

THE POINT

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



Inside

Command, India resume long-time collaborations

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Infectious disease researchers from the United States met their Indian counterparts in Bangalore, India, for a week in January to brainstorm future research collaborations that will benefit both nations.

“One of the reasons we are interested is because of the diseases deployed soldiers face ... malaria, dengue, hepatitis, scrub typhus, HIV, filariasis. In India, those are endemic diseases, and they need to have some affordable means to protect their own people,” said Col. Raj Gupta, who spearheaded organizing the conference for the U.S. Army Medical Research and Materiel Command with Lt. Gen. (retired) D. Raghunath at the Sir Dorabji Tata Center for Research in Tropical Diseases, 12,000 miles away. The Indo-U.S. Science and Technology Forum, as well as other organizations, funded the symposium.

The Indo-U.S. Symposium on Infectious Disease Research and Development, held Jan. 6-10, addressed several concerns facing both the United States and India and sparked discussions for collaborations on malaria therapeutics, insect vector control, bioinformatics and the Global Emerging Infections System, which facilitates early recognition of disease problems.

“This is a win-win collaboration for both the United States and India. When our infectious disease experts team up with the experts in India, I am certain great results will follow,” said Maj. Gen. Lester Martinez-Lopez, commanding general of the U.S. Army Medical Research and Materiel Command who attended the conference along with the U.S. Army Surgeon General, Lt. Gen. James Peake.

“Our world is getting smaller, and the importance of building coalitions and having good medical linkages and partnerships has, to my way of thinking, never been so important,” Peake said.

The conference brought together about 230 attendees, 125 of whom are the leading scientists in their fields.

“India and the United States are noted for their long traditions of academic excellence, superior medical science, a focus on practical solutions to public problems and strong cooperation between the countries,” said Professor N.K. Ganguly, co-organizer for the symposium.

In fact, 54 organizations, half from the United States and half from India, sent representatives to the conference to learn about the newest biotechnology techniques and their application to developing drugs, vaccines and other products to combat the infectious diseases common in India that also strike deployed servicemembers.

“The diseases are higher on India’s agenda (than the U.S. agenda) because they’re endemic, so their researchers are more sensitized ... to them because they see the diseases frequently,” said Dr. Wilbur Milhous of the Walter Reed Army Institute of Research and a presenter at the conference. “But we need to find cures to protect our soldiers as well.”

Planners split each day into a morning plenary session and several afternoon breakout sessions. Chaired by one Indian and one American scientist, the breakout sessions spotlighted specific infectious diseases, like malaria, bacterial diarrhea, dengue fever, viral encephalitis, filariasis, rabies, polio, and measles. For the most part, Gupta said the chairs were strangers before meeting at the conference, but because of their mutual interests in finding cures for specific diseases “they were friends before they even met each other.”

Finding cures for the types of diseases discussed at the conference isn’t typically lucrative for large pharmaceutical firms, so that work is often neglected.

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"India," continued

"The commercial market has limited interest in those diseases because you can't make money from developing treatments for them," Gupta said. "India can't afford to give a vaccine or drug to everyone who lives there, so it leaves those diseases up to the public health sector to find cures for diseases that



Maj. Gen. Lester Martinez-Lopez, Lt. Gen. James B. Peake and Col. Raj Gupta are surrounded by Indian schoolchildren during a trip to an Indian temple.

are of public health importance but not economically viable for commercial companies to make an investment in."

India's researchers and public health system have

made advances, Milhous said. Currently building a new facility, the Central Drug Research Institute has the potential for becoming a center of excellence for testing promising malaria drugs, said Milhous, of WRAIR's Experimental Therapeutics Division, which develops anti-malaria drug candidates at the Walter Reed Army Institute of Research. A key contributor in achieving that goal is Dr. S.K. Puri, a primate malariologist who has set up successful models for testing malaria drugs and is considered to be Milhous's counterpart in India.

Because organizations are spending more money each year on finding drugs for malaria, having the ability to exchange data with the Indian institute may be instrumental in breaking the eventual gridlock that is predicted to occur when the time comes to test promising compounds in primates.

Having a clinical evaluation capability in India, Milhous said, would be a

"fairly precious commodity" because it would allow testing of high-priority compounds for defeating the malaria parasite that kills one million people each year.

Once the collaborations begin again, Milhous said he hopes they continue.

"We train soldiers every day to do something 'just in case' something happens. We keep them primed and working. Research labs are like that, too, and must be used regularly to maintain their skills and capabilities," he said.

Collaborations between the two nations were common throughout the 1980s and 1990s, and Gupta said those relationships may again thrive with the help of programs like the Indo-U.S. Science and Technology Forum, sponsored by the National Academy of Sciences.

One of the current anti-malarial drugs, tafenoquine, for example, was the result of collaboration between India and the Walter Reed Army Institute of Research, Milhous said.

"Tafenoquine wasn't an initial candidate, but the work at the CDRI allowed us to down select (choose) between candidates, and both countries got something they needed. The United States got a traveler's drug for malaria, and India got a drug that met its needs as well," he said.

In addition to scientific expertise, India also brings to the table a reputation for being able to produce affordable pharmaceuticals that are approved by the U.S. Food and Drug Administration, Gupta said.

In the end, participants came up with about 10 areas for future collaborations that could involve a scientist exchange or loaning technology to pursue cures for the infectious diseases. Participants also discussed holding future clinical trials in India for vaccines for dengue and diarrheal diseases.

