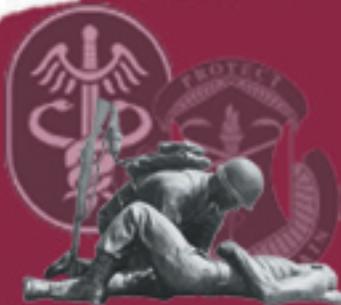


THE POINT

A newsletter for and about the people of the
U.S. Army Medical Research and Materiel Command



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Team lends hand to Big Easy field hospital

Dan Kennedy gave up his long holiday weekend with his son's family in Houston and headed for New Orleans Sept. 5 to rendezvous with his unit and set up an Army hospital in the wake of Hurricane Katrina.

Back in Maryland, Jack Rosarius, Sgt. 1st Class Emma Goins and Kevin Lintereur of the U.S. Army Medical Materiel Agency hustled for two days to get everything ready for their 14-person team's trip south, less than a week after the storm surge caused widespread flooding in the Big Easy.

After weekend shopping trips to purchase tents, portable bathrooms and showers and lots of junk food, the team began their nearly two-week-long camping trip Sept. 6 in a truck and two 15-passenger vans from Fort Detrick.

From as far as 300 miles away, Lintereur said the devastation in the region was obvious.

"There were road signs snapped in two, and as we drove more, we saw trees snapped in two," he said. "It just kept getting a little worse, then a little worse, then a little worse."

Initially the team was to meet and set up the 14th Combat Support Hospital from Fort Benning, Ga., at Zephyr Field in New Orleans, but "it was overwhelmed by search and rescue units," Kennedy said. "There were too many people, so we started scouting out alternatives."

The team ended up on the tarmac of the Louis Armstrong Airport on space owned by an import-export company, and commenced the logistics of trying to set up an 84-bed hospital in a challenging area. With anywhere from 20 to 45 tractor trailers to unload and with no central receiving point, keeping track of the trucks and taking care of the drivers was complicated, especially when cell phone service wasn't at its best.



The 14-person team from the U.S. Army Medical Materiel Agency set up on the tarmac at Louis Armstrong Airport in New Orleans.

"Cells worked, but sometimes you had to make the call three or four times for it to go through," Kennedy said.

The USAMMA unit provides and sets up items that the hospitals don't normally have, like digital radiology, drugs, and refrigerated items—"things that they normally wouldn't have on hand day to day because it would go bad," Rosarius said.

The team couldn't install the digital radiology equipment fast enough, Rosarius said. Within hours of the team setting up the system and training the staff on it, an orthopedic surgeon on the hospital's staff wanted x-rays on a Soldier's hand that was crushed while setting up tents.

The team is taking the lessons it learned during the trip to modify its equipment sets for humanitarian missions.

"We were most interested in the logistics aspects—what were they short, what did they have, what were they missing—so we can look at future actions in terms of what we need to put in our stockpiles and increase quantities," Kennedy said.

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Oxygen carriers coursing through trials

When warfighters are bleeding severely on a battlefield, getting blood to them is tricky at best because blood requires refrigeration and has a short shelf life. With this in mind, researchers for decades have been working on fluids, called hemoglobin-based oxygen carriers, that do blood's job of carrying oxygen.

"No oxygen equals cell death, tissue death," said Col. Robert Vandre of the U.S. Army Combat Casualty Care Research Program. "Once you get below a certain level of red cells in the blood, even if you can put in volume (with intravenous fluids), you're not going to have enough oxygen and everything starts shutting down."

When red cells or whole blood, front right, aren't available for trauma patients, a hemoglobin-based oxygen carrier, in the IV bag, can serve as a bridge until real blood is available.



Medical professionals' first choice for replacing lost blood will always be fresh, whole blood. When red cells or whole blood just aren't available, an HBOC serves as a bridge until real blood is available. An HBOC, though an oxygen carrier, is not a blood replacement, said Dr. Michael Dubick, a senior research pharmacologist who manages resuscitation research at the U.S. Army Institute of Surgical

Research.

"They (HBOCs) don't do all the things that blood does and don't offer the clotting benefits present in platelets," he said. "But they buy you time until you can actually get a blood transfusion."

Anyone can receive an HBOC because everyone has hemoglobin, Vandre said. The fluid doesn't have to be typed and cross matched like blood and doesn't require a full-blown blood donation program like the kind found in a hospital. An HBOC may also help when wounded warfighters face long evacuation times, Dubick said.

"If you have longer evacuation times, perhaps the regular fluid they (medics) were carrying ... wouldn't be good enough. You don't have blood, but you do want to give them something like blood as soon as possible," he said.

The Army invented the first HBOC at the now-shuttered Letterman Army Institute of Research. First-generation HBOCs raised the recipient's blood pressure, failing in clinical trials in Europe where nearly three times as many patients in the treatment group died compared to the control group, Dubick said.

No product has yet fully met the military's ideal of having a two-year shelf life, needing no refrigeration and having no limit on the number of units that can be given. However, today's second-generation HBOCs in clinical trials are faring much better than their predecessors, Vandre said.

The grape-juice colored fluids are packaged in a bag similar to red blood cells so they don't weigh too much. There's little chance of allergic reactions because everyone has hemoglobin, which makes blood red.

See "HBOC" page 3



Training day

For about six hours Sept. 23, the Special Medical Augmentation Response Team-Aeromedical Isolation from the U.S. Army Medical Research Institute of Infectious Diseases showed a four-member Italian contingent its procedures for safely moving a patient with a potentially deadly, highly infectious disease from the field to a specialized intensive care unit. Spc. Albert Las, above, simulated a person infected with a dangerously infectious disease in a stretcher isolator during the training exercise with Italian military officers.

“This training is very important for us,” said Capt. Alessandro Fiorini, a physician in the Italian Air Force and a member of his country’s AIT. “This is the first time we’ve conducted training ... so complete.”

“HBOC,” continued

They do seem to cause the skin to turn yellow as the liver processes the HBOC, but that’s a temporary side effect, Dubick said.

One HBOC, called PolyHeme, is already in clinical trials nationwide at trauma centers. In July, Brooke Army Medical Center began participating in the trial after getting permission from the Secretary of the Army.

“The Army is participating in this trial because we need an HBOC in the pre-hospital arena on the battlefield, and we need to be involved in the development of the product so when the product is delivered we know and understand and are the experts of this product,” said Col. Toney Baskin, a trauma surgeon and principal investigator for the trial at Brooke Army Medical Center.

Getting permission from the Army was one hurdle for the trial, getting community consent was another. A trauma patient doesn’t know in advance that he’s going to be a trauma patient, Vandre said.

“And the ones that need red cells or HBOC are the ones that are really, really badly hurt. You can’t get (informed) consent from them (to use an investigational new drug)... and sometimes you can’t get immediate consent of the next of kin, so you have to get consent of the community,” he said.

To gain community consent, official at Brooke Army Medical Center explained the trial to the military community and some of the outlying areas that Brooke services. Organizers distributed bracelets for people to wear if they did not want to receive the product.

