. Rosarius retired after 42 years of continuous service to the U.S. Army, including 21 years on active duty and 21 more as a civilian medical maintenance expert. (U.S. Army photo by Katie Ellis-Warfield)

Throughout his career, Rosarius, who has served as director of USAMMA's Medical Maintenance Management Directorate, or M3D, for the majority of his civilian years, has made a positive impact on many Soldiers and coworkers who have served alongside him.

"His approach to everything he does is for the betterment of humanity, the country and the organization and people around him," said Kevin Culihan, deputy director of M3D. "The one word that defines him best is duty."

"He continuously distinguishes himself through extraordinary public service," Culihan said. "It is his duty to continually lead by example, doing the right thing and taking care of people always."

Military to civilian

Rosarius was born in Heidelberg, Germany, where his father worked after serving three years in the Army.

As a teenager, Rosarius quickly got back to his roots when he started his own Army career. His first duty station after completing basic combat training was at the same hospital in Heidelberg where his parents welcomed him to the world.

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Later, he served at the U.S. Army Medical Materiel Center-Europe,

also located in Germany, in two different roles in MEDSOM, short for Medical Supply Optical and Maintenance, units over a four-year period.

From there, he returned to the United States, serving at Tobyhanna Army Depot in Pennsylvania and then for USAMMA at Fort Detrick before his deployment during the Gulf War in the early 1990s.

USAMMA and USAMMC-E are both direct reporting units to Army Medical Logistics Command.

His final stop before his return to Fort Detrick as a civilian was at Moncrief Army Community Hospital in Fort Jackson, South Carolina. He retired at the rank of Chief Warrant Officer 3 in 1999.

Moving back to Fort Detrick, Rosarius made his home in Frederick, Maryland, with his wife, Dawn, who currently serves as principal assistant for acquisition at the U.S. Army Medical Research and Development Command.

Then-Warrant Officer Jack Rosarius, left, is pictured with fellow allied Soldiers in north-east Saudi Arabia en route to Kuwait during Operation Desert Storm in the early 1990s. Rosarius retired in 1999 at the rank of Chief Warrant Officer 3. (Courtesy photo)

"The truth is, I had no intent of working for the government again, but my wife was here," he said. "We actually had an offer from a company that wanted to hire us both," but she had just entered civil service and wasn't ready to leave.

Good thing for USAMMA, where Rosarius has worked for his entire civilian career spanning another 21 years, essentially in the same position. As director of medical maintenance, his experience includes everything from maintaining equipment to performing technology assessments to developing policy and doctrine at all echelons, from unit to depot levels.

"In retrospect, it's great having a noble cause; something more than just making money," Rosarius said. "It gives you satisfaction. I'm glad life unrolled the way it has."

During his civilian career at USAMMA, many Soldiers have come and gone, but few leave without stories of Rosarius' impact in one way or another.

Col. Bradley Ladd, deputy chief of staff for operations at AMLC, said Rosarius has been a mentor to him over the past five years working together.

"He is one of the keys to my success in the military," Ladd said. "Mr. Rosarius has shaped the medical maintenance landscape over his career to guarantee the readiness of our force to fight and win our nation's conflicts.

"He is a selfless leader who cares deeply about people," Ladd added, "and he will do anything in order to help his employees, peers and supervisors, both professionally and personally."

Retired Chief Warrant Officer 3 Jack Rosarius, left, deployed as a civilian working for the U.S. Army Medical Materiel Agency, is pictured at Udari Range in Kuwait during the early days of Operation Iraqi Freedom. (Courtesy photo)

'My calling'

Above everything else, Rosarius said that "being a Soldier was my calling."

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"There's no doubt about it," he said. "I loved being a Soldier. And unlike a lot of people, when I look back, almost all of my favorite memories are being in the field, being deployed. I really enjoyed that environment."

Rosarius said he always enjoyed the deployment environment because of the men and women to his left and right, all focused on the same mission.

"And when you achieve the mission, there's a strange satisfaction," he said. "There's nowhere else you get that, and that commitment from the people other than from that environment."

In addition to his active-duty deployment during the Gulf War, Rosarius also had the opportunity to deploy as a civilian through his work at USAMMA, joining forward-deployed units to augment and train medical maintainers on the ground.

"I felt like a Soldier again when I was over there … handing off hospitals, maintaining hospitals," he said. "It was almost like being back in the Army."

Marm said Rosarius "is not defined solely by technical expertise," adding that he's the type of leader who "moves to the sound of the guns" and sets an example for others.

"Jack is an innovator, leading the clinical engineering field through multiple evolutions driven by the increasing sophistication of medical equipment, clinical practice and the arrival of telehealth," she said. "He has ensured that Army military and civilian clinical engineers keep pace with the constantly evolving cyber and technical aspects of deployable medical systems."

Rosarius' greatest contribution to the military? "Countless lives saved on the battlefield," Marm said.