Soldiers aim for MEDCOM win

They battled fatigue, cold, snow and darkness and emerged victors in Baltimore.

After two days of intense competition, Spc. Carrie Lemieux and Sgt. Alunda Hopkins were named the U.S. Army Medical Research and Materiel Command's best at a banquet Feb. 10.

"Tonight it appeared the women ruled," said Command Sgt. Maj. Althea C. Dixon of the Eisenhower Army Medical Center and the banquet's keynote speaker.

Rising in the wee hours Feb. 8 for a weigh in and physical fitness tests at Fort Meade, Md., the 10 soldiers were then surprised with a written pop quiz on women in the military, changes to the NCO Guide and the Army values.

Every soldier who competed worked through his or her own regimen to train for the competition. Mock boards, workouts and reading were standard fare, but some had more time to prepare than others. For soldiers who recently competed in their lab's competitions, preparing for the Baltimore competition was a matter of polishing rough edges.

Spc. Carrie Lemieux, from the U.S. Army Research Institute of Environmental Medicine, her first duty station, said her NCOs put her through mock boards every other week.

"I spent hours with my NCOs and had great people to guide me through," said Lemieux, who holds a master's degree in exercise physiology and enlisted in 2003 to work with her "idols" at USARIEM.

Spc. Andre Battles of the Walter Reed Army Institute of Research completed Primary Leadership Development Course just days before the competition, so prep time wasn't abundant.

"I knew I was coming, but I couldn't prepare," he said. "Because of what we did in school (PLDC), I'm ready for the land navigation and my military knowledge is okay, but I could have used more time on CTT (common task training)."

Testing on CTT and day and night navigation was held in the woods near the Fort Meade ranges. On a carpet of brown pine needles and packed snow, each soldier took turns at four of the tasks that included dressing in full protective gear, reacting to a biological hazard, cleaning an injured soldier, using a radio to request an evacuation and supervising enemy personnel and equipment.

The tasks, said Sgt. Andrey Alonzo of WRAIR, are basic. "You're pretty much on your own. You know the standards, and you should have been studying them," he said.

Inspectors kept on their poker faces throughout the day.

"It's nerve wracking because the inspectors say nothing, so you don't know how you're doing," said Sgt. Rikki Hibble of the U.S. Army Medical Research Institute of Infectious Diseases.

That's precisely what the event's planners wanted.

"The inspectors' guidance to the soldiers should only be 'Do the best you can,'" said Master Sgt. Matthew

◆ NCO of the Year Competitors

Sgt. Andrey Alonzo

Walter Reed Army Institute of Research

Sgt. Tommy Bruington

U.S. Army Research Institute of Environmental Medicine

Sgt. Rikki Hibble

U.S. Army Medical Research Institute of Infectious Diseases

Sgt. Alunda Hopkins

U.S. Army Medical Materiel Center Europe

Staff Sgt. Nicole Sherman

U.S. Army Medical Research Institute of Chemical Defense

◆ Soldier of the Year Competitors

Spc. Andre Battles

Walter Reed Army Institute of Research

Spc. Anton Faustmann

U.S. Army Medical Research Institute of Infectious Diseases

Spc. Carrie Lemieux

U.S. Army Research Institute of Environmental Medicine

Spc. Garrett Roberson

U.S. Army Medical Research Institute of Chemical Defense

Spc. James Rowlands

U.S. Army Medical Materiel Center Europe



Soldiers vying to represent the command as Soldier and NCO of the Year trudge through snow and pine needles to the testing site at Fort Meade, Md.

“Competition,” continued

Shepardson. “We want to keep them in the dark on how well they performed so when the winners are announced, it’s a real surprise.”

Standing in the waiting area while others completed their tasks, many soldiers—noses and cheeks growing pinker by the second—took time to pull notes out of their 40-pound bags and get one last look at the standards as cold breezes ruffled their pages.

Spc. Anton Faustmann of the U.S. Army Medical Research Institute of Infectious Diseases made sure he fully understood what evaluator Sgt. Michelle Robertson, also of USAMRIID, was asking him to do before the clock started. Scanning the woods looking for a marker, he worked through each part of reacting to a biological hazard methodically, never looking to Robertson for approval. As he decontaminated his hands with charcoal toward the end of the task, a flurry of gunshots sounded from the range nearby.

“Now that makes it feel a little more realistic,” Robertson said.

As he entered the taped off waiting area with black soot ground into his hands and face, one of his fellow soldiers couldn’t resist saying, “You’ve got a little something on your nose, man.” Faustmann met the crack with a smile, knowing by day’s end, the 10 would all be as dirty as he.

After everyone showed their prowess at soldiering skills, day and night land navigation commenced nearby. The night navigation, which began at dusk, went on until 9 p.m., when weary soldiers boarded the powder-blue bus that returned them to their rooms.

Competitors were back in action the next morning to show their mental stamina to boards that met in hotel rooms.

“I wanted to talk about something interesting and be informed,” said Sgt. Alunda Hopkins of the U.S. Army Medical Materiel Center-Europe about the three-minute speech she prepared. “I don’t want to embarrass myself.”

By the afternoon, the 10 were in civilian clothes, rehearsing for the evening’s banquet where the winners’ names were called.