The Brooke portion of the trial is still ongoing, with a goal of enrolling 20 patients who are 18 or older, not pregnant and who have a systolic blood pressure (the number on top) less than 90 because of blood loss from blunt or penetrating trauma, said Baskin, who serves as chief of Trauma and Critical Care of the Trauma Division at the U.S. Army Institute of Surgical Research and Brooke Army Medical Center.

“HBOC on the battlefield ... would provide that bridge of life to get the wounded Soldier off that mountain back to the combat surgical hospital alive where hemorrhage control could be provided and blood volume restored with his or her vital organs still intact and functioning,” he said.

FDA approves anthrax test

A method for identifying *Bacillus anthracis*, the agent that causes anthrax, has been cleared for diagnostic use by the U.S. Food and Drug Administration. The test, known as the Gamma Phage Assay, was modified by scientists at the U.S. Army Medical Research Institute of Infectious Diseases at Fort Detrick to improve its performance and reliability when used with clinical specimens. The original form of the Gamma Phage Assay was first developed by the Centers for Disease Control and Prevention in the mid-1950s.



From left to right, Dr. John Ezzell, Terry Abshire, Wendy Hagan and Dr. Edward Brown of the U.S. Army Medical Research Institute of Infectious Diseases modified a test, known as the Gamma Phage Assay, to improve its performance and reliability when used with clinical specimens in identifying *bacillus anthracis*, the agent that causes anthrax. The U.S. Food and Drug Administration cleared the test for diagnostic use.

The modified gamma phage method is the first diagnostic test to gain FDA approval for human use within the Laboratory Response Network. This network, established by the CDC, is charged with maintaining an integrated system of state and local public health, federal, military and international laboratories that can respond to

bioterrorism, chemical terrorism and other public health emergencies.

The Gamma Phage Assay is a classical bacteriological method that has been used at USAMRIID and other laboratories for years as part of an extensive array of methods used to identify *B. anthracis*, said USAMRIID senior scientist John W. Ezzell. The gamma phage is a virus capable of entering bacterial cells and causing cell destruction, or lysis, and it is specific to *B. anthracis*.

“Because of that specificity, the gamma phage gives a highly readable result,” Ezzell said. “Wherever the virus is added to the surface of a culture plate that has been inoculated with suspicious anthrax colony growth, you can see clear zones where the *B. anthracis* cells have been destroyed—whereas other bacterial cells grow unaffected.”

Well before the anthrax attacks of 2001, scientists at USAMRIID and the CDC recognized the need for an FDA-accepted method for identifying *B. anthracis* in clinical specimens. In 2002, FDA’s Division of Clinical Laboratory Devices agreed to recognize tests for *B. anthracis* as eligible for classification with a 510(k) premarket notification process—the designation given to devices and other non-biologics.

USAMRIID, with support from CDC, prepared and submitted a 510(k) Premarket Notification using both USAMRIID and CDC data on use of the gamma phage method. With FDA recognition of the assay as substantially equivalent to the classical assay used prior to 1976, it will be available for use for testing in designated civilian and military clinical laboratories.

—Caree Vander Linden
U.S. Army Medical Research
Institute of Infectious Diseases

Pre/Post assessment system goes wireless

The U.S. Army Medical Information Technology Center deployed the wireless tablet PC for the Pre/Post Deployment Health Assessment system Nov. 7 to make deployment a little easier for Soldiers at Fort Stewart, Ga. The system automates DoD health assessment forms (DD Forms 2795 and 2796) to ensure health problems emerging during deployment will be properly documented and addressed.

The current deployed health assessment application could previously be used in one of the following four modes: Internet, intranet, stand-alone personal computer and handheld computer. A fifth mode, tablet PC, has been developed using wireless technology.

The wireless tablet PC application provides more flexibility while processing Soldiers for either before or after deployments. The system is contained in two ruggedized cases that can be set up very quickly. The wireless application will allow Soldiers to walk around while completing their forms. Wireless portability and low maintenance will transform the health assessment process for remote sites deploying Soldiers.

The deployment consisted of setting up the equipment, training the users, system administrators, providers, and demonstrating the application via transferring the Pre/Post Deployment Health Assessment data.

“The wireless tablet PC deployment



The Arkansas National Guard welcomes home troops from all branches of the military from Arkansas who have been deployed worldwide fighting the war on terrorism, during a ceremony at the War Memorial Stadium in Little Rock. Returning troops can now complete Pre/Post Deployment Health Assessments on wireless tablet PCs.

at Fort Stewart was a success,” said Jerry Hepler, the USAMITC Project Director for the system, adding that the success can be attributed in part from the outstanding support provided by Fort Stewart personnel.

Since then, USAMITC has deployed the wireless tablet PC to Fort Dix, N.J., and is scheduled to deploy the application to Fort Campbell and Fort Knox, Ky.; Camp Attebury, Ind.; and Fort McCoy, Wisc. in November and December. USAMITC will continue deployments to other posts in 2006.

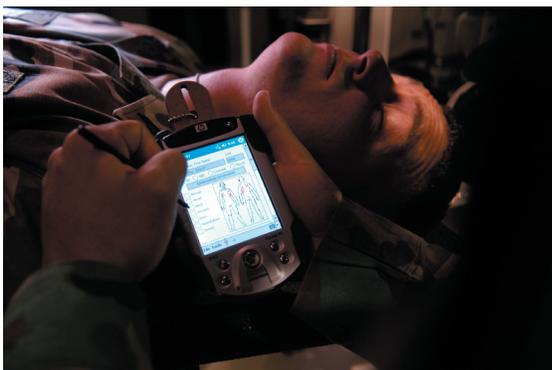
—Cynthia Hernandez, USAMITC

Great invention based on command work

Named one of the Army's Greatest Inventions for 2004, an innovative blood-tracking device called the Blood Information Program has roots at the Telemedicine and Advanced Technology Research Center.

Designed to track blood downrange from the moment of shipment to the point of transfusion or destruction, the device is loaded on the Battlefield Medical Information System-Telemedicine device, a portable point-of-care diagnostic tool for first responders that was developed at TATRC.

The BMIST, used to document medical care, is now part of the Blood Information Program.



"It's a tool anyone can use in the field," said Maj. Kevin Belanger, 440th Blood Support Detachment commander at Fort Sam Houston and BIP functional consultant. "I think it will ... greatly improve the current process for tracking blood in the military."

Belanger brought his idea to TATRC's mobile computing division.

"The innovation of the BMIST architecture provided a spark of creativity to spawn new ideas such as the BIP and other BMIST modules," said Tommy Morris, TATRC director of mobile computing. Along with Morris and Belanger, John Pajak, Frank Havlik, Mike Vandre and Renee Clerici, all from TATRC, were on the team of inventors.

With Belanger's input, they developed a user-friendly, blood-tracking software program and loaded it onto

an off-the-shelf handheld PC.

"The device fits into the Soldier's cargo pocket and can be used at the job site, sleeping quarters, mess hall or wherever the Soldier travels," said Morris.

The device is first used when a shipment of blood arrives downrange. The recipient gathers vital data with a swipe of a mini-scanner, which is hooked to the BIP. When a Soldier scans a blood bag's barcodes, the unit number, blood type, expiration date and product code are added to a database chip in the PC. Each day, an inventory can be printed for a report. Later, when a hospital calls for blood, lab technicians can simply scan the blood out before it ships.

