



# Fort Detrick The Standard

A Sustainable Community of Excellence



Vol. 32, No. 24

October 14, 2016

# The Standard Bids Farewell

By Nick Minecci  
USAG Public Affairs

After 34 years The Standard is ceasing publication. With the immediacy and accessibility of online content, the U.S. Army Garrison Fort Detrick Public Affairs Office is moving to delivering the news for the Fort Detrick community online. Stories will be posted on the Fort Detrick website, [www.detrick.army.mil](http://www.detrick.army.mil), and on the Fort Detrick Facebook page, <https://www.facebook.com/DetrickUSAG>, throughout the week.

"By using the website and Facebook we can get stories to our community as they are happening and not a week or more later," said USAG Fort Detrick Public Affairs Officer Lanessa Hill.

"A really great thing about going digital is that our community can access the website and Facebook from their computer, phone or tablet, so they keep informed no matter where they are," said Hill.

"We know that for some people sitting down with a cup of coffee and physically holding the paper is a ritual, but we want to move Fort Detrick forward and ensure that we are not only giving the entire Fort Detrick community the coverage it deserves, but that we are delivering it in a timely manner. We'll miss the printed edition of The Standard, but are very excited about this move taking it digital," Hill said.



PHOTO BY NICK MINECCI, USAG PUBLIC AFFAIRS

## Fort Detrick Annual Army vs. Navy Flag Football Game Oct. 28

Fort Detrick Annual Army vs. Navy Flag Football Game

Kickoff is at 1 p.m. on the Blue and Grey Field. There will be hot food and beverages, and halftime events will include Litter Relay Race and Tug-o-War.

Come support your team!

## Social Media

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# Keeping Up With the Speed of News

**By Col. Bob O'Brien**

USAG Fort Detrick Commander

You are holding a piece of history in your hands as you read this issue of The Standard.

For over 30 years the Fort Detrick community has learned about news, events and read the stories of their co-workers in The Standard. Today you hold the last printed issue of our newspaper as the news and information our Public Affairs staff moves to an online format.

By going to an online news distribution this allows our Soldiers, family members and the Fort Detrick community to get the news faster, and with more options on how receive the news. Both the Fort Detrick website ([www.detrick.army.mil](http://www.detrick.army.mil)) and the Fort Detrick Facebook page (<https://www.facebook.com/DetrickUSAG>) can be accessed not only on a computer, but on a tablet or phone, allowing you to receive the information no matter where you are.

Another reason we made the decision to convert to the online news is it allows us to get the stories to you faster, sometimes as an event is in progress, as opposed to every two weeks as we have been doing. This allows our staff to share the stories of the work and events

you, the men and women who make Fort Detrick run, not only with more immediacy, but allows for more coverage.

I know there are some who will be disappointed the printed paper is going away. This was not a decision made lightly, but this is a move forward and which allows for the best use of our personnel and equipment in keeping the information flowing between the command and our customers.

As we make this transition I would also like remind everyone that with fall here and winter approaching, in the event of inclement weather you will be informed through the Fort Detrick webpage, on the Facebook page, on the Fort Detrick Twitter page (@DetrickUSAG) and by calling the weather hotline, (301) 619-7611. These will all be updated during bad weather with delays or closings.

This is a time of transition for Fort Detrick, and the Army as a whole. You will see changes coming to the website to make it easier to navigate, and we are constantly endeavoring to improve our communication with you. If you have any comments please do not hesitate to contact us using ICE. Your feedback and opinions are an important tool for us to improve.



**By Col. Bob O'Brien**  
USAG Fort Detrick Commander

## Impact Aid Survey

A Frederick County Public Schools Impact Aid Survey was sent to parents/guardians Oct. 6. This form must be completed and signed with a date of Oct. 6. Please ensure you complete all pertinent information, sign the form and return it to your child's school before Oct. 30.

Since 1950, Congress has provided financial assistance to these local school districts through the Impact Aid Program. The program was designed to assist local school districts that have lost property tax revenue due to the presence of tax-exempt Federal property, or that have experienced increased expenditures due to the enrollment of federally connected children. The Impact Aid law (now Title VIII of the Elementary and Secondary Education Act of 1965) provides assistance to local school districts with concentrations of children residing on military bases and, to a lesser extent, concentrations of children who have parents in the uniformed services or employed on eligible Federal properties who do not live on Federal property.

Most Impact Aid funds are considered general aid to the recipient school districts. These districts may use the funds in whatever manner they choose in accordance with their local and state requirements.

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<b>Near Miss Hotline</b>	<b>(301) 619-3164</b>
<b>USAG Network Enterprise Help Desk</b>	<b>(301) 619-2049</b>
<b>Balfour Beatty</b>	<b>(240) 379-6518</b>
<b>Directorate of Public Works Trouble Desk</b>	<b>(301) 619-2726</b>
<b>Barquist Army Health Clinic</b>	<b>(866) 379-3981</b>
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**Command Staff**  
**Maj. Gen. Barbara R. Holcomb**  
*Commanding General, U.S. Army Medical  
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and Fort Detrick*

**Col. Robert O'Brien IV**  
*U.S. Army Garrison Commander*

**Editorial Staff**  
PAO Staff

Visit our Web site at: [www.detrick.army.mil](http://www.detrick.army.mil)

# Chaplain's Corner

## *Applying Planning Skills to our Spiritual Lives*

Before I joined the Army, I was never able to see the big picture behind what the Army does; the countless hours of hard work and planning that lies behind the full spectrum of Army operations. One of the most surprising aspects of being a staff officer, for me, is the amount of planning and analysis I myself am asked to do on a daily basis.

The military decision making process is an effective technique the Army uses to make decisions;

a detailed, organized and sometimes challenging approach to defining, analyzing and solving problems. There is no way I would be able to detail the entire process to you all in one article, however, my desire is to lay out a general outline at this point in time, then discuss it in greater detail in the coming months.

I believe understanding the military decision making process equips Soldiers with the necessary planning skills to not only be successful in their professional lives, but spiritually as well.

Once I was able to translate the MDMP into something I was familiar with, it became easier for me to transfer those skills from my military life out into my whole life. I was no longer "lost in translation," understanding the effectiveness of the process better than ever before.