“You’re all winners,” Dixon said. “Though maybe some of you weren’t announced, but the fact that you’re here says a lot about your character. ‘Time’ magazine selected the Soldier as the person of the year, and that was an incredible honor ... but each of you who competed, you are definitely someone’s person of the year, all the time.”

For Hopkins, winning was a chance to go up against the command’s best. “I competed against and among the best, and was most proficient among them,” she said. In the Army for just eight months, Lemieux said the experience gave her a chance “to learn as much as I can so I can lead soldiers.”

Lemieux and Hopkins will compete in the U.S. Army Medical Command competition May 13-20 at Fort Sam Houston, Texas.

Researchers make strides with botulism, E bola

Researchers at the U.S. Army Medical Research Institute of Infectious Diseases have made progress toward developing therapeutics to counter botulism and the Ebola virus.

Scientists have identified several key molecules that block the activity of a toxin that causes botulism—an important first step in developing therapeutics to counter the disease. Study collaborators were Sina Bavari, James J. Schmidt, and Robert G. Stafford of USAMRIID; Rick Gussio, Daniel W. Zaharevitz, Edward A. Sausville, Douglas J. Lane, Connor F. McGrath, Ann R. Hermone, Tam L. Nguyen, Rekha G. Panchal, and James C. Burnett of the National Cancer Institute and; and Jonathan L. Vennerstrom of the University of Nebraska Medical Center.

Botulinum neurotoxins are useful as therapeutic agents for treating a variety of muscle dysfunctions in humans and are used cosmetically to reduce wrinkles. Paradoxically, the seven serotypes of the neurotoxins, designated A through G, also are among the most lethal biological substances known.

Because botulinum neurotoxins are capable of causing mass casualties, they are classified as biodefense A (top priority) agents by the Centers for Disease Control and Prevention. Currently, no therapeutics exist to counter the threat; thus, identifying and developing compounds that inhibit the neurotoxins is a high priority.

“This work is the result of a productive collaboration between federal and academic partners,” said Colonel Erik A. Henchal, commander of USAMRIID. “These are the relationships that will, in the future, deliver

the biodefense products the nation needs.”

USAMRIID scientists also successfully immunized mice against Ebola virus using hollow virus-like particles, or VLPs, which are non-infectious but capable of provoking a robust immune response. These Ebola VLPs conferred complete protection to mice exposed to lethal doses of the virus.

Study collaborators were Sina Bavari, Kelly L. Warfield, Catharine M. Bosio, Brent C. Welcher, Emily M. Deal, Alan Schmaljohn, and M. Javad Aman, all of USAMRIID, and Mansour Mohamadzadeh of the Department of Medicine at Tulane University.

The work could serve as a basis for development of vaccines and other countermeasures to Ebola, which causes hemorrhagic fever with fatality rates as high as 80 percent in humans. The virus is a global health threat and a potential agent of biological warfare or terrorism. Currently there are no available vaccines or therapies.

Having shown that the VLPs evoked a robust immune response, the team examined whether the response could protect mice from lethal challenge with Ebola virus. Mice were vaccinated with VLPs three times at three-week intervals and challenged with the virus six weeks after the last vaccination. The result



Electron micrograph of Ebola virus. Ebola hemorrhagic fever is a severe, often-fatal disease in humans and nonhuman primates.

Deployable telemedicine team gets lighter load

When Army medical teams prepare for humanitarian deployments, they typically worry if they've got enough bandages and drugs or the right medical devices, not whether they'll have communications when they hit the ground.

"Medical units don't always know what communications assets will be waiting for them when they arrive in theater," said Tommy Morris of the Telemedicine and Advanced Technology Research Center. "They don't ask

for it ahead of time, historically. Or they think it will be provided to them, which is a bad assumption."

To avoid communications disappointments during deployments, the Army Surgeon General created the Medical Command, Control, Communications Telemedicine SMART team in 1998 to let medical professionals provide short-term communications support for emergencies within 12 hours.

See "Equipment," page 7

"Progress," continued



USAMRIID is one of the few laboratories in the country equipped to study highly hazardous viruses at Biosafety Level 4.

virus."

According to Bavari, his team hopes to build upon its work by evaluating the efficacy of VLPs for both Ebola and Marburg, a related virus, in nonhuman primates.

USAMRIID scientists also successfully treated monkeys infected with the deadly Ebola virus, an important step in the search

was 100 percent protection with no signs of illness in the immunized mice.

"This is astonishing work," Henchal said. "The ability to produce self-assembling particles that resemble whole virus will give us a new tool to evaluate the combination of variables required to produce a protective immune response to Ebola

for a treatment strategy. Thomas W. Geisbert and colleagues from the institute injected 12 rhesus macaques with Ebola virus. Nine of the animals received a drug called recombinant nematode anticoagulant protein c2, while the remaining three were untreated.

In the treatment group, monkeys received rNAPC2 either immediately after Ebola infection, or 24 hours later, and continued to receive it daily for up to fourteen days. Three of the nine monkeys survived, and death was slowed by several days in the remaining six. All three untreated animals died.

"Our results have potentially important clinical implications, since our treatment approach targets the disease process rather than replication of the Ebola virus," Geisbert said. "Moreover, our findings raise the possibility that rNAPC2 could be useful in the treatment of other viral hemorrhagic fevers. The next step will be to test clinical efficacy of this treatment modality in persons at risk for the disease."