"Using BIP, a Soldier can tap out a blood request in 15 seconds, instead of the three to five minutes it once took using pen and paper," Morris said.

When the blood reaches the hospital, the laboratory staff can use the device to track the final disposition, after transfusing or destroying the blood. This final step closes the loop in the blood-tracking process.

"Tracking final disposition is vital," Belanger said. "If a Soldier gets hepatitis or AIDS 10 years from now, we need to be able to track the blood and find out where the blood originated and when and where the transfusion occurred."

The Army is purchasing equipment for 20 more units for field use, and Belanger and his co-workers from the 440th BSD are starting to teach students in the Army Medical Department Center and School's Medical Laboratory Course to use the device. Additionally, Belanger recently met with Air Force and Navy leaders to share the invention.

—Elaine Wilson
Fort Sam Houston

Group's work helps battle intense Iraq heat

Heat has shown to be a silent killer to the Soldier, excessive heat can cause premature fatigue, a cause directly leading to a Soldier's breakdown of mental processes. Overheating is especially prevalent in an armored environment, increasing the need to cool a Soldier's core body temperature whenever feasible.

Cooling the hot Humvee became an elevated priority for the Army's Tank Automotive Research, Development and Engineering Center due to the heat issues that have become as serious as enemy fire for Soldiers in theater.

Providing a solution to the intense heat stress felt by the Soldier is a rapid TACOM Life-Cycle Management Command initiative that TARDEC in collaboration with Natick Soldier Center, Natick, Mass. The U.S. Army Research Institute of Environmental Medicine and the Program Executive Office for Combat Support & Combat Service Support have transitioned to "Cool the Force."

"This program has demonstrated mission capability enhancements that micro climatic cooling can provide to the Soldier," said Arthur H. Adlam, Jr., TARDEC associate director. "The MCC enhances Soldier survivability and performance while operating in elevated temperature conditions for extended time periods."

A cooling garment was already being used by the Air Warrior program, which had the ability to cool a Soldier's body temperature without interfering with daily operations. This garment would serve as a supplemental device to the industry-mounted Red Dot air conditioning units that have become

standard in AoA military vehicles.

Each Humvee cooling kit consists of four Foster-NSC developed water-filled vests. The vests fit under a Soldier's normal body armor and are connected via hoses to the vehicle's microclimatic cooling sub-system, which was developed by Foster-Miller Inc. The fungicide-treated water is chilled and circulated through the garment.

A hands-free release system allows Soldiers to quickly detach from hoses for emergency egress. The vest can continue to be worn outside the vehicle. This system can be installed in approximately one hour with a standard mechanics tool set by two Soldiers.

Soldier feedback from the initial shipment of cooling vests showed that the liquid cooling vests did in fact provide the Soldier with sufficient cooling to increase mission duration, and reduce the risks of heat related medical problems. "Since we have had the vests, they have become increasingly popular with the platoon ... they argue over who gets to wear them," said 1st Lt. David J. Dixon Jr., XVIII Airborne Corps.

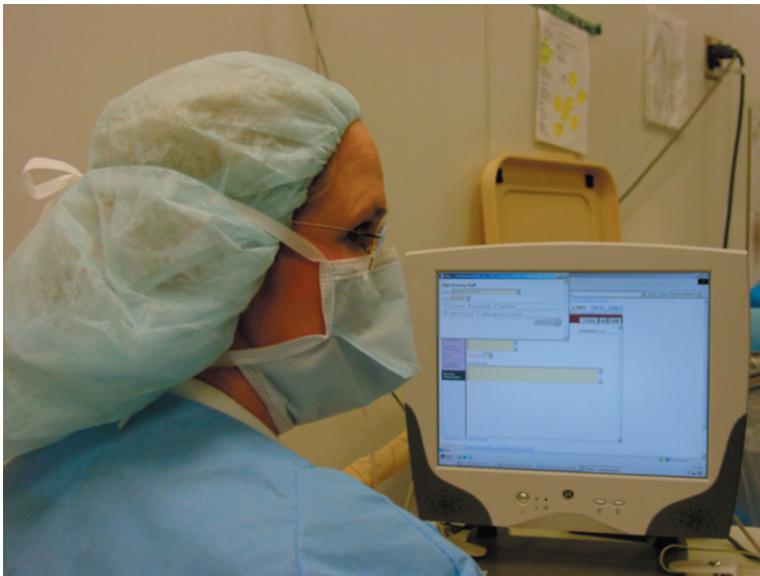
—Ashley John
U.S. Army Tank Automotive
Research, Development and
Engineering Center



Each Humvee cooling kit consists of four Foster-NSC developed water-filled vests. The vests fit under a Soldier's normal body armor and are connected via hoses to the vehicle's microclimatic cooling sub-system.

Surgery scheduling system joins the Navy

The Navy's Camp Pendleton Naval Hospital had been searching for an efficient and affordable surgery scheduling system to improve care for its patients. Obtaining an effective and economical solution seemed dismal until the site learned about the Army's Surgery Scheduling System and initiated the first inter-service level agreement with the U.S. Army Medical Information Technology Center.



The Surgery Scheduling System was developed to improve overall operating room efficiency. The Web-based system was deployed to almost all of the Army's medical treatment facilities in one year.

The S3 was developed at Tripler Army Medical Center to improve its overall operating room efficiency. The Web-based system was evaluated against competing products and was selected and eventually deployed to almost all of the Army's medical treatment facilities in one year.

Before S3, Camp Pendleton did

not have an effective tool in place to schedule OR time. The hospital also desired to increase its OR use by using an efficient, yet affordable, scheduling system. After learning about S3's intuitive screens, CHCS interfacing, and its affordability, the Navy hospital decided that S3 would meet the command's needs.

In addition, USAMITC agreed to deploy the software at minimal costs to include hardware, software, training, and support expenses. S3's annual sustainment costs are much lower than those needed to sustain commercial products.

Camp Pendleton would have spent approximately \$200,000 on initial costs for a commercial product, whereas deploying S3 cost nothing for initial costs and \$10,000 annually for the service and support agreement.

"S3 is just an example of successful inter-service resource sharing. The Army developed a product, and the Navy is now reaping its savings," said Lt. Cmdr. Jeffrey Budge, the department head of Camp Pendleton's main operating room.

Budge provided a briefing at this year's Association of Military Surgeons of the United States conference about the S3, focusing on the benefits of inter-service resource sharing.

"With S3, surgical specialties are able to expand access to care, which is letting us provide better care for our patients. We encourage the services to share resources. Applications such as S3 may work for more than one service."

—*Cynthia Hernandez, USAMITC*

New facility key to drug, vaccine approval

A dozen community and media members had a chance to see the newest lab and the inner workings of the U.S. Army Medical Research Institute of Infectious Diseases Sept. 20.

The Center for Aerobiological Sciences will allow researchers to test the effectiveness of biodefense vaccines, drugs and diagnostics by permitting aerosol, or inhalation, challenges on animals.