For example, I am trained in understanding and analyzing the Bible. By applying those same skills in understanding operation orders and Army missions, it became easier for me to relate those orders to what



I already know. By doing so, I was able to improve my ability to do my core skill of being a chaplain.

The Army approach to planning and executing its mission begins with understanding the commander's intent. This is the big idea, the "what we want to accomplish" statement. Spiritually translated: "what is God's will for my life?" Or, from a non-religious and more philosophical viewpoint: "what is the purpose of my life?"

The commander's intent is the core guiding element that influences all other actions, and it is important for this to be clearly stated and clearly understood.

Once you have fully grasped the commander's intent, you then determine what it is you are trying to accomplish as well as what your specified and implied tasks are. For instance, if my faith instructs me to practice a life of charity, then what does that look like? What ways, means and ends do I have to practice charity towards others? What constraints do I need to be aware of?

I hope I have piqued your interest and that you will all stay tuned for future articles. I believe that as we are able to incorporate what we do and who we are throughout our whole life, it contributes to a greater sense of meaning and purpose in our lives.

This will be the last print edition of The Standard, so join us on the Fort Detrick website, [www.detrick.army.mil](http://www.detrick.army.mil) for further articles and how to apply our Army planner skills to our spiritual lives.

*God bless you, Fort Detrick, Chaplain (Lt. Col.) Michael Jeffries*

# #FLASHBACK FRIDAY

## Happy 241st Birthday U.S. Navy!

By Nick Minecci  
USAG Public Affairs

On Oct. 13, 1775, the Continental Congress voted to outfit two sailing vessels, armed with ten carriage guns, as well as swivel guns, and manned by crews of eighty, sending them on a three month mission to intercept transports carrying supplies to the British army in America, giving birth to the United States Navy.

The British navy was the ruler of the seas, and the new Continental Navy was designed to work with privateers, waging naval guerilla war against the transports that supplied British forces in North America. Using a fleet of small ships — frigates, brigs, sloops and schooners — the Colonials sailed independently or in pairs, hunting British ships and transports while avoiding the Royal Navy's ships of the line.

In October 1775, the British ruled the seas and threatened to stop up the colonies' trade and use the naval guns to inflict destruction on seaside towns. Because of this threat, several states commissioned small fleets of their own to defend their local waters. Congress had not yet authorized privateering and some were worried about pushing the armed struggle too far, holding out hope that reconciliation with Great Britain was still possible.

Others, led by John Adams of Massachusetts, promoted a Continental Navy from the beginning of armed hostilities. Adams argued that a fleet would defend the seacoast towns, protect vital trade, retaliate against British raiders and make it possible to seek out among neutral nations of the world the arms and stores that would make resistance possible. Some southerners agreed that a fleet would protect and secure the trade of New England, but denied that it would that of the southern colonies.

On Oct. 3, 1775, Rhode Island's delegates introduced a resolution for the building and equipping of an American fleet as soon as possible. When the motion came to the floor for debate, Samuel Chase of Maryland criticized it, saying it was "the maddest idea in the World to think of building an American Fleet."



With even pro-navy members thinking the proposal too vague, saying it lacked specifics a budget, Congress was unwilling to form a permanent navy. Then, on Oct. 5, Congress received words of two English brigs, unarmed and loaded with munitions, leaving England bound for Quebec. Congress immediately appointed a committee to consider how to take advantage of this opportunity. They recommended first that the governments of Massachusetts, Rhode Island and Connecticut be asked to send armed vessels to intercept the munitions ships. They also outlined a plan for the equipping by Congress of two armed vessels to cruise to the eastward to intercept any ships bearing supplies to the British army. On Oct. 13 a letter from General George Washington was read in Congress where he reported he had taken under his command, at Continental expense, three schooners to cruise off Massachusetts to intercept enemy supply ships.

With armed vessels sailing in their name, it was not such a big step for Congress to approve two more and the committee's proposal was adopted. Within a few days, Congress established a Naval Committee charged with equipping a fleet. This committee directed the purchasing, outfitting, manning, and operations of the first ships of the new navy, drafted subsequent naval legislation, and prepared rules and regulations to govern the Continental Navy's conduct and internal administration.

During the War of Independence, the Continental Navy sent more than fifty armed vessels of various types to sea, seizing enemy supplies, took nearly 200 British vessels as prizes, some off the British Isles themselves. The Continental Navy began the proud tradition carried on today by our United States Navy, and whose 241st birthday we celebrate.

## *In and Around Fort Detrick*

### **Fort Detrick Annual Army vs. Navy Flag Football Game**

Oct. 28

1 p.m. kickoff on the Blue and Grey Field

Hot food and beverages will be available for purchase, half-time events will include litter relay race and tug-o-war.

For more information, call (301) 619-2564.

### **Fort Detrick Fall Events**

Kicking off a night of fun, stop over to the parking lot of the Auditorium and check out Trunk or Treat, watch the Pumpkin Chunkin' competition or celebrate Oktoberfest by jumping around in the bounce houses, enjoying food and games. Also make sure to go inside the Community Activities Center for the Fort Detrick Chapel's Annual Harvest Festival.

### **Trunk or Treat**

Oct. 28

5 p.m. - 6:45 p.m.

Auditorium Parking Lot

### **Fort Detrick Oktoberfest**

Oct. 28

5 p.m. outside of the Community Activities Center

Pumpkin Chunkin' staging for competitors will be held at 4:30 p.m. with the competition beginning at 5 p.m.

Come out and enjoy the bouncy house, pumpkin patch, food and fun.

### **Pumpkin Chunkin'**

Pumpkin Chunkin' will be held in conjunction with Oktoberfest on Oct. 28.

### **Fort Detrick Chapel Annual Harvest Fest**

Inside the Community Activities Center, Building. 1529 from 5p.m. - 7 p.m.

This free event will be held in conjunction with the Family, Morale, Welfare and Recreation Oktoberfest and the U.S. Army Medical Research and Materiel Command Trunk or Treat. Harvest Fest offers a family oriented alternative to traditional Halloween trick or treat.