Study collaborators were Lisa E. Hensley, Peter B. Jahrling, Tom Larsen, Joan B. Geisbert, and Jason Paragas of USAMRIID; Howard A. Young of the National Cancer Institute; Terry M. Fredeking of Antibody Systems; and William E. Rote and George P. Vlasuk of Corvas International.

—Caree Vander-Linden, USAMRIID

“Equipment,” continued

SMART teams—which stands for Special Medical Augmentation Response Team—were created so highly skilled medical specialists can assist with disaster relief or respond to a terror act. Teams that focus on treating burns, trauma patients and chemical or biological casualties needn’t concern themselves with packing commo gear.

Six MC3T SMART teams have it covered with sets stocked with a laptop, voice communications, video teleconferencing capability, satellite, Internet access, e-mail, digital camera, self-contained power supply, solar panel, printer, scanner and cell phones.

Located in the District of Columbia, Washington, Hawaii, Texas, Germany and Georgia and staffed with doctors, nurses and medics, the teams received a much-needed equipment upgrade last year. The old equipment set, which hadn’t been updated since the team’s inception, was heavy and difficult to assemble, said Staff Sgt. Harold Pharis who works at Madigan Army Medical Center in Tacoma.

“It was a good concept, but there were so many pieces and it weighed so much, it was too much to deploy with,” he said.

None of the MC3T SMART members are required to be communications savvy, said Renee Clerici, the project officer who’s charged with coordinating the equipment and making sure teams are trained.

“We’re finding that the hospitals don’t always have a computer technician to assign to the team,” she said. “We’ve got medics and doctors who aren’t required to keep up on all the communications or computer technologies. It (the equipment) has to be intuitive because I don’t want them to have to wonder ‘Where does this go?’ or ‘What was this used for?’”

Though the \$68,000 sets fielded in 1998 were state of the art for the time

and were used in deployments in El Salvador, Honduras and Africa, they weren’t as easy to set up as the new \$35,000 sets are.

“I had to make a diagram to figure out what wires went where,” Pharis said. He also ended up color coding the wires in his case to simplify the process.

But when he was given the new set for the first time, it took him just 11 minutes to set it up. He said today he’s confident that if they dropped him off in the middle of nowhere with the set, he could have a satellite signal within 15 minutes.

The new sets are more like today’s “plug and play” personal computers, Clerici said, so spotting glitches is fairly simple. In fact, when she trains users at Fort Detrick or their medical centers she throws in a “minor bug” so the team members have to use their troubleshooting skills.

“It gives them a realistic feel of what it’s going to be like in the field ... and helps them realize they can do this by themselves,” she said.

The upgrade also reduced the set’s weight from 112 pounds to 86 pounds and shrunk its size to allow the core of the set to fit in an airplane’s overhead bin.

The new equipment set is the equivalent of going from a “Geo Metro to a Cadillac,” Pharis said. “If we were deploying a long distance, my only concern would be how we’re getting there and what we’re supposed to wear. Not once would I worry about the equipment. That would never cross my mind.”



Capt. Craig Hodge, Capt. Michael Orecchio and Maj. Peter Marks. left to right, acquire a signal from an INMARSAT during training on new equipment at the Army Medical Department Center and School in San Antonio.

Unit discusses partnership with Reserve

A partnership in the making between the U.S. Army Research Institute of Environmental Medicine and the 94th Regional Readiness Command could influence all Reserve and National Guard forces.

Maj. Gen. Dennis Laich, commander of the 94th Regional Readiness Command, and his staff met with leaders at USARIEM Jan. 30 to learn about the capabilities and facilities at the Soldier Systems Center in Natick, Mass. They discussed challenges of Reservists who frequently spend increasing amounts of time as full-time soldiers and ways to incorporate Reservists into physiological studies tailored to them.

“What we don’t have here is a (Fort Bragg, N.C.) where we’re in the middle of soldiers, but what we do have here is the Reserve,” said Col. Karl Friedl, USARIEM commander, at the meeting.

Of immediate concern to Laich is the physical fitness of his soldiers preparing to deploy. About 2,000 of the almost 6,300 soldiers in the 94th are either deployed or are in the process of deploying. He said an estimated 40 percent of the forces serving in Iraq and Afghanistan is from the Reserve or National Guard.

“We have 1,000 soldiers in (Fort Drum, N.Y.) ready to deploy, but how

do we prepare them without pushing them to injury?” Laich said.

These questions play right into USARIEM, which has the lead in the Department of Defense for physiological research, studying the affects of heat, cold, altitude and nutrition on warfighter performance. One way USARIEM can immediately help is by providing a new unit physical readiness monitoring software and, within a few months, its HEALTH (Healthy Eating, Activity and Lifestyle Training Headquarters) Architecture program to assist soldiers who need to lose weight and monitor physical fitness.

USARIEM also has information available for trainers and can track demographics and measure changes over time, whether Reservists are called up or living at home.

Friedl said he would like the opportunity to brief the command every few months on training studies and make sure they are relevant. One study that falls under an Army-approved Science and Technology Objective on physical training and injury reduction was approved to begin and will require a modest amendment to focus on the rapid trainup of Reservists.

Another objective of a partnership is to bring Reservists to the installation to participate as human research volunteers. Laich gave his full support to that idea.

After the tour, he focused on the command’s level of physical fitness and expressed interest in changing the culture and enforcing the current standards for a group that Laich said is only “a phone call away” from being called into combat.