“The new laboratory is designed as a state-of-the-art facility with ideas that were generated from decades’ worth of hands-on experience,” said Col. George Korch, commander since June of the institute, better known by its acronym, USAMRIID.

The aerobiology center will help prove to the Food and Drug Administration that the medical countermeasures the institute’s researchers create really work. Inside the metal and glass chambers, researchers will help develop animal models so medical countermeasures against bioterrorism agents can earn approval under the FDA’s animal rule. In effect since 2002, the rule permits the FDA to approve vaccines and drugs that can’t ethically be tested in humans if they’re shown safe and effective in two relevant animal models.

“This is the unique challenge that we have: to develop animal models that are relevant, that are similar to the disease that we find in humans and to challenge with aerosols.... This lab has been custom designed with that mission in mind,” said Dr. Louise Pitt, the center’s director and one of its designers.

In creating the aerobiology center, the designers were “pushing the boundaries of science, product development and facility design,” the colonel said.

The Centers for Disease Control

and Prevention evaluated the facility the week of Sept. 12. Before the facility opens, it will have undergone two rigorous, independent safety inspections, one from the CDC and the other from the Department of the Army.

The center’s design boasts the latest in technology. A new autoclave cuts the chore of decontaminating cages from three days to three hours. Designers also adapted the newest technology being used in other labs, “but this is the first time it’s been incorporated for biocontainment,” Pitt said.

The lab design will change lab processes for the better, said Roger Williams, a biological sciences technician who has worked in aerobiology for six years.

“Most of the time you have to bring the animal out of the Class III biosafety cabinet or hood covered by a decontamination cloth, and then we carry them to the animal room,” he said. “With these transporters, they’re going to come right into and off the hood line and ... whoever is in the animal room will be able to take the animal out” of the transporter and back to the cage. For researchers on the experiment side of the house, this means they won’t handle the exposed animals at all.



Col. George Korch provides an overview of the Center for Aerobiological Sciences that will allow researchers to test the effectiveness of biodefense vaccines, drugs and diagnostics by permitting aerosol, or inhalation, challenges on animals.

CG stays busy with demanding new job

When he gets the rare chance to sit in his office's burgundy leather chair—the color of Army Medicine—Brig. Gen. (P) Eric Schoomaker is flanked on one side by three telephones and photos of his family on the other.



In the lab of Dr. Douglas Cerasoli, Brig. Gen. (P) Eric Schoomaker looks over journal articles Aug. 30 describing the U.S. Army Medical Research Institute of Chemical Defense's development of a bioscavenger pretreatment for exposure to chemical warfare nerve agents. Schoomaker visited the institute to meet the staff and get a firsthand look at the facility, the Defense Department's premier lab for medical chemical defense research. "I know how difficult it is to do science, to do good science," Schoomaker said. "On behalf of the whole command, we admire what you are doing, pushing ahead those boundaries of what we need to defend this country."

The newest commanding general of the U.S. Army Medical Research and Materiel Command and Fort Detrick regularly, and only somewhat jokingly, introduces himself at staff gatherings because he is so seldom on post since taking command July 7. While pulling the double duty of getting acquainted with his new command and serving as the Chief of the Medical Corps, Schoomaker spends much of his time traveling and sharing his aspirations for the command.

"My vision for the Medical Research and Materiel Command is that we become the joint backbone for biomedical research and medical materiel for the entire defense community," he said. "I am pleased to say that the command has really responded to the challenge to solve the warfighters' requirements, both in good ideas and materiel for combating war and providing a medical logistics support network."

After a series of commands and senior staff positions that often put him on the

road, Schoomaker regrets time away from the office and home. But he is the first to point out that a commander's job is to be out among the Soldiers and civilians that make up his command, not just hunkered behind his computer or taking the many briefings he receives from his accomplished staff.

Nights that he manages to be home belong to his family: his wife, Audrey, a former Army nurse whom he met while working at the Walter Reed Army Medical Center, and his three children: two daughters and a son. His office's window ledge still sports birthday cards marking the occasion in September, while labeled pistachio-colored folders on his desk prepare him for each event in his well-scheduled days. Near his collection of Dylan and classical CDs, a half-finished cup of coffee at the base of his computer monitor reveals his affinity for "half-caff" or full-strength caffeine—and his need for it—in his demanding job.

"We are a command that supports the science and technology side of the nation's warfighter community as well as the advanced development of products and the fielding of those products," he said. "We even have elements of this command engaged in providing electronic support through information systems out to all of our warfighting medical community, as well as domestic hospitals. And we have very talented people who are designing new facilities for us."

Considering the command's mission, the general said it's a tough task to assign priorities for it. But he's managed to do just that in his three months on the job. The first priority, he said, is supporting the Global War on Terrorism.

"We need to stay well connected with the warfighting community to harvest

See "CG" page 11

“CG,” continued

“Everywhere I go, I talk about the world-class scholars and experts in our command.”

**—Brig. Gen. (P)
Eric Schoomaker**

good ideas so we can rapidly put new products or new solutions out to the field,” he said. “We really need to be applying our brain power and our acquisition power to rapidly get new fielded devices for them. We’ve got good examples of that: a hemostatic bandage that was rapidly developed and then fielded, and a new tourniquet.”

One way the command is translating needs into products is through its “intellectual capital,” Schoomaker said.

“Everywhere I go, I talk about the world-class scholars and experts in our command,” he said. “We have people here at the headquarters, as well as throughout our labs, who are well positioned to answer questions as well as provide solutions in materiel or expertise. Our expertise is as important as our products.”

Much of the efforts of these experts is in forming partnerships with other federal interagency partners, like the Department of Homeland Security, Health and Human Services, the Centers for Disease Control and Prevention, the National Institute for Allergy and Infectious Diseases, the National Cancer Institute, and others. Schoomaker points out that success in the GWOT will require the coordinated efforts of all members of a “combined arms” health team.

Second in line for the command’s priorities, as Schoomaker sees them, is supporting the Army and Department of Defense during its transformation.

“We’re very actively engaged in—assisting in the development of the medical elements of the Future Combat System. We’re interacting in a cooperative way with the rest of the materiel developers of the Army,” he said. “We are very well connected with every other element of the Army’s research, development and engineering community that is developing items for a transforming military.”

Harnessing technology to help the military medical community is the third of three command priorities.

“We want to fuse those two sides of the

equation—science and technology and advanced development—into a single lifecycle management model that rapidly moves these ideas in emerging technology out to those who need it,” he said. “We want to tightly align emerging good ideas and future technologies that will provide countermeasures against bioterrorists and chemical threats and new ideas and new products that will be available for the most science fiction-esque and far sighted approaches to tissue and cellular injuries that may result from combat trauma, from chemical or biological threats. This is an especially difficult process when FDA approval and partnerships with industrial partners are involved. Mastery of this process is one of our real strengths as a command.”

With waiting-to-be-filled bookcases lining the walls of his office, Schoomaker can document his career and his travels through the expansive commanders’ coin collection that’s kept under glass on a round wooden table in his office. His collection was partly inspired by a former patient, a military spouse living in a retirement home. Through her matchbook collection of trendy restaurants and clubs she visited in her day, she was able to chronicle parts of her life.