For more information, please contact the Chapel Center at (301) 619-7371 or email: [usarmy.detrick.usag.mbx.chapel@mail.mil](mailto:usarmy.detrick.usag.mbx.chapel@mail.mil)

### **Trick or Treating Oct. 31**

Trick or Treating will take place in the Balfour Beatty housing area on Oct. 31 from 6-8 p.m.

# RDSC Offers Unmatched Immersion into R&D

By Melissa Myers  
USAMRMC Public Affairs

On Sept. 16, the 2016 Annual Military Veterinary Research and Development Short Course wrapped up another successful year in Silver Spring, Maryland.

The annual five-day R&D Short Course, which this year spanned Sept. 12-16, serves as the principal recruiting tool geared towards Veterinary Corps Officers — typically captains and majors — moving into the next step in their careers.

“They’re at a point where they’re considering ‘Do I want to stay in the Army?’ or ‘Do I want to leave the Army?’” explained Lt. Col. Sarah Bro, executive officer for the Animal Care and Use Review Office, part of the Office of Research Protections for the U.S. Army Medical Research and Materiel Command, and second-year course director for the R&DSCR. “This is a tipping point for many of them. If they want to stay in the Army, this course offers an overview of the viable options for further training and specialization in the research and development fields within the U.S. Army Veterinary Corps.”

The course exposes participants to research and development specialization offered via the U.S. Army Long Term Health Education and Training program, providing a unique glimpse into the career opportunities available and giving attendees the exclusive opportunity to really see what a day would be like in the life of a lab animal veterinarian (Army Occupation Code 64C), a pathology veterinarian (AOC 64D) or a scientific researcher in comparative medicine (AOC 64E).

Sponsored by the USAMRMC, the course provides 40 total hours



PHOTO COURTESY LT. COL. SARAH BRO

**Participants of the 2016 Annual Military Veterinary Research and Development Short Course pose for a photo during their last stop at the Walter Reed Army Institute of Research in Silver Spring, Maryland, Sept. 16.**

of education, training and exposure related to DOD research and development mission requirements. This year’s class had 15 participants from both within and outside of the continental U.S.

In only five days, participants visited six different U.S. Army institutes, which this year included: the Uniformed Services University of the Health Sciences and the Armed Forces Radiobiology Research Institute; the U.S. Army Medical Research Institute of Infectious Diseases; the U.S. Army Medical Research Institute of Chemical Defense; the Joint Pathology Center; and the Walter Reed Army Institute of Research.

From hands-on animal interactions to facility tours, and one exceptionally notable nuclear reactor

tour, day 1 at the USUHS and AFRRRI had participants off to an exciting start to the course week. Day 2 at the USAMRIID provided an inside look at the Biosafety Laboratory setting with a BSL-4 suit up tour, while day 3 involved exclusive tours of both the new and old USAMRICD facilities. Day 4 at the JPC featured a particularly memorable behind the scenes tour of the National Museum of Health and Medicine, and participants ended the week on a high note with a blast simulation and tour of facilities at the WRAIR.

“This course offered an unmatched opportunity for immersion into the ‘R&D world’ and firsthand experience/exposure to how veterinarians contribute to supporting the Warfighter in areas of pathology, lab

animal and Ph.D. specialties,” said participant Capt. Teresa Vaughn.

Collectively, what participants seemed to value most at the end of the day was the interaction and dialogue they were able to have with actual staff and residents. This opportunity to catch a glimpse of the real inner workings of those specific career fields within each institute serves as the bedrock of the course.

This year’s training had a particularly positive turnout, with 14 of the 15 attendees stating they now plan to apply for research and development specialization through the U.S. Army LTHET program.

“This course has made a significant impact on my future career plans and was a worthwhile experience,” said participant Capt. Leah Ramey.

“This course has 100 percent changed my career trajectory in the Army,” said another participant of this year’s course, Capt. Jessica Perpich.

Overall, “[the course] was highly successful this year in terms of a recruiting tool,” said Bro. “For every single site there is a person on the ground running the entire program for the day, arranging for speakers, meeting space and coordinating activities; success could not have been accomplished without the help and expertise of each and every one of those individuals involved.”

Application submissions for the 2017 Annual Military Veterinary R&DSC will open next spring.

## USAMRMC Releases IT Solutions for Clinical Trial Management

By John Castagna  
Special to The Standard

The U.S. Army Medical Research and Materiel Command Enterprise Information Technology Project Management Office released an innovative IT solutions product for clinical trial management.

In August, collaborating with the U.S. Army Medical Materiel Development Activity Clinical Operations Branch, eIT PMO released the Clinical Trial Management System. The CTMS is an enterprise-level system for enhanced management capability for Office of the Surgeon General sponsored clinical trials. It enables improved executive visibility, concise trial monitoring, and enhanced tracking and reporting of protocol activities.

“The CTMS is an automated, centralized web-based system that fills a USAMRMC gap that no single system collects and integrates required

clinical trial information in which to manage the overall clinical trial process worldwide,” said USAMMDA Chief of Clinical Operations Melissa Askin.

eIT PMO provides and sustains a suite of USAMRMC Medical Research Enterprise information management and technology solutions.

These solutions meet the needs of the command and collaborators by:

- \* Facilitating full program coordination, planning, management and execution to ensure successful acquisition of required medical research IT solutions.

- \* Procuring, configuring and sustaining IT solutions for USAMRMC’s medical research activities in accordance with Department of Defense, U.S. Food and Drug Administration and U.S. Army Medical Command policies and regulations.

- \* Coordinating, with the USAMRMC, Medical

Research Functional Sponsors in the prioritization and implementation of IT solutions throughout the USAMRMC.

eIT PMO products comply with the overarching, ongoing requirement of the FDA Part 11, Title 21 of the Code of Federal Regulations for Electronic Records; Electronic Signatures (21 CFR Part 11).

In addition to CTMS, the eIT PMO product suite delivers these mission essential capabilities:

- \* The Electronic Document Management System delivers electronic document management and electronic signature capability for FDA regulated and Research Management Enterprise non-regulated activities across the USAMRMC.

- \* Serious Adverse Event provides electronic storage and automation for serious adverse event management/reporting.

- \* Electronic Data Capture — Clinical Re-

search Data Management System manages clinical trial data in support of medical research activity across the USAMRMC. The system supports the full life cycle of clinical studies from study inception through data field definition/specification, data entry, data query, data transfer/output into stand-alone statistical tools and study close-out.