—By Curt Biberdorf, Natick Public Affairs Office



Maj. Gen. Dennis Laich tours the Water Immersion Facility. He also visited the Altitude Chambers, Biomechanics Lab and volunteered to be scanned to measure his bone density and body composition at the Bone Health and Metabolic Research Lab.

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Institute expands its biotech research facilities

The U.S. Army Medical Research Institute of Chemical Defense continues to expand its technologically advanced capabilities with an Affymetrix Core Facility. The institute acquired the Affymetrix GeneChip Instrument system last year but recently completed renovations to create a dedicated facility for the system and its components.

“It took a tremendous effort from a lot of people to put the facility in place,” said MRICD’s commander, Col. Gennady Platoff at the ribbon cutting. “This is a wonderful opportunity for the future at ICD and a prelude of what is to come.”

The new technology is an asset of the institute’s Toxicogenomics Team in the Applied Pharmacology Branch. Led by principal investigator James F. Dillman III, the team does research to identify global changes in gene and protein expression, modification and function in response to exposure to a chemical warfare agent. Identifying these changes will assist scientists in defining how the chemical warfare agents work and in developing countermeasures.

Other members of the team include Chris Phillips and three postgraduate interns: Linda Dorsch, Alison Hege and Albert Sylvester.

Provided with a sample from an exposure experiment, Dillman and his team extract RNA, which then goes through several steps to make it stable and amenable to a binding dye before it is injected into a window on a GeneChip. After injection, the chip is incubated and inserted into a fluidics station, which washes fluid through the chip and stains it with fluorescent dye.

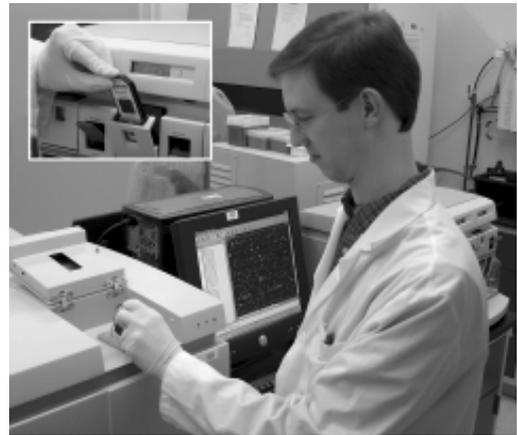
From there the chip is inserted into a gene array scanner, which reads the fluorescence of the dye to match genes in the sample with those encoded on the chip. Data from the scanner indicate which genes were in the sample and in what quantity.

Software translates the data into numbers and tells researchers the specific genes that are changed by exposure to the CW agent. This, in turn, tells them how cells responded to exposure over time or by dose. From this information they can determine methods of intervention to prevent damage caused by the CW agent exposure.

When analyzing samples from experiments studying pretreatment or treatment compounds, scientists can look at the compounds’ effectiveness at the molecular level and see why a compound may or may not be effective. They can also see how a compound or its delivery might be modified to increase its effectiveness.

“The advantage of the Affymetrix technology is that it allows scientists to study thousands of genes simultaneously and to put together pathways of injury more quickly than we would be able to do otherwise,” Dillman said.

—Cindy Kronman, USAMRICD



The GeneChip Fluidics Station [inset] washes the genechip and stains it with fluorescent dye. Dr. James Dillman, above, then inserts the chip into the GeneArray Scanner, which identifies the genes affected by CW exposure or treatment compounds. Results of the scan are displayed on the computer screen.

Telemedicine center's successes continue

Since the Telemedicine and Advanced Technology Research Center turned over the Mobile Breast Cancer Center to the Tuba City Indian Medical Center in 2001, the center has provided nearly 2,250 mammograms to Indian women within a 100-mile radius of the Navajo Reservation in Northern Arizona.

The center provides mammography services five days a week, and most cases are read in less than one hour, allowing patients to learn their results before leaving the medical center. This level of service is especially important for the Indian Nations, since many Navajo, Hopi and San Juan Paiute patients lack the means for return visits and patient compliance has been a significant issue.

The mobile center was conceived in 1996 by the Telemedicine and Advanced Technology Research Center through a partnership with the Public Health Service's Office on Women's Health and the National Cancer Institute. The center was designed to provide a comprehensive system for early breast cancer diagnosis, patient counseling and education and integration of online multidisciplinary expert clinical teleconsultation with providers. By

combining the most advanced breast cancer imaging technology, digital mammography and an advanced telecommunications infrastructure on a mobile plat-



Microsoft Corporation published a case study, on the Battlefield Medical Information System-Tactical in December 2003.

form, new approaches to delivering mammography services to women in underserved populations or located in remote areas could be evaluated.

The center was delivered and accepted in April 1997 at a cost of \$1.9 million.

Case study

Microsoft published a case study, "U.S. Military Improves Medical Care, Tactical Advantage with Wireless Point-of-Care Handheld Assistant," in December 2003 to highlight TATRC's Battlefield Medical Information System-Tactical, or BMIS-T. The device is a handheld tool 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. Designers also tailored modules for veterinary care, behavior health, preventive medicine and food inspection.

The study concluded the device "gives medical providers an all-in-one tool for medical readiness, clinical information capture, diagnosis and logistics to improve patient care and record keeping and contribute to a better informed, more effective military force."



The Mobile Breast Care Center was unveiled at Capitol Hill in 1997.