Many of the general’s coins hail from hospitals where he served.

“I haven’t been able to practice medicine as I once did in a number of years, but I still remember what it’s like—and I miss it every day,” Schoomaker said, with a laugh.

He’s got four-star coins from his older brother’s career and has one from the unit with which their father commanded. The coin with the profile of Walter Reed brings back memories of his days as a researcher at the Walter Reed Army Institute of Research. Because they couldn’t spray for bugs there, he and other staff chased cockroaches “the size of small dogs” and made slapshots during hallway cockroach hockey matches where old coffee cans served as goals, he said.

These days, Schoomaker, who will pin on his second star in 2006, has little time to reminisce. A busy schedule, green folders and “a very broad command with vast complexities,” make sure of that, he said.

People in the News



Capt. Denise Milhorn, left, and Maj. Claudia Henemyre-Harris, both from The U.S. Army Medical Research Institute of Chemical Defense, during the road march, the final leg of the competition.

German badges

The U.S. Army Medical Research Institute of Chemical Defense hosted its second Army-wide competition for the German Armed Forces Proficiency Badge Aug. 21-26.

Fifty-nine Soldiers, some from as far away as Fort Huachuca, Ariz., participated in the grueling competition, which consists of swimming, track and field, and marksmanship events, as well as a road march. Thirty qualified for either the silver or gold badge. One officer, 1st Lt. Tony John, a former MRICD NCO who had been instrumental in bringing the regional hosting of the competition to the institute, received special recognition for having earned the gold GAFFB five times. At the awards ceremony following the competition, Col. Heinz J. Altmeyer, deputy commander/chief of staff of the German Armed Forces Command in Reston, Va., presented John with the coin of the GAFC in honor of his achievement. John now serves at the Womack Army Medical Center, Fort Bragg, NC.

Speaking to the competitors, family members, and others at the closing

awards ceremony, Altmeyer congratulated those who had taken part in the competition, expressing his pleasure at seeing the great number that had successfully earned a badge.

“This competition reflects a solid friendship between Aberdeen Proving Ground and the German Armed Forces Command,” said Altmeyer. “Both fill this partnership with life. This ceremony is one of many occasions to prove this partnership.”

Many in the competition were from organizations within the U.S. Army Medical Research and Materiel Command as well as from Fort Detrick, Md.. Among those awarded gold badges were Lt. Col. Arthur Lyons, Staff Sgt. Johnathan Amos, Staff Sgt. Sean Byard, Staff Sgt. Tito Windham, Sgt. Natalie Condos, and Spec. Christopher Allen, from Walter Reed Army Institute of Research; Capt. Brian Barnes, Sgt. Carrie Vernieuw, and Spc. Michael Tapia from the U.S. Army Research Institute of Environmental Medicine; Maj. Claudia Henemyre-Harris, Capt. Angela Purcell, Sgt. Garrett Roberson, Spec. Ardicio Galvao, and Spec. Nicholas Kirschten from MRICD; Capt. Norman Kreiselmeyer from the U.S. Army Medical Research Institute of Infectious Diseases; and Maj. Patrick Lukes, Maj. Frederick White, Capt. James Goetschius, and Spc. Jibri Wilson from the 6th Medical Logistics Management Center at Fort Detrick.

Silver winners from MRMC labs included Staff Sgt. Scott Wendt from USAMRIID and Pvt. Sheldon Crump from WRAIR. Those competitors from APG earning silver badges included Sgt. 1st Class Michael Baracena of the 143rd Ordnance Battalion and Sgt. Robin Beatty of the Joint Test and Evaluation Center.

—Cindy Kronman, USAMRICD

People in the News



Capt. Kara Schmid volunteered with the American Red Cross to help with relief operations after Hurricane Katrina devastated New Orleans. Schmid ended up in Natchez, Miss., for several weeks.

Captain serves with Red Cross, helps hurricane survivors

Though the Army didn't tap Capt. Kara Schmid to help out with hurricane relief operations in the Gulf Coast, when the local American Red Cross chapter in Frederick asked for workers, the new volunteer stepped forward.

Volunteering to serve for 21 days, Schmid, of the U.S. Army Medical Research Institute of Infectious Diseases, submitted her leave forms. The next day she flew to Montgomery, Ala., where she in-processed at an abandoned chain store building.

"It was chaotic and noisy, as only a national disaster could be," she said. "Still I felt they could benefit from a little military order. Amazingly, many civilians are fairly resistant to standing in a uniform line and not talking."

After completing her in-processing, she, along with 20 other workers, left in three vans for Natchez, Miss., a small town on the Mississippi River about 175 miles northeast of New Orleans.

The Natchez chapter had set up six shelters and needed workers. Schmid worked 12-hour shifts, helping run a shelter that housed 250 people as well as provided food, health care, medicine and general mental health support for about 200 more people who visited each day.

Schmid also assisted shelter residents who needed help cutting through red tape.

"I started helping residents with on-line registration for Red Cross and FEMA (Federal Emergency Management Agency), because I quickly learned that over half of the shelter residents had never used a computer

in their life," she said.

After four days of helping people get online, she embarked on another journey: distributing funds. To speed up the process, the Natchez chapter took over a convention center and paid 80 temporary workers to help for a week distributing checks.

With the Indiana National Guard as security, the group paid \$14 million to 13,000 people, some of whom stood in lines that stretched about 10 blocks, Schmid said.

"Most of the victims of Katrina I met had hope and smiles," she said. "Obviously many families were devastated; they had lost everything and didn't know where to turn for help. I was asked questions about 'what do I do now,' and this was never easy to answer. But most people were doing the best they could and trying to move on with their lives."

Writer recognized

Dr. George Ludwig, interim Science Director of the U.S. Army Medical Research Institute of Infectious Diseases, was awarded first prize in the course writing contest Dec. 7 for a paper he wrote on biosurety for a three-month leadership course at Defense Acquisition University. The Honorable Francis J. Harvey, Secretary of the Army, presented Ludwig a plaque and a civilian achievement medal.

Alum honored

The University of Louisville, Ky., honored Col. Brian Lukey, research area director for Military Operational Medicine, as one of its nine alumni fellows in ceremonies during homecoming week Sept. 25-Oct. 1.

People in the News

Award, promotion at insitute

During an Aug. 30 visit to the U.S. Army Medical Research Institute of Chemical Defense, Brig. Gen. (P) Eric Schoomaker, commanding general of the U.S. Army Medical Research and Materiel Command, presented Sgt. Garrett Roberson Jr. the Army Commendation Medal for Roberson's performance as noncommissioned officer in charge of organizing the competition for the German Armed Forces Proficiency Badge.

Schoomaker then participated in the promotion of Brian Moore, MRICD's chief, Research Division, to lieutenant colonel.

Inspiring talk

Sgt. 1st Class Vallerie Jones, the unit prevention leader at U.S. Army Medical Materiel Agency, spoke to Fort Detrick personnel on how drunk driving affected her and her family during Red Ribbon Week events Oct. 24- 28.