- \* Electronic Common Technical Document assures FDA compliance in submitting standard eCTD format documentation, interfacing with the eIT PMO EDMS to pull documents and compile them into an FDA-acceptable format for all electronic submissions from the USAMRMC.

For additional information about the eIT PMO, please access the eIT PMO website or email the eIT PMO at [USArmy.Detrick.MEDCOM-USAMRMC.Other.eIT-PMO@mail.mil](mailto:USArmy.Detrick.MEDCOM-USAMRMC.Other.eIT-PMO@mail.mil).

# Army SHARP Training Videos Filmed at Fort Detrick

Over the past month, actors and crew from a local production company descended upon the Fort Detrick Community Activities Center, the Odom Fitness Center, and other locations around post to create scenes for new Army Sexual Harassment/Assault Response and Prevention training videos. Fort Detrick was selected to provide a few of the scenario settings for the updated training videos which are set to be released sometime in 2017.



Before filming began, Military Consultant Joe Dames instructs the actors of the Sexual Harassment/Assault Response and Prevention training videos how to properly lace up military boots Oct. 7 at the Fort Detrick Community Activities Center.



PHOTOS BY JENNI BENSON, USAG PUBLIC AFFAIRS

Once the actors rehearsed, lighting and sound levels were checked and props were placed, it was time to start rolling footage for the Sexual Harassment/Assault Response and Prevention training videos Oct. 7 at the Fort Detrick Community Activities Center Lounge. The above scene takes place in a dining facility and is part of a retaliation scenario for the SHARP training videos which are slated to be released sometime in 2017.

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# USAMRMC Soldiers Participate in Army Best Warrior Competition

By Crystal Maynard  
USAMRMC Public Affairs

Two U.S. Army Medical Research and Materiel Command Soldiers participated in the 15th Annual U.S. Army Best Warrior Competition at Fort A.P. Hill, Virginia, Sept. 26-Oct. 3, 2016.

Sgt. 1st Class Ilker Irmak, from U.S. Army Medical Materiel Center, Europe, placed third for the Department of the Army Noncommissioned Officer of the Year and Sgt. Victor Galvez, from the U.S. Army Medical Research Institute of Chemical Defense, placed 10th

in the tournament of the Soldier of the Year.

During the competition, both Irmak and Galvez were motivated by their families and their will to make their leadership proud of their efforts.

"My main inspiration and/or motivation was to pay back our great leaders within MEDCOM and make them proud," shared Irmak. "I wanted to display MEDCOM's combat readiness at the highest echelon. I think I was able to meet that goal and showed the rest of the Army that we can keep up with them."

This year has been busy for the Soldiers as they previously competed in and won the USAMRMC and MEDCOM Best Warrior competitions this year to qualify for the Army-wide competition. They also competed in the Canadian Army's Starlight Challenge.

"Going through the various competitions has been a learning experience," said Galvez. "I have learned something new at each level of competition. I have also met a lot of great Soldiers at each level. There was stress involved but that's only because I want-

ed to represent my unit and command to the best of my ability. Having the support at home was also a moral boost. My wife and daughter were a big source of motivation and support."

During the grueling four-day competition, the competitors

tested their Army aptitude by conquering urban warfare simulations, board interviews, physical fitness tests, written exams, and Warrior tasks and battle drills relevant to today's operating environment.

"This past year has been a one-of-a-kind experience. I

encountered great Soldiers and NCOs throughout the different competitions," said Irmak. "More importantly, I met great senior leaders who took genuine interest in me. I was happy to proudly represent the USAMMCE, MRMC and MEDCOM."



COURTESY PHOTO

Sgt. Victor Galvez, from the U.S. Army Medical Research Institute of Chemical Defense, navigates the obstacle course during the 15th Annual U.S. Army Best Warrior Competition at Fort A.P. Hill, Virginia, Sept. 26-Oct. 3.



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**ARMY DOMESTIC VIOLENCE AWARENESS MONTH**  
October 2016

**Installation Commander's Proclamation**

Domestic Violence Awareness Month is recognized October of each year. Domestic violence is never OKAY. No one deserves to be abused and anyone can be a victim. Any time an Army Family member suffers from abuse, we fall short of our goals for readiness.

Everyone plays a role in upholding the Army values and standards that support safe, healthy relationships for everyone in the military community. Without every one of us doing our part, we cannot say our Army is fully ready to meet the mission of preventing domestic violence.

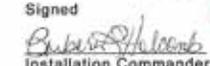
Therefore, the message to everyone in the **Fort Detrick** community for Domestic Violence Awareness Month 2016 is clear and simple:

**Speak Up. Be Part of the Solution.**

Simple actions can help protect victims. Have the courage to speak up and do the right thing. Learn safe and appropriate ways to raise the issue of domestic violence with family, friends, co-workers and community members.

Join me in making this October's Domestic Violence Awareness Month the beginning of a year-round campaign to end domestic abuse. Let the **Fort Detrick** Family Advocacy Program be your partner in preventing and reducing the risk of domestic abuse, and restore valued relationships that are deteriorating.

Take a stand to stop domestic violence and keep our community safe.

Signed  
  
Installation Commander

# Second Form of ID Soon Needed To Enter Fort Detrick

Fort Detrick will not accept driver licenses and identification cards from the states that are not compliant with the standards of the REAL ID Act without a second form of ID starting October 2017.

Please continue to check the Department of Homeland Security's REAL ID webpage, <https://www.dhs.gov/real-id-enforcement-brief>, for the most up-to-date information on individual state compliance, as status can change over time.

Some of the acceptable second forms of ID include:

- United States Passport or United States Passport Card

- Permanent Resident Card/Alien Registration Receipt Card (Form I-551)
- Foreign passport with a temporary (I-551) stamp or temporary (I-551) printed notation on a machine readable immigrant visa
- Employment authorization document that contains a photograph (Form I-766)
- In the case of a non-immigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's non-immigrant status, as long as the endorsement has not

yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.