Unit focused on optimizing distribution operations

For the past two years, U.S. Army Medical Materiel Center, Europe's workload has increased 40 percent, and current trends indicate that workload is likely to continue increasing. On an average day, 14 trucks arrive at the unit in Pirmasens, Germany, to pick up materiel bound for more than 1,500 Army, Navy, Air Force and Department of State customers in 18 countries that daily place an average of 3,000 orders.

USAMMCE must be more flexible and responsive than ever before to support joint, inter-service and multinational forces involved in diverse missions throughout geographically disparate locations. To increase its capabilities USAMMCE is upgrading hardware, software and personnel skills; making infrastructure improvements; changing workflow and organizational structures; investing in equipment; and making changes to overall operations.

One area on which the unit is focusing its energies is with the warehouse modernization effort. USAMMCE is installing a new, narrow-aisle storage system to provide more efficient use of space, adding more than 32,000 additional cubic feet of storage.

The organization is also analyzing warehouse operations to learn about new technologies and methods to yield the greatest improvements. For example, the current inventory management software, Theater Automated Medical Management Information System, has limited capability for sorting materiel release orders, so some of the process is automated and some is manual. If the process is entirely automated, the unit can save 1,560 person hours a year that can be used for other tasks.

Project team members have visited Defense Department and civilian distribution centers to glean their best practices for a three-dimensional simulation that will show workflow and resource employment to validate the benefits of proposed changes. Using the simulation software will allow mistakes to be made without disrupting support to customers.

The modernization project, which started in January 2004, has three primary goals: increasing storage capacity, increasing materiel throughput capacity and identifying operational enhancements for immediate or future implementation. The biggest challenge of the effort will be to constantly meet growing mission requirements while simultaneously modernizing.

USAMMCE officials recognize the effort will present challenges; however, the project team—comprised of multi-disciplinary and multi-national personnel, both internal and external to the organization—is committed to completing the project with minimal disruption to current and future customers. The first two phases of the modernization program are set to be complete by December.

For more information on this project, call Maj. David Gibson at commercial 011-49-6331-86-6046, or by e-mail at david.r.gibson@us.army.mil.

—By Maj. David R. Gibson,
USAMMCE



Sgt. Brenda Bolmer, B Company, 226th Medical Battalion (Logistics), performs shelf maintenance on materiel in the Distribution and Transportation Division at USAMMCE.

Uncle Wiggly back at work after upgrade

Uncle Wiggly, the 20-year-old articulated thermal manikin at the U.S. Army Research Institute of Environmental Medicine, has new life after a major component upgrade during the past year was completed in February.

The manikin's original copper-plated shell, cast aluminum joints, heaters and sensors remain, but a thermal control system consisting of signal conditioning, heater drivers and computer software, and a computer-controlled sweating system were installed by Measurement Technology Northwest in Seattle, Wash., into the existing body to create a product unlike any other.

"It's really amazing. You don't realize it until you see (other thermal manikins)," said Julio Gonzalez, a research scientist in USARIEM's Biophysics and Biomedical Modeling Division at the U.S. Army Soldier Systems Center in Natick, Mass. "With the unique way it's built and operates, I don't think they'll make another one like this."

Researchers have used thermal manikins to measure thermal and water vapor resistance values of clothing since

the 1940s to help improve functional performance and thermal comfort. The values are also incorporated into practical human performance models by the division to predict work/rest cycles, maximum work times and water consumption requirements, according to Gonzalez.

"It all started as a way to predict soldier performance in the field," he said. "The modeling results then can tell how long personnel can safely operate in certain environmental conditions."

USARIEM started using Uncle Wiggly in 1984 during a push in the 1980s by the Army to completely redesign military clothing systems using a variety of new technologies and materials, such as Gore-Tex and Thinsulate.

The manikin has 19 individual heating zones and swings its arms and legs to simulate walking at speeds up to 3 mph. Testing is conducted in its own chamber controlled for temperature, humidity and wind speed provided by a fan.

Still functional, the original manikin had become increasingly difficult to operate with slow computer processing power and parts that were wearing out. All data was printed out and then entered by hand into a computer to calculate wet and dry insulation values of various prototype military uniform ensembles. If testing wasn't closely monitored, previous measurements could be lost, and results were difficult to repeat.

"Now we're able to collect data in real time on a Windows-based computer, and all the data is saved automatically. I can open the file later to analyze the numbers," Gonzalez said.



Photos by Julio Gonzalez

USARIEM's revamped articulated thermal manikin called "Uncle Wiggly" rests in its own climate-controlled test chamber ready to measure thermal and vapor resistance values of clothing ensembles.

since the 1940s to help improve functional performance and thermal comfort. The values are also incorporated into practical human performance models by the division to predict work/rest cycles, maximum work times and water consumption requirements, according to Gonzalez.

“Wiggly,” continued

Measuring dry insulation values was demanding, but measuring water vapor transfer through the clothing was worse. Before the upgrades, he had to simulate sweating of the manikin by applying water to an all-cotton layer “artificial skin” without getting the actual test clothing wet.

“You had to undress the manikin, spray the cotton skin with water, then quickly redress it and pray that it didn’t dry too soon,” Gonzalez said.

The upgraded Uncle Wiggly sweats automatically through a series of valves and hoses that pump water through dozens of “weep holes” drilled through the metal. They provide even and adjustable water distribution along the 19 sections, which are still independently heated.