When Jones was 13, her younger brother's life ended when a drunk driver struck him. Her brother, Jeremy Johnson, was two weeks shy of his sixth birthday. Jones has taken these tragedies and life experiences and used them to impress on other people the serious consequences of drinking and driving.

"It was my intention to show people that this is real," Jones said. "I felt that if I could reach two people then they can reach two others and so on."

The response from her speech has generated requests for her to speak to high school and junior high school students and various units at Fort Detrick.



Spc. Alisa Laprath explains the infantry version of the Communication Enhancement and Protection System to USAARL booth visitors.

USAARL celebrates Fort Rucker's 50th

Specacular fireworks provided the grand finale for a two-day celebration of the 50th anniversary of Fort Rucker, Ala., Oct. 22. The fort was first established as Camp Rucker in the early years of World War II as an infantry training base. The Army Aviation School moved there in 1954, and the post became the home of Army aviation.

The U.S. Army Aeromedical Research Laboratory, established in October 1962, participated in the celebration. Soldiers from the lab staffed a display where visitors tried out the Communication Enhancement and Protection System to gain an understanding of it protects Soldier hearing while enhancing situational awareness.

A new device for mapping hot spots in crewmember seating also was a big hit, as were helmets and cockpits. Also featured was the airworthiness certification and evaluation program, which ensures the compatibility of all patient movement items, such as monitors and defibrillators, with all Defense Department aircraft.

Today, the USAARL applies the experience gained in aviation to problems encountered by all mounted warriors. The USAARL's particular areas of expertise are in the areas of special sense protection and performance, cognition and biomechanics in the mounted environment.

—Col. James McGhee, USAARL



People in the News



Wiggly gets a coin

“Uncle Wiggly,” a thermal manikin at the U.S. Army Medical Research Institute of Environmental Medicine, received a coin Aug. 17 from the Army Materiel Command Sergeant Major Daniel K. Elder for more than 20 years of research experience in providing thermal and water vapor resistance values of clothing.

Uncle Wiggly is currently working on determining the effectiveness of using a spacer vest underneath interceptor body armor to increase evaporative cooling.

After learning about the role that Uncle Wiggly plays in evaluating the biophysical characteristics of various prototype military uniform ensembles from briefer Sgt. Dennis Rufolo of the Biophysics and Biomedical Modeling Division at the institute, Elder reached in his pocket and set a coin down next to the thermal manikin.

“I think he’s earned it,” Elder said.

New physicians assistants

Five Soldiers from the U.S. Army Medical Research and Materiel Command were selected this fall to attend the Army’s physicians assistant school. From the Walter Reed Army Institute of Research, Spc. Charles Bradshaw, Sgt. Cindy Williams and Sgt. Phil Adams were selected to attend the U.S. Army Physicians Assistant Program. From the U.S. Army Medical Research Institute of Chemical Defense, Sgt. Mark A. Smith and Spc. Cheri L. Perez will attend the school.



At the U.S. Army Acquisition Corps Annual Awards Ceremony Oct. 2 in Arlington, Va., are, from left to right, Lt. Gen. Joseph L. Yakovac Jr., Dr. Thomas H. Killion, Col. Beau Freund, Edward Doucette, Dr. Dick McClelland and the Honorable Claude M. Bolton Jr.

Collaboration awarded

The U.S. Army Research Institute of Environmental Medicine, Natick Soldier Center and the U.S Army Tank-Automotive Research, Development and Engineering Center were awarded the R&D Collaboration Team of the Year Award at The U.S. Army Acquisition Corps Annual Awards Ceremony on Oct. 2 in Arlington, Va.

The collaboration entitled “Cool the Force” Vehicle Mounted Personal Cooling Program involved the use of a USARIEM Soldier-based model of thermoregulation to estimate the personal cooling requirement for the occupants of up-armored tactical vehicles, i.e. HMMWV during exposure to desert conditions. Cooling estimates, modeled both with and without chemical clothing, clearly demonstrated the requirement for vehicle cooling.

People in the News

Awards

Commanding General Brig. Gen. (P) Eric Schoomaker presented awards at a ceremony Oct. 18 at the U.S. Army Medical Research and Materiel Command headquarters.

Col. Jeff Gere received the Legion of Merit for his tenure as commander of the U.S. Army Medical Materiel Development Activity.

Master Sgt. Ian Trotman received the Meritorious Service Medal for serving as the first sergeant and operations non-commissioned officer in charge for the Walter Reed Army Institute of Research.

Clifford Wendel, chief of Surety, Safety and Environment, was recognized for serving 25 years with the federal government.

Col. Denise McCollum, deputy chief of staff for resource management, received a certificate of appreciation for assisting the Department of Homeland Security's Directorate of Science and Technology during their early stages at Fort Detrick.

Col. Raj Gupta, director for plans and programs, was recognized for participating in the Base Realignment and Closure Commission process. He also received a certificate of recommendation from the Republic of Korea for his work with the 36th Technological Cooperation Subcommittee meeting.

Donna Brant, protocol officer, also received a certificate of recommendation from the Republic of Korea for her work with the 36th Technological Cooperation Subcommittee meeting.

Promotions

Brig. Gen. (P) Eric Schoomaker, commanding general, promoted Michael Russo of the U.S. Army Aeromedical Research Laboratory to colonel Oct. 18 during a ceremony at the U.S. Army Medical Research and Materiel Command headquarters.

Schoomaker also promoted Douglas Walsh of the Walter Reed Army Institute of Research to colonel Oct. 18 during the same ceremony. The general worked with the dermatologist at Eisenhower Army Medical Center, and said having Walsh there was like "throwing a tornado into a sleepy little unit. I saw the place flower under his direction," Schoomaker said.



Welcome

More than two dozen members of the Fort Detrick Community Auxiliary greeted the U.S. Army Medical Research and Materiel Command's newest first lady, Audrey Schoomaker, right, at a reception Aug. 18 at the Fort Detrick chapel. Julie Parker, the command's first lady from 1998 to 2002, hosted the event to introduce Schoomaker to the post and present her a pin of a bouquet of poseys as a welcome gift.

Schoomaker and her husband, Brig. Gen. (P) Eric Schoomaker, have three children and met at Walter Reed Army Medical Center; she was a nurse, he a doctor.

Editor chosen

Col. George Tsokos of the Walter Reed Army Institute of Research was invited Dec. 5 to serve on the board of consulting editors for the Journal of Clinical Immunology, based at Columbia University. The journal is one of the most prestigious journals published by the biomedical research community with a number of Nobel Laureates serving as editors or consulting

People in the News



Fathers re-enlists daughter

Re-enlisting is a normal experience for many Soldiers. Having your father conduct the ceremony is not. Spc. Jennifer Maschmeier had the unique experience for the second time Oct. 31.

That morning her father, retired Chief Warrant Officer John Maschmeier said, “Raise your right hand and repeat after me...,” as he swore his daughter in for her third enlistment.

The younger Maschmeier is a clinical laboratory technician with the U.S. Army Medical Research Institute of Infectious Diseases. She re-enlisted for four years with 12 months stabilization at Fort Detrick.

editors.