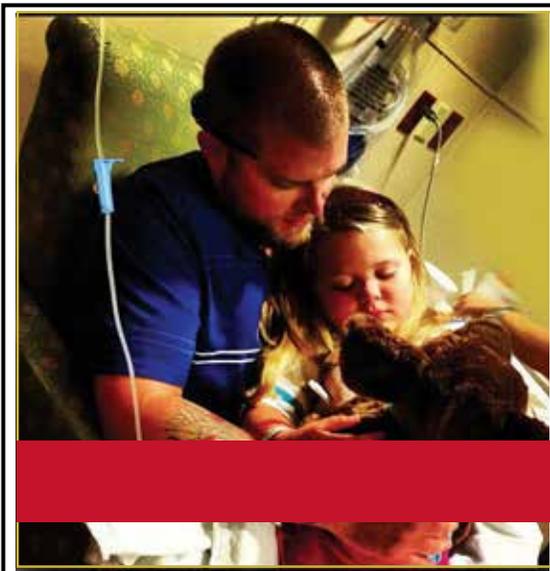
- School identification card with a photograph
- U.S. Military or draft record
- U.S. Coast Guard Merchant Mariner Cards
- Transportation Worker Identification Card
- Native American Tribal Document

The REAL ID Act establishes minimum security standards for state-issued driver's licenses and ID cards, and prohibits federal agencies from accepting licenses and ID cards from states that do not meet these standards.

Implemented in 2015, visitors seeking access to military bases and almost all federal facilities using their state-issued driver's licenses and ID cards must also present proper identification issued by REAL ID-compliant states or a state that has received an extension.

For more information on compliant states, states with extensions or those states that are non-compliant, please refer to the DHS website at: <https://www.dhs.gov/current-status-states-territories>.

For more information on the Real ID Act, visit: <https://www.dhs.gov/real-id-frequently-asked-questions>.



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# TRICARE to Expand Access to Mental Health Care and Substance Use Disorder Treatment

## Increased access to care at lower cost for TRICARE beneficiaries

TRICARE is implementing significant improvements to its mental health and substance use disorder benefits to provide beneficiaries greater access to the full range of available mental health and SUD treatments.

“We are intently focused on ensuring the behavioral health of our Service Members and their families remains a top priority. These sweeping changes reflect that commitment,” said Army Maj. Gen. Jeffrey Clark, director of Healthcare Operations at the Defense Health Agency said.

TRICARE provides a generous and comprehensive mental health benefit to active duty Service Members, retirees and their families, including psychiatric outpatient, inpatient, partial hospitalization and residential treatment services.

“But we are working to make the benefit even better,” said Dr. John Davison, chief of the Condition-Based Specialty Care Section of

DHA’s Clinical Support Division.

“Major changes are underway that will improve access to mental health and substance use disorder treatment for TRICARE beneficiaries, revise beneficiary cost-shares to align with cost-shares for medical and surgical care, and reduce administrative barriers to care by streamlining the requirements for institutional providers to become TRICARE authorized providers.”

Dr. Patricia Moseley, senior policy analyst for military child and family behavioral health at DHA in Falls Church, Virginia, said being able to ensure TRICARE mental health benefits are offered on par with medical and surgical benefits was an important driving force for the changes.

“Being able to meet the principles of mental health parity in our benefit is very significant,” said Moseley.

Beginning Oct. 3, non-active duty dependent beneficiaries, retirees, their family members and survivors will generally pay lower co-payments and cost-shares for mental health care, such as \$12 for outpatient mental health and SUD visits rather than the current rate of \$25 per mental health visit. Co-pays and cost-shares for inpatient mental

health services will also be the same as for inpatient medical/surgical care. A full list of all mental health co-pay and cost-share changes will be posted online at [www.tricare.mil](http://www.tricare.mil).

Although the new copayment rules are effective Oct. 3, there is a chance that some providers may not be aware of these changes. Should beneficiaries be charged incorrect cost-shares or co-pays, TRICARE will correct claims retroactive to Oct. 3.

TRICARE already eliminated several restrictions relating to the lengths of stay allowed for inpatient mental health treatment and psychiatric Residential Treatment Center care for children and adolescents. Additional day limits for services such as partial hospitalization, residential substance use disorder care, smoking cessation counseling and other mental health treatment will also be removed effective Oct. 3. The removal of these limits altogether will further de-stigmatize mental health treatment and hopefully provide a greater incentive for beneficiaries to seek the care they need.

“Now, the length of a course of treatment will be based solely on medical and psychological necessity,” said Davison. For example, a person struggling with alcoholism has a limit of three outpatient treatments in his lifetime under TRICARE’s current benefits. However, substance use can be a lifelong struggle. The changes will allow people to seek help as many times as they need it.

TRICARE will expand its coverage of treatment options for substance use disorders, including opioid use disorder, which can range from addiction to heroin to prescription drugs. This change will provide more treatment options, such as outpatient counseling and intensive outpatient programs. Office visits with a qualified TRICARE authorized physician may include coverage of medication-assisted treatment (e.g., buprenorphine, or “suboxone”) for opioid addiction if the physician is certified to prescribe these medications.

Once additional changes are put into effect early next year, the process for facilities to become TRICARE-authorized will become easier and faster as TRICARE seeks to make its regulations consistent with industry standards.

“These revisions will make mental health care and SUD treatment

more community based,” said Moseley.

Gender dysphoria — a condition in which a person experiences distress over the fact that their gender identity conflicts with their sex assigned at birth — may be treated non-surgically by TRICARE authorized providers effective Oct. 3rd. Non-surgical treatment includes psychotherapy, pharmacotherapy and hormone treatment. Surgical care continues to be prohibited for all non-active duty beneficiaries.

“We are working as quickly as possible to implement these sweeping changes to the program over the next several months,” said Moseley.

The reduction in cost-shares and co-pays will be effective Oct. 3, along with authorization of office-based substance use disorder treatment and non-surgical treatment of gender dysphoria. Changes that require new or more detailed revision of TRICARE policy manuals, such as TRICARE authorization criteria for institutional mental health providers, will be rolled out early 2017. Updates will be posted as changes are implemented.

For more information, please visit [www.tricare.mil](http://www.tricare.mil).