One power supply replaces 19 power supplies. Each zone has its own easily replaceable plug-and-play microcontroller to oversee temperature and fluid control and measurement. Measurement updates are shown every second instead of every 20 seconds.

Measurement Technology Northwest’s computer software uses color-coded manikin pictorial displays, selectable for any manikin variable. It provides automatic steady-state detection, helpful in identifying the desired manikin temperature.

The operator can also program a work cycle simulation, and view an instantaneous bar graph and time history line graph for any selected manikin variable.

“I can take just a small portion of the graph, zoom in on a selected time period, and then get a good high and low point to get a good average measurement,” he said. “You can tell the (ther-



The inside of the chest cover and chest cavity of the manikin show its new components, including a series of valves and hoses that pump water through dozens of “weep holes” drilled through the metal used to simulate sweating.

mal resistance) value in a specific region on the manikin or part of the clothing and even add or subtract a piece of clothing without having to rerun the entire test.”

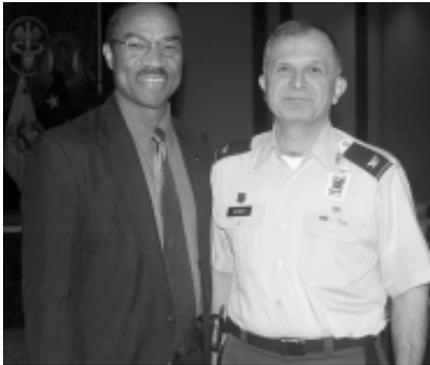
Microclimate cooling vests are easily tested now because the manikin automatically calculates the number of watts of heat removed with the garment.

Gonzalez said the new capabilities will enable him to cut testing time in half. He conducted his first comparative test with the improved manikin wearing a Temperate Battle Dress Uniform. Calibrated and validated against the old system, he and Uncle Wiggly are ready to resume testing for the next generation of uniforms.

—By Curt Biberdorf, Natick Public Affairs Office

Liaisons serve as command's advocates

Big money, strategy, personalities, winners and losers are all components of a high-stakes poker game, but they're also a real part of the day-to-day activities of the Office of Medical Systems, Assistant Secretary of the Army for Acquisition, Logistics and Technology.



The Honorable Claude Bolton Jr., left, regularly receives information from Col. Elias Nimmer, left, who heads the U.S. Army Medical Research and Materiel Command's office that serves as a liaison with budget offices for funding command programs.

“You (USAMRMC) are extremely important for what goes on in the Army,” said Claude Bolton Jr., the Assistant Secretary of the Army for Acquisition, Logistics and Technology at the U.S. Army Medical Research and Materiel Command's conference in February. “Your task is to figure out how to keep the soldier fit for duty.”

Every day Bolton “learns something more about what we do,” said Maj. Gen. Lester Martinez-Lopez, the commanding general of the U.S. Army Medical Research and Materiel Command at the same conference. “We couldn't do the work we need to do without him.”

The five-person office in the “Pentagon Annex” in Crystal City, Va., works as the U.S. Army Medical Research and Materiel Command's liaison office. Their job is to coordinate with all of the Army and DOD offices that deal with Research, Development, and Technology that fund the command's programs.

“The office is the conduit for ensuring programs at MRMCM smoothly interface and support overall military mission objectives,” said Katherine

Eltzroth, who recently served as the office's acting director for Sci. & Tech. “We provide the necessary interlink with other organizations to facilitate a balanced program between operational and medical support requirements.”

Answering questions posed by players who have the power to make or break programs can be demanding at times, said Eltzroth, who filled in for Col. Elias Nimmer when he deployed to Iraq in 2003.

“The staffs tasked with the demands of finalizing programming and budgeting requirements oftentimes are working on a restricted time schedule,” Eltzroth said. “So, they require our input on how the medical mission will be impacted under various scenarios with a very quick turnaround time.”

To stay ready, the office staff of Nimmer, Eltzroth, Maj. Dave Thompson,

Bob Shell and Theresa Shipe strategically try to anticipate what the questions

might be, so they have those answers on hand.

“We articulate and support the command's programs by ensuring they are kept at the forefront and fully understood by all involved in the resource acquisition process—particularly those without a medical background,” said Eltzroth. “Because we interact daily with staff that do not routinely understand medical science and terminology, we need to explain our programs in non-technical, non-jargon terms, and ensure staffs are fully aware of the impact their decisions have on those programs.”

But when the office's staffers are faced with “what if” scenarios, like potential funding cuts, they work with

Command helps to educate small businesses

Small businesses that want to work with the U.S. Army Medical Research and Materiel Command need not go it alone in their quest for information. Jerome Maultsby is on the job.

“I ensure small businesses have an equitable opportunity to participate in getting contracts with the (U.S. Army Medical Research and Materiel) command, and that the process is fair and impartial. I want to get rid of any perception that they can’t compete,” said Maultsby, the associate director for Small and Disadvantaged Business Utilization. His office, which is part of the commanding general’s special staff, is co-located with the command’s contracting staff.

Maultsby tries to eliminate the perception that businesses that receive awards are part of an established or inside network.

“What I try to do is let folks (businesses) know that as long as I’m here, we’re going to do things the right way, we’re going to be above board and

answer questions if they have them,” he said.

Public laws mandate that the Army, along with the rest of the government, grant a portion of its business to small businesses, which Maultsby calls “the engine for the U.S. economy.” In fiscal year 2003, for example, the Army hit an all-time high, awarding \$13 billion to small businesses, according to a memo from the service’s Office of Small and Disadvantaged Business Utilization.