Jack Rosarius, a medical maintenance expert who served the U.S. Army for 21 years on active duty and 21 more as a civilian, smiles during his retirement ceremony Dec. 18 at Fort Detrick, Maryland. He's spent his entire civilian career with the U.S. Army Medical Materiel Agency, serving as director of medical maintenance. (U.S. Army photo by Katie Ellis-Warfield)

Highest skilled technicians

Medical logisticians and maintenance technicians are known as problem solvers. Rosarius certainly earned that title during his career.

Culihan said Rosarius recognized the shortcomings in the past maintenance support structure for deployable medical formations, leading to efforts to create the Army Medical Department's Maintenance Sustainment Program.

"He coordinated for resources and funding and implemented a support structure to enhance medical maintenance across the operational force," Culihan said.

A major improvement credited to Rosarius was the establishment of USAMMA's Forward Repair Activity-Medical, or FRA-M, team.

Rosarius said the FRA-M was built "out of necessity" in 2007 after ongoing struggles for field-level maintainers to keep CT machines in good working order.

"Nobody could keep them up," he said of the CT machines. "And I knew we had the highest skilled technicians anywhere in the DOD."

"So the concept was – why don't we take our technicians, make them the best possible, let them focus on a commodity and we can rotate them into the theater to maintain equipment that might be too complex for unit-level maintainers."

Three different divisions were set up at each of USAMMA's medical maintenance depots – one focused on laboratory equipment, another on anesthesia and pulmonary devices, and the third for imaging equipment.

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The FRA-M initiative boosted availability rates for CT machines, among other devices, from 55% to over 90%, Culihan said, crediting Rosarius for driving the effort.

Deployed teams work through different forward-operating bases, maintaining and calibrating equipment but also training unit-level maintainers.

“So when they leave, they leave with not only working equipment, but a much more competent technician on the ground,” Rosarius said. “To me, they’re kind of the heart and soul of what we’ve built.”

Chief Warrant Officer 5 Wendell Johnson, 670A consultant to the Army Surgeon General, called Rosarius a “visionary” for his work with the FRA-M teams.

“[Soldiers] only kick down doors because they’re confident that those devices are going to be there to keep them alive,” said Johnson, who was the guest speaker at Rosarius’ retirement ceremony.

Marm added that Rosarius’ vision is now “hard wired” into doctrine, with teams supporting not just Southwest Asia as initially intended, but also across Europe and the Pacific.

“Since then, Jack’s unwavering focus on readiness has resulted in an unprecedented training and equipping posture of the Army’s medical war reserve program,” she said.

‘Silent heroes’

While it’s usually not one of the first things people think of, medical maintenance is an essential part of the overall mission of the U.S. military.

Rosarius said it’s just as important as a clinician rendering care.

“When you have a patient that goes into the OR, they’re giving their whole life to that clinician,” he said. “But what they don’t know is, they’re also giving it these technicians. Almost every device, whether it’s life-sustaining, diagnostic, therapeutic, whatever – our folks were the last to touch.

“The truth of the matter is, they are part and parcel to making sure those patients come back out alive,” Rosarius added. “I like to think of these folks as silent heroes. They are absolutely part of that medical continuum.”

As the U.S. faced enemies in the Middle East that adapted their methods for injuring and killing service members, Marm said Rosarius’ influence and advocacy was a catalyst for continued investment in medical depots and equipping programs, as well as the design of sets, kits and outfits and training that “keeps the promise of life-saving care to America’s sons and daughters into the future.”

She pointed to the case of Sgt. Brendan Marrocco, the first U.S. Soldier serving in Iraq or Afghanistan to survive a quadruple amputation and first person to receive a bilateral arm transplant at Johns Hopkins Hospital.

“There are many stories like this one, all possible because of medical logistics operating as part of a battlefield system of care not replicated in any other Army in the world,” Marm said. “The vital supply of medication, supplies and equipment enabled life-saving point of injury care and evacuation to battlefield surgery.”

‘Santa Todd’ goes virtual: Army medical logistics leader adapts holiday role to provide joy to children safely

By C.J. Lovelace/AMLC Public Affairs

FORT DETRICK, Md. – Todd Bishop started playing Santa Claus a couple years ago as a way to give back during the holidays, but things have changed quite a bit over the past year.

With mandatory physical distancing and mask usage in response to the COVID-19 pandemic, Bishop has had to get a little more creative in sharing the holiday magic with youngsters.

“Santa Todd,” as he’s known, has gone virtual.

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"This has actually been a silver lining sort of story," said Bishop, director of the Business Support Office at the U.S. Army Medical Materiel Agency. "… This has enabled me to find different ways that Santa Todd can raise charitable contributions."

Bishop has leveraged social media and video calls to facilitate over two dozen virtual visits with children, as well as virtual photos with Santa in coordination with a non-profit organization called Gold in Fight, a foundation dedicated to serving families in need due to hardships caused by pediatric cancer.

He works closely with parents to plan the visits, learning about the children in advance to help personalize the experience. Even as little as knowing the kid's name before making a FaceTime call can really make a difference.

"Having that information ahead of time, it helps create the magic," Bishop said. "Sometimes I'll have the parents hide a gift or a treat for the kid somewhere in the house then I, as Santa, can direct them to it. There's amazement there, like 'how in the heck did he do that?