## Flu Shot Season



**Maj. Gen. Barbara R. Holcomb, commander of the U.S. Army Medical Research and Materiel Command and Fort Detrick, receives her annual flu shot on Oct. 12. Flu season in the U.S. can begin as early as October. The flu vaccine is the best way to reduce the chances that you will get seasonal flu and spread it to others.**

PHOTO BY CRYSTAL MAYNARD, USAMRMC PUBLIC AFFAIRS

## USAMRMC Advance to MEDCOM Best Medic Competition

**By Crystal Maynard**  
USAMRMC Public Affairs

Capt. Dennis Kim and Sgt. Andres Salas were victors of the U.S. Army Medical Research and Materiel Command Best Medic Competition, which was held during the first week of October in Fort Detrick, Maryland.

Soldiers that participated in the competition had previously earned the Combat Medic Badge and/or the Expert Field Medical Badge. The competition included a rigorous 24-hour continuous operations event that included Army Physical Fitness Test, a ten mile ruck march, Tactical Combat Casualty Care lanes, day land navigation and night land navigation.

Kim and Salas were awarded the Army Commendation Medal and will participate in the Army Medical Command Best Medic competition later this month.



COURTESY PHOTO

**Col. William Davis pinning the Army Commendation Medal on Capt. Dennis Kim and Sgt. Salas for the U.S. Medical Research and Materiel Command Best Medic competition.**

# Combat Tourniquet Gets Updated Single-Slot Buckle

By Ellen Crown  
USAMMA Public Affairs

Deployed Soldiers may receive an updated Combat Application Tourniquet(tm) and wonder how to use the new version.

Makers of the CAT updated the design of the widely used product, resulting in two different versions currently in use in the field — both with the same National Stock Number (NSN 6515-01-521-7976).

The non-pneumatic CAT, which was developed through research by the U.S. Army Medical Research and Materiel Command, is a small, lightweight tourniquet designed to completely stop arterial blood flow to an injured limb. Every Soldier carries a CAT on the battlefield, allowing troops to provide life-saving care to themselves or a fellow Soldier. Exsanguination (e.g., bleeding to death) is the most common cause of potentially survivable death for wounded Warfighters.

The newer version of the CAT, known as “Generation 7,” features a single-routing buckle through which Soldiers feed the tourniquet belt before tightening it with the windlass (e.g., textured black rod). The “Generation 6” CAT model has two slots on the buckle and could be used to either double-route (buddy care) or single-route (self-care) the belt.

“When you need to actually use a tourniquet is the wrong time to figure out which version you have and how to use it,” said Jason Harrington, the U.S. Army Medical Materiel Agency’s nurse consultant in the Medical De-

vices Program Management Office. “Soldiers need to look at their tourniquets and become familiar with the version they have been issued by carefully reading the printed instructions for use that come with each CAT.”

Harrington recommends keeping the instructions for reference and refresher training.

Other identifying differences between the two generations is that the fastener strap on the new model is gray, compared to a white strap on the older model. Additionally, the device’s lot number and “G7” are visible on the device and through the manufacturer’s packaging.

While the updated CAT single-slot buckle is designed for faster and easier application, the Army emphasizes that both models are effective. Both have been tested by the USAMRMC’s U.S. Army Institute of Surgical Research and the Navy. Additionally, Army medics are now trained on both versions.

“Soldiers who have an older version should not feel they have to replace their device by getting the newer version or fear that the older version is any less effective,” Harrington added.

The USAMMA, a subordinate agency of the USAMRMC, manages fielding and medical materiel updates to specific Army Sets, Kits and Outfits. The CAT is a single-use item available for order or re-order through standing unit supply channels.



PHOTO BY ELLEN CROWN, USAMMA PUBLIC AFFAIRS

A photo of the CAT Generation 7 applied to a Soldier’s leg.

## Resuscitation, Retro-Style: Saving Lives with Whole Blood

By Ramin A. Khalili  
USAMRMC Combat Casualty Care Research  
Program Knowledge Manager

“You add up the years and you learn a few things,” said retired Army Col. John Holcomb during a presentation on blood products at the U.S. Army Medical Materiel Development Activity on Oct. 6. “But, most of all, you learn that minutes really do count.”

For Holcomb, all those minutes spent fighting and fixing traumatic injury add up to more than three decades worth of contributions as a Soldier, a surgeon and a scientist. Following multiple service deployments and a stint as the head of the U.S. Army Institute of Surgical Research in San Antonio, Texas, Holcomb took a position at the University of Texas Medical School at Houston, where his adaptation of combat skills to a contemporary domestic setting have yielded a number of positive benefits.

“We’ve been able to reduce the number of trauma deaths at our hospital by 30 percent just by applying the skills I learned in the military,” said Holcomb, in town to receive the Major Jonathan Letterman Medical Excellence Award as judged by the National Museum of Civil War Medicine. “Things like using tourniquets and using whole blood — none of that crystalloid or clear liquid.”

The latter may be Holcomb’s most important contribution to civilian resiliency. During his presentation to assorted U.S. Army Medical Research and Materiel Command staff members, he was quick to explain how whole blood -which up until recently had been the gold standard for battlefield resuscitation- was once again becoming the top choice for trauma surgeons.

“We made a big mistake in the 1970s by relying too much on crystalloids and components, and things that cause side effects like edema,” said Holcomb. “By returning to whole blood, we’re back on the right track.”

“This is the kind of important information we need to consider as we try to change the impact of trauma on the American public,” said Combat Casualty Care Research Program Director Col. Todd Rasmussen, who attended the presentation with his staff.

Given that trauma is the number three overall cause of death in the U.S., and that it further accounts for more than \$580 billion in health care costs annually, that kind of “back to the future” approach could be the key to saving lives across the country.

“Whole blood has a higher value to the patient, a higher efficacy to us and decreased cost overall,” said Holcomb. “Let’s get ahead of this.”



CREDIT: PHOTO BY THE NATIONAL MUSEUM OF CIVIL WAR MEDICINE  
Dr. John Holcomb receives the Major Jonathan Letterman Medical Excellence Award from the National Museum of Civil War Medicine on Oct. 6, 2016.

# Past and Present Team Up to Unlock Future of Army Medicine at AUSA



PHOTO BY RAMIN A. KHALILI, CCCRP

Lt. Col. Kyle Remick answers questions from the audience following his presentation at the AUSA "Innovator's Corner" Oct. 5.