Unit wins award

The Telemedicine and Advanced Technology Research Center won a 2005 Government Computer News Agency Award for Innovation for its Battlefield Medical Information System-Tactical, or BMIS-T.

The center learned it won the award Aug. 8, and the team that developed the application received it at an

awards gala Oct. 11 in Washington. The award showcases federal agencies’ creative and effective solutions to some of the most challenging issues facing government.

Eleven winners were chosen by a panel of expert analysts out of 132 nominations. The award recognizes TATRC as a leader in mobile computing science and technologies with the BMIS-T architectural standard.

The BMIS-T is an application run on a personal digital assistant for medics to track the care Soldiers receive at the point of care, get advice on diagnosis and treatment, access volumes of medical reference material and order supplies.

Re-enlistments, promotions up North

Two Soldiers at the U.S. Army Medical Research Institute of Environmental Medicine re-enlisted during the last quarter of 2005.

- ☛ Staff Sgt. Jeresia Jordan
- ☛ Spc Michella Washington.

Three Soldiers at USARIEM re-enlisted and were promoted during the last quarter of 2005.

- ☛ Sgt. Travis Robinson
- ☛ Sgt. Brandy Johnson
- ☛ Sgt. Heath Isome

Other promotions at USARIEM included

- ☛ Sgt. Andrew Coggins
- ☛ Sgt. Joseph Alemany
- ☛ Sgt. Michael Tapia;
- ☛ Maj. Chad Koenig
- ☛ Maj. Gina Adam
- ☛ Lt. Col. Len Murray
- ☛ Lt. Col. Rachel Evans

Passing

Larry Burnhart, former chief property management for the Walter Reed Army Institute of Research, died Dec. 2 away after a long illness in Albuquerque, N.M.

People in the News

Researchers in the wild

Two teams from the Walter Reed Army Institute of Research participated in the Wilderness Challenge 2005 Oct. 6-8 in Fayetteville, W. Va. Among Army teams, they took first and second place. Participants included all military services. Events included a 26-mile mountain bike ride, a 14-mile mountain hike, a 13-mile whitewater raft trip, a 10-kilometer mountain run, a seven-mile ducky paddle and a half-mile swim.

The first place team included Sgt. E. Williams, Maj. Karen Kopydowski, Capt. Jeff Diffenderfer and Sgt. Richard Trombly.

The second place team included Sgt. Natalie Condos, Maj. Dennis McGurk, Staff Sgt. Jeffery Arbenz and Sgt. Alicia Swails.

Research recognized

Col. Charles McQueen, commander, Walter Reed Army Institute for Research, Dr. Sheila Peel, technical monitor, WRAIR, Lt. Col. Chessley Atchison, Small Business Innovative Research coordinator, U.S. Army Medical Research and Materiel Command; Terry McCune, SBIR coordinator, U.S. Army Medical Research Acquisition Activity; and Cheryl Miles, contracting officer, USAMRAA; were all recently recognized at the 2005 Army SBIR/Small Business Technology Transfer Phase II Quality Awards Ceremony, Aug. 18 at the Pentagon.

The Army conducts the annual Quality Awards Program to recognize SBIR/STTR Phase II efforts that exemplify the goal of bringing innovative technologies and products to the marketplace. Award winners are selected based on originality and innovation of research; relevance of the research to the Army and its mission and commercialization potential of the research, reflecting the primary goal of bringing technology and



Marathoners

Holly McClung, right, and Tracy Smith, research dieticians in the Military Performance Division at the U.S. Army Research Institute of Environmental Medicine ran in the 30th Marine Corps Marathon Oct. 30 in Washington, D.C. In a field of approximately 9,000 female runners and a total field of 27, 822 runners, Smith placed 675th with a time of 3:59 and McClung placed 793rd with a time of 4:03.

Another USARIEM marathoner, Sgt. Mike Tapia of the Thermal and Mountain Medicine Division, ran in 28th Cape Cod Marathon Oct. 30. Tapia's time of 2:59 qualifies him to run the historic Boston Marathon April 17, 2006.



products to the marketplace.

The winners and their projects are showcased at Army and small business conferences and symposia throughout the year via the Army SBIR/STTR Phase II Quality Awards brochure.

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Turkey day

U.S. Army Research Institute of Environmental Medicine staff joined up with the Natick Soldier System Center to serve a Thanksgiving meal at the post dining facility. Servers included Sgt. Major Joel Crouse of the SSC, Maj. William Latzka of USARIEM, Brig. Gen. James Moran commanding general of SSC, Col. Beau Freund of USARIEM, Maj. Chad Koenig of USARIEM and Col. Karl Friedl of USARIEM.

Passing

Dina Puzulis, a former library technician at U.S. Army Medical Research Institute of Chemical Defense, died at her home in Bel Air, Md., July 22 at the age of 67. She will be remembered at MRICD for her friendliness and helpfulness and, as her former supervisor Richard Heitzer noted, for her unique take on things.

“As a teacher, she approached every question as an opportunity to learn, and once something was learned, she took every opportunity to teach,” Heitzer said.

Puzulis came to work at MRICD in February 1989. She and her husband, Val Edgars Puzulis, an Army warrant officer, had moved to Harford County in 1988. Born in Belluno, Italy, she studied education and taught school in Italy. She combined her love of children with her love of books through her later employment as a librarian.

Puzulis also enjoyed sports and was an avid fan of college basketball, the Baltimore Orioles and the Maryland Terps. In high school she participated in track and field and had had aspirations of representing Italy in those events in the Olympics.

Other interests of hers included collecting English tea cups, Siamese cats, baking and Italian cooking. Among her many accomplishments was her ability to speak four languages.

Puzulis and her husband were married 42 years and had two daughters, Erika K. Puzulis of Baltimore and Grace E. Benn of Sparks.

Awards presented

The U.S. Army Medical Materiel Development Activity held its third-quarter awards ceremony recently and presented awards and recognized more than 24 government, military and contractor personnel.

☛ Maj. Phil Smith was selected as employee of the quarter for his outstanding performance, motivation, leadership and dedication to duty while serving as product manager, Pharmaceutical Systems Division.

☛ Dr. Don Caldwell was recognized for 30 years of government service.

☛ Dr. Judy Pace-Templeton was recognized for 34 years of service.

☛ Dr. Michael McCreary received a U.S. Army Greatest Inventions award for his contributions to the Skin Exposure Reduction Paste Against Chemical Warfare Agents initiative.

☛ Dr. Lloyd Salisbury received a U.S. Army Greatest Inventions award for his contributions to the one-handed tourniquet effort.

☛ Crystal Shumaker was recognized for her part in consolidating regulatory affairs assets transferring from U.S. Army Medical Research Institute of Infectious Diseases to USAMMDA and for her contribution

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to the staff assistance visit.

✚ Jane Cook received an Achievement Medal for Civilian Service for her performance as the acting chief of the Clinical Trial Monitoring Branch.