"I usually conspire with the Elf on the Shelf whose name I also know going into the call," he laughed.

Along with personalized virtual visits and photos, Santa Todd has participated in Facebook Live events for a local charter school and recorded a video reading a children's book for a military unit in Germany. He also was interviewed for a podcast airing on Dec. 21, 2020.

The feedback from parents and, obviously, children has been overwhelmingly positive.

One of those parents, Maj. Zachary Patterson, who works with Bishop as deputy director of USAMMA's BSO, said it was a great way to leverage technology and stay safe while having some fun with his 3-year-old daughter.

Todd Bishop, known as "Santa Todd," talks with a child via a FaceTime call during a virtual visit with Santa. Bishop, a U.S. Army Medical Materiel Agency civilian employee, has found new ways to leverage technology to continue bringing some holiday magic to children despite COVID-19 restrictions. Courtesy Photos

Todd Bishop, dressed as "Santa Todd," is pictured with Evan Miller, a youngster from Homer, Alaska. The virtual photo with Santa is one way Bishop, a U.S. Army Medical Materiel Agency civilian employee, has adapted to distancing requirements during the COVID-19 pandemic.

"It was a good opportunity for us to still have the magical Santa experience without potentially exposing ourselves to an environment that may or may not be safe," Patterson said, like visiting a mall Santa, for example.

"It worked out even better actually," he added. "We were able to send our daughter's letter to Santa and he was able to open it during the call. It's a way he can further personalize the experience."

Bishop hopes his efforts not only raise donations, but also spread some much-needed holiday joy.

"I think people need it, especially [now]," he said.

Around Fort Detrick

Nallin Farm Gate and Brookville Gate are open 24/7

EFFECTIVE IMMEDIATELY: IF YOU CANNOT MEET PHYSICAL DISTANCING REQUIREMENTS OF 6 FT THEN FACE MASKS/COVERINGS ARE REQUIRED.

For updates and materials on COVID-19 visit: https://home.army.mil/detrick/index.php/covid-19-information

THE TRUSTED TRAVELER PROGRAM IS SUSPENDED UNTIL FURTHER NOTICE. ALL VISITORS WITHOUT DEPT. OF DEFENSE ID OR PERSONAL IDENTITY VERIFICATION (PIV) CARDS ARE REQUIRED TO BE VETTED AT NALLIN FARM GATE. THIS GATE IS OPEN 24/7.

In observance of the Washington's Birthday, all visitor centers and gates EXCEPT Nallin Farm Gate at Fort Detrick and Brookville Gate at Forest Glen will be closed Monday, Feb. 15, 2021. Vetting operations at Fort Detrick for all holidays will occur at Nallin Gate.

Tax Assistance Update
The Fort Detrick Legal Assistance Office (LAO) will assist active duty members of U.S. Armed Forces assigned to units located on or supported by Fort Detrick in preparing and electronic filing of both federal and state income tax returns for Tax Year 2020 beginning in January 2021. Members in grades O-3 and below, to include enlisted personnel and warrant officers, and their DEERS dependent spouses, are eligible for assistance by appointment only. The LAO will publish instructions for making appointments in the coming weeks.

All active-duty military members may prepare and file federal and state tax returns via Military OneSource at https://www.militaryonesource.mil/financial-legal/tax-resource-center/miltax-military-tax-services. Others, including military retirees, may self-prepare their federal and state returns using free commercial software available at the following IRS Website: https://www.irs.gov/e-file-providers/efile-with-commercial-software.

Telework Conduct Reminder
Employees are reminded standards of conduct while teleworking are the same as when physically present in work spaces/environments. Prohibited conduct includes, but is not limited to, consumption of alcohol, harassment, and discrimination. The Dos and Don'ts do not change due to being in a telework status. Supervisors who suspect employees of violating standards of conduct should consult with CPAC and/or their legal advisor.

The USAG FD Command Team is pleased to announce the **Competitive Leader Development Program (CLDP)** open to all permanent Department of the Army employees GS 12 and below (including Non-Appropriated Fund and Wage Grade equivalents). This self-paced program is an excellent training opportunity and participation is greatly encouraged. For more information, please reach out the Workforce Development Specialist, Ms. Kelley Villers, via email or MS Teams.

Barquist Army Health Clinic Upcoming Closures
Feb. 12: Military Training Holiday (DONSA/Reduced Hours) – Closing at 11:30 a.m.
Feb. 15: President's Day (Federal Holiday) – Closed all day

Auto Skills Center
Now Open
Cost: $8 an hour for Lift Rental. Tools and oil disposal included. Bay rental by appointment only. All fees will be through credit card only. Max Capacity will be reduced to 6 patrons at a time, every other bay and two people per bay. Face Masks required at all times. Patrons and staff will clean and sanitize each tool used and clean all touch points
Hours of operation are as follows:
Wednesday-Saturday: 9 a.m. - 5 p.m. | Sunday: noon - 8 p.m. | (Closed Monday & Tuesday)
For information please call (301) 619-2759.

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