By Ramin A. Khalili

USAMRMC Combat Casualty Care Research Program Knowledge Manager

Launching into a speech on emerging efforts to aid combat trauma victims at the packed Association of the United States Army event in Washington, D.C., on Oct. 5, Lt. Col. Kyle Remick spoke frankly about the human body and how it works.

"Your body is like a bucket," said Remick, the military deputy for the Combat Casualty Care Research Program. "If there's a hole in the bucket, then you need to fill the bucket with blood ... but you also need to plug the hole, too."

The AUSA is an annual comprehensive military exhibition and professional development event held exclusively for members of the Army and affiliate scientists, vendors and contractors. As part of the event's overall focus on the theme of "readiness," chosen speakers were asked to present material related to key innovations in their particular fields.

In his overview of the CCCRP's role in developing the Resuscitative Endovascular Balloon Occlusion of the Aorta, or REBOA, a tool designed to stop severe truncal bleeding by routing a small, inflatable balloon into the aorta, Remick also touched on the military's success in using similar emerging technologies to close key program gaps and save lives. Studies show that between 2005 and 2013, the number of U.S. casualties in Afghanistan decreased despite a substantial increase in the overall injury severity.

"That's a great amount of success," said Remick, who

spoke to a crowd that included Surgeon General of the U.S. Army and Commanding General of the U.S. Army Medical Command Lt. Gen. Nadja West and U.S. Army Medical Research and Materiel Command and Fort Detrick Commanding General Maj. Gen. Barbara Holcomb, "but given that more than 80 percent of combat deaths occur in the prehospital environment, we now have to replicate that success for Warfighters in more austere conditions and far-forward environments."

For incoming Army Trauma Training Department Director Col. Kirby Gross, the future of resuscitation products can be found by looking back to the era of pin-up girls, wide-brimmed hats and Ava Gardner.

"We're finally realizing the value of something we first learned back in the 1940s," said Gross, speaking alongside Remick on the value of whole blood in the treatment of trauma patients. "We simply got away from the basics in the 1970s, 1980s and 1990s."

According to Gross, the culprit in those decades was an over-reliance on blood components and crystalloid therapy, the latter of which can cause notable side effects like edema. Therefore the actual "innovation," with regards to the use of whole blood, is not so much a technological advancement as it is a reassessment of known factors.

"The Army Rangers now use Type-O blood for point-of-injury care while serving in-theater," said Gross, "which shows you just how far we've come back around."

Said Remick, "Despite these successes, we still have key gaps in several areas, so it's important to forge ahead for the good of the service and the country."

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# Fort Detrick Runners Compete in Army Ten-Miler

By Lanessa Hill  
USAG Public Affairs

Fort Detrick runners had a strong showing in the 32nd Annual Army Ten Miler Race, which started and ended at the Pentagon in Arlington, Virginia, Oct. 9.

Competing with 35,000 other runners, the Fort Detrick men's active duty team placed thirteenth with an overall time of 4 hours, 16 minutes, 0 seconds. The team consisted of eight active duty men and the top runner for our team was Dickson Kurgate with a finishing time of 1 hour, 0 minutes, 28 seconds.

The active duty mixed team finished 28th, with an overall time of 5 hours, 14 minutes, 17 seconds.

Individuals who represented Fort Detrick were:

- Col. Derek Cooper
- Command Sgt. Maj. Franklin Jordan
- Maj. Anthony Jones
- Master Sgt. Hyun Kim
- Sgt. 1st Class Manuel Taveras
- Sgt. 1st Class Jonathan Weiser
- Staff Sgt. Levis Castro
- Staff Sgt. Robert Umbaugh
- Sgt. Mary Soliva
- Sgt. Alisha Shrestha
- Spc. Dickson Kurgat
- Spc. Patrick Schnieders
- Spc. Monte Perkins
- Spc. Michael Aponte
- Spc. Joshua Meyer



Runners from both the active duty mens and active duty mixed teams representing Fort Detrick pose for a photo at the 32nd Annual Army Ten-Miler at the Pentagon Oct. 9

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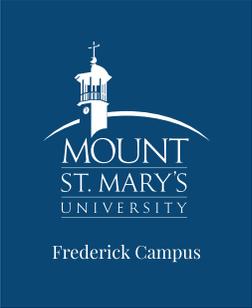


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# For She's a Regulatory Fellow, Which Nobody Can Deny

By Jeffrey Soares  
USAMMDA Public Affairs

"I don't look at this [fellowship] in terms of what it can do for me, I look at it to see how my experience can help benefit the Warfighter," said U.S. Air Force Maj. Monika Lunn, Regulatory Affairs Fellow at the U.S. Army Medical Materiel Development Activity, Fort Detrick, Maryland.

As the recipient of the first Advanced Development Acquisition Fellowship in Regulatory Affairs at the USAMMDA, Lunn has an interesting road ahead of her. Over the next year she will be working closely with both the Division of Regulated Activities and Compliance and the Clinical Services Support Division to gain extensive knowledge on the U.S. Food and Drug Administration regulatory process and to apply this experience to the development of products specific to the Air Force Medical Service.

"My dad served in the Army for many years, and my mother is a retired Army civilian who worked over 30 years with the Family, Morale, Welfare and Recreation program, so I was always pulled toward public service, and wanted to give back for the life experience I was afforded as an Army brat," said Lunn. "I really like the idea of Americans serving their country, and I think everyone should at least consider it at some point."

Although the fellowship is only a one-year



PHOTO BY JEFFREY SOARES, USAMMDA PUBLIC AFFAIRS

**U.S. Air Force Maj. Monika Lunn joins the U.S. Army Medical Materiel Development Activity as its first Regulatory Fellow. During her one-year assignment, Lunn will gain extensive knowledge on the U.S. Food and Drug Administration regulatory process.**

assignment, Lunn hopes to receive a two-year follow-on assignment to sharpen her skills by applying this knowledge to the regulatory process. She views this particular mission as an extension of her recent biomedical science work at Wright-Patterson Air Force Base in Ohio.

"I applied for this position because I really felt it could bridge the gap with the research I had been involved with at Wright-Patterson — to connect the initial [research and development] to actually fielding completed products to our Warfighters," said Lunn.