✚ Shirley Roach was recognized for her service as the study coordinator for the U.S. Army Surgeon General-directed One-half Dose Influenza Immunization Study. Other staff members who were recognized for their support in this study included Jane Cook, Sharon Morgan, Marie Reeves, Crystal Shumaker, Jerry Winkle, Stephanie Wivell and Irma Woerner. Also recognized were contract employees from Cambridge Consulting Corp., Julie Niebich, Pam Sardelis, Dee Albright and Mike Tolle, and from System Support Alternatives, Inc., Earl Merrill.

Research rewarded

Scientists from the U.S. Army Medical Research and Materiel Command learned Sept. 12 that they won 2005 Army Science Awards.

The scientists, according to Dr. Thomas H. Killion, deputy assistant of the Army for Research and Technology, “distinguished themselves through their proven scientific and technical excellence or leadership. Their contributions promise to improve the Army’s capability and enhance our national defense.”

Award winners receive a plaque and will be recognized at the 2006 Army Science Conference, which will be held in Orlando, Fla., Nov. 27-30.

Winners include:

✚ Lt. Col. Ginamarie Foglia, Walter Reed Army Institute of Research, for the Kericho HIV/AIDS field site.

✚ Dr. Ashima Saxena, Walter Reed Army Institute of Research, for development of plasma-derived human butrylcholinesterase as a prophylactic for the protection of humans



Army Materiel Command visit

Dr. Louise Pitt, director of the U.S. Army Medical Research Institute of Infectious Diseases aerobiology laboratory, describes unique features of a new hood line for testing new drugs and vaccines to Gen. Benjamin Griffin. The commanding general of Army Materiel Command toured USAMRIID’s laboratory facilities during his Nov. 21 visit. Griffin commands 50,000 military and civilian employees who work in 45 states and 38 countries worldwide.

against chemical warfare agents.

✚ Dr. Mark A. Olson, U.S. Army Medical Research Institute of Infectious Diseases, for a novel vaccine for ricin.

✚ Col. John B. Holcomb, U.S. Army Institute for Surgical Research, for his work on DoD combat casualty care.

✚ Lt. Col. Mark R. Withers, Walter Reed Army Institute of Research, for malaria vaccine work.

✚ Dr. David Baer, U.S. Army Institute for Surgical Research, for a portable chemical sterilizer for microbial decontamination of surgical instruments in far-forward areas using green chemistry.

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Command Sgt. Maj. Althea Dixon, left, became command sergeant major of the U.S. Army Medical Research and Materiel Command, commanded by Brig. Gen. (P) Eric Schoomaker, center, Nov. 3. Command Sgt. Maj. Domingo Costa went on to an assignment with the Army Medical Reserve Command.

New enlisted leader

Command Sgt. Maj. Domingo Costa relinquished his role with the U.S. Army Medical Research and Materiel Command to Command Sgt. Maj. Althea Dixon Nov. 3. Dixon comes to USAMRMC from the Southeast Regional Medical Command and the Eisenhower Army Medical Center at Fort Gordon, Ga.

Excerpts from Costa's farewell remarks follow.

You have been a command that without hesitation has placed the products in the warfighter's hand, making them more lethal, more expeditious, more advanced, much smarter than the enemy. And most of all you ensured that the Soldier on the battlefield was going to have the very best in order to

survive. The CG's vision statement is most appropriate: you deliver the best medical solutions for today and tomorrow to enhance protect and treat the warfighter on point for the nation. You are a command and installation that reaches out not just to the Soldier, Sailor, Airmen, or Marine but the entire world.

From San Antonio, Texas, USAMITC manages the entire global information technology system for the AMEDD. The ISR is recognized worldwide for its burn center and for research and development on military trauma to include the treatment of hemorrhage, resuscitation, extremity trauma, and other battle and non-battle trauma injuries, as well as the cellular mechanisms and treat-

ment of hemorrhagic shock. The ISR also trains flight teams in prompt aeromedical transfer and in-flight care for military and civilian patients with burn injuries.

USAMRIID is the lead lab for medical biological defense research. They conduct research leading to the development of medical countermeasures against potential biological warfare threats and natural disease threats, including basic research leading to vaccine, drug, and diagnostic development.

USAMMA serves as the Army Surgeon's General central focal point and executive agent for all strategic medical logistics. Its mission is to deliver and sustain responsive medical logistics support for all worldwide military health care operations.

TATRC is charged with managing core research development test and evaluation and congressionally mandated projects in telemedicine and advance medical technologies. USAMMDA develops and fields medical products for U.S. armed forces in conjunction with the AMEDD Center and School and USAMMA.

USAMRAA provides contracting support to the USAMRMC and its worldwide network of laboratories, to the Fort Detrick Garrison, military tenant activities, Army-wide projects sponsored by the Surgeon General and congressionally mandated programs.

USARIEM is the lead lab for military nutrition, occupational medicine and envi-

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ronmental physiology. ICD is charged with the development, testing and evaluation of medical treatments and materiel to prevent and treat casualties of chemical warfare agents.

USAHFPA is the MRMC's operational command that supports planning and execution of the AMEDD facility lifecycle management worldwide. As the MEDCOM's deployable experts in planning, programming, design, construction, transition, and sustainment of facilities, the HFPA assists the AMEDD and other customers in assessing and refining their facility requirements then executing design and construction investments whenever and wherever needed.

WRAIR, with its labs in Germany, Thailand, Africa and Washington, D.C., is the largest and most diverse lab of MRMC. Its mission is to counter threats from naturally occurring infectious diseases, high energy and trauma and stress and performance. The AFRIMS lab, USAMRU-E, and USAMRU-K are the overseas labs that give WRAIR worldwide presence. They are the centers for field testing of prevention and treatment strategies, defining the epidemiology of persistent

and emerging diseases and developing and maintaining relationships with military and civilian health authorities around the world.

USAARL'S objectives are to prevent or minimize health hazards in the military operational environment and sustain aviator performance.

USAMMCE supports the strategic role of the USAMMA by providing joint medical logistics support within the European theater and serves as a power projection platform for support of operations outside of that theater. As the single integrated medical logistics manager for the military health care system, USAMMCE support focuses on acquisition, storage and distribution of medical materiel; optical fabrication, and medical maintenance.

But the accomplishment of their units' mission and taking care of the Soldier is not enough for these professionals. They have produced 74 distinguished honor graduates, 49 honor graduates, 63 commandants'-list recipients at their respective NCOES. Eleven NCOs have been selected to attend PA school, six have been accepted into the

Green to Gold program, seven have been selected into the Warrant Officer Candidate Course. Many have published papers and have successfully patented products. We have represented this command at the Army 10-Miler with over 41 teams. They met and exceeded the retention quotas for over eight consecutive quarters of over 100 percent in the AC category and 90 percent in the RC category, increased the Sergeant Audie Murphy Club members from four to 14 and inducted over 76 NCOs into the NCO Corps. Five Soldiers were awarded the coveted Expert Field Medical Badge, nine were awarded the German Schutzenuhr, seven have graduated from airborne (hooah!). They have consistently sustained the 91W transition over 89 percent, exceeding the MEDCOM standard of 70 percent and 94 percent in SACMS-VT.

And I have to say that on top of all these accomplishments, we have enlisted members in this command that possess PhDs and countless master's degrees and others continue to develop themselves in furthering their civilian education. Do they make me proud? You got that right!