“If it were not for the small business program (public laws and mandates), I think some small businesses would not get the opportunity to compete,” he said.

Various public laws and federal acquisition regulations govern the small business program, which includes small businesses, small disadvantaged businesses, small business administration certified 8 (a) program,



Maultsby

See “Business,” page 16

“Liaison,” continued

the programs, budget and research area directors at MRMC headquarters to see what the implications are and get the answers the Pentagon is expecting.

“There’s always ‘what ifs’ on the table,” she said. “We constantly have to balance the desire to fully fund all medical programs within a fiscally constrained budget authority. Everyone in the command is always very respectful of our position. They understand what we are trying to do in responding to inquiries back up the chain-of-command; so that’s a good thing.” One of the most arduous tasks the office takes on this time of year is working with command to put together its submission for the program objective memorandum. The document, which works its way through Army channels to the Defense budget, sets out what the command

wants to accomplish in the coming years and puts a price tag on it. Right now, Eltzroth and the MRMC team are putting together the POM for fiscal year 2006 to 2011 so they’re working long hours.

Successfully maneuvering through the entire research and development process is a daily reality for this office. “It can be very demanding when you get at this level in terms of fighting for programs as they move up the chain from the Army to OSD to Congress,” Eltzroth said. “You have to understand who you’re working with, their background and expertise and if they have a special interest. You also have to have a strategy, and you have to understand what they’re looking for.”

“It can seem like a huge card game at times, but the stakes are the health and well being of our soldiers, so it’s no game,” she said.

“Business,” continued

“The bottom line is whether you can provide a particular product or service in accordance with the terms and conditions specified in the contract.”

**—Jerome Maultsby
U.S. Army Medical
Research and
Materiel Command**

women-owned small businesses, historically underutilized business zones, service-disabled veteran owned small businesses and historically black colleges and minority universities.

“They have to understand the process. That’s where I come in,” he said. “I walk them through what’s required of them.”

He also tries to steer businesses toward potential customers in the command, and then steps back to let the businesses work their mar-

keting magic. To get contracts, small businesses need to “do their homework to learn about the command” and be ready to answer why their company can do the job better than any other competitor, he said.

Though larger businesses have more resources available to put into their marketing, Maultsby assures small businesses that the professionals in contracting work with his office to make sure small business firms are provided a fair opportunity to compete for contracts.

“They peel back the layers and look at the content to see who will provide the services or product that the statement of work requires,” he said. “The bottom line (for any contract selection) is whether you can provide a particular product or service in accordance with the terms and conditions specified in the contract,” he said.

Maultsby also works within the command to get rid of the notion that even though Small Business Administration classifications like “small,” “minority-owned” or “disadvantaged” may sound negative to some, those businesses should not be overlooked when the command is looking to contract for a product or service.

“These small businesses are experienced, legitimate and reputable,” Maultsby said. Many people in the command, he said, are surprised at the wealth of research talent historically black colleges and universities and minority institutions can offer the command.

When small businesses try but fail to win an award, Maultsby encourages them to continue competing. Sometimes he recommends companies request formal debriefings with a contracting officer who can explain why the company lost. Other times, his advice is to partner with more successful businesses to offer the government the best value. And at times he suggests small companies participate in the Army’s Small Business Mentor-Protégé Program.

One part of his job for the past year and a half has been dispelling myths that seem to crop up about local small businesses’ rights to government contracts.

“Just because a small business is in close proximity to Fort Detrick, that doesn’t necessarily dictate that they’re going to receive an award,” Maultsby said. “Most experienced, seasoned small businesses understand that ... there’s no guarantee that they will be awarded a contract based solely on their location.”

Maultsby works with the local chamber of commerce and department of economic development to provide information on the command and how it conducts business. In November, he unveiled a Web site, www.mrmc.smallbusopps.army.mil, to give information on opportunities to small businesses. The second phase of the site will include interactive training modules for small businesses and universities.

Maultsby’s plans for the office include developing a procurement forecast to let the command’s labs weigh in on what goods or services they expect to purchase in the coming year to allow more small business to market their companies.

People in the News

Nimble fingers

Visit Sunday mornings at Eileen Huggins's Frederick, Md., home and you'll witness a four-year old ritual in progress. She starts with poring through the morning paper, not for the latest headlines but for advertising flyers for craft store coupons to clip. After she strikes gold, she heads to the store with the best value and purchases two of the largest skeins of yarn the store carries, one pink and one blue.

When Huggins returns home, she tucks herself into her favorite chair, turns on the television and pulls out her crochet hook then proceeds to crochet cap after cap for newborns at the Frederick Memorial Hospital.

As her hook deftly transforms a string of yarn into a piece of clothing, in about a half an hour a hat is complete. Huggins estimates she made 200 hats in 2003 but can't recall how many she's made since she started.

"My husband says I'm addicted to them," she said.

She said she can't begin to estimate how much she's spent on yarn over the years for the hats.

"I guess it depends on how many hats I make and how cheap I can get the yarn," said the procurement technician with the U.S. Army Medical Research Acquisition Activity with a laugh.

Though many groups donate their crocheted or knitted hats for newborns, Huggins is a one-woman crocheting machine. She visits the hospital every two or three months on a weekend to drop off another bag