"This was appealing to me — I really was interested in learning more about taking a concept through the entire acquisition process to fielding.

"It will be very important for me to look at the clinical aspect, and the quality components, and to see how documents are written and compiled for submission to the FDA," she added. "I am really excited about working with the DRAC office, and rotating through CSSD, to see how each group functions and how they work together," said Lunn.

In a nutshell, the offices of DRAC and CSSD are tasked with ensuring that all sponsor responsibilities regarding product development are fulfilled in accordance with the policies set forth by the U.S. Army Medical Research and Materiel Command, USAMMDA's higher headquarters. The USAMRMC's mission is to create, develop, deliver, and sustain medical capabilities for the Warfighter; as a USAMRMC subordinate command, USAMMDA remains the premier developer of military medical solutions worldwide.

This collaboration is one of many within the USAMRMC that join together the Army, Air Force and Navy in a unified effort to produce and deliver medical products for our country's Warfighters. It was this appealing multi-service environment attracted Lunn to the USAMMDA.

see Regulatory, page 13

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## Regulatory

Continued from page 12

“As the first person entering as the Regulatory Fellow at the USAMMDA, I hope to show the continued value of having an Air Force member serve alongside Army personnel to help advance critical products to our Servicemen and -women in the field, regardless of their branch,” said Lunn. “We’re all working together to keep our country safe and our Warfighters healthy, and that’s our main focus.”

Not only is Lunn happy to be working at the USAMMDA, her team leaders are equally excited to have her onboard as well.

“Maj. Lunn’s willingness to participate as the first USAM-RMC Regulatory Affairs Fellow here at the USAMMDA is a great credit to her in helping to overcome the challenges of joint military medical product development for all Service Members,” said DRAC Director Dr. Robert Miller.

Serving as Lunn’s preceptor is Lisa Borek, chief of USAMMDA’s Medical Devices and Diagnostics Branch. Borek will act as co-mentor to Lunn along with Miller during the year-long assignment, and she is looking forward to adding Lunn’s talents to MD&D, which performs a critical role throughout the medical device product lifecycle, and the acquisition cycle from concept through post-market.

“We are very pleased to

welcome Maj. Lunn as a member of our regulatory team, as she will add much experience and an outstanding educational background to our group,” said Borek. “During her fellowship, we will build upon this foundation to foster key professional regulatory skills and expand her knowledge base to support and expedite the development of safe and effective medical devices and diagnostics across the Services.”

While Lunn remains very enthusiastic about the prospects of this new challenge, she also is visibly passionate about her life as an Air Force officer, which she detailed for me.

“I had intended to serve only one tour, and I had a direct commission in the Air Force because of my bachelor’s degree [in medical technology],” said Lunn. “But within a short time, I was really enjoying my work, and doing things in the military that I would never have experienced as a medical technologist in the civilian world.”

“I am very happy to be here at the USAMMDA, and happy to be in the military,” she added. “Life in the military brings something new every few years, and even within each assignment there are always new challenges, which keep me on my toes!”

After serving 14 years to date, and earning a master’s degree in micro/molecular biology during this time, Lunn has recently been chosen for promotion to the rank of lieutenant colonel. However, Lunn said

that her eventual military retirement will not be the end of her work in the field.

“Actually, after I retire, I would like to extend my stay and follow on as a civilian or a contractor,” said Lunn. “I would never have thought this early in my career, especially since I thought I would only do one tour in the Air Force, but now I have a great connection to this work, and I really would like to remain involved in some capacity later on — this is home to me now.”

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 Your Community...  
**Get Vaccinated!**

**Flumist  
 WILL NOT be  
 offered  
 at ANY military  
 medical facility this  
 year!**

**Annual Flu Rodeo**  
**Fort Detrick, Building 1520**  
**Second Floor, Rooms 5B/C**  
**26, 28, 31 October &**  
**2 November**  
**0730-1530 hours**

Children 6-35 months will receive vaccines at the Barquist Immunization Clinic only

No Flu shots will be given in the Barquist Immunization Clinic for Adults and Children over 3years old until after these dates!

Flu vaccines are FREE for all eligible Tricare beneficiaries and Current DoD Civilians  
 No Appointment Required



**Common Access Card (CAC)**  
**or DoD Beneficiary ID Card required**

**It's Flu Season!**  
 Protect Yourself,  
 Your Family,  
 Your Community...  
**Get Vaccinated!**

**Flumist  
 WILL NOT be  
 offered  
 at ANY military  
 medical facility this  
 year!**

**Annual Flu Rodeo**  
**Fort Detrick, Building 1520**  
**Second Floor, Rooms 5B/C**

**Military Schedule**  
**17, 19, 21 October**  
**24 October (Make-Up date)**  
**0730-1530 hours**

\*See your unit representative for specific unit dates  
 No Appointment Required



**Common Access Card (CAC)**  
**or DoD Beneficiary ID Card required**

# Fun Times Close By With NFL Sunday Ticket, UFC Fights & a Halloween Costume Party!

**\$12.00 Beer Buckets**  
**Mix and Match**  
**Domestic Brands**



Oh, Baby™ Back Ribs



**\$.50 Wings During**  
**NFL Games**



BENNIGAN'S PREMIUM BUFFALO WINGS

## HAPPY HOUR EVERY DAY!

**\$2.50 DOMESTIC DRAFT**  
**ALL DAY EVERY DAY!**

### MONDAY

**HALF PRICE BURGERS**  
 (Excludes Big Irish Burger)

### TUESDAY

**SCHOOL FUNDRAISER NIGHT**  
 Plan a Fundraiser & 15% of proceeds will go towards your organization

### WEDNESDAY

**POUR HOUSE TRIVIA NIGHT**  
**\$Prizes - Sign up 6:30pm**  
**Starts at 7:00pm**

### THURSDAY

**KIDS EAT FREE\***  
**4pm to Close**

(\*one free kids meal with each purchase of an adult entrée)

**Halloween Costume Party**  
**Saturday, October 29th 9pm**



**221B SHOREBIRD STREET & FREDERICK, MD 21701 & 301.644.0406**

**www.BENNIGANSMD.com**

**CLASSIFIEDS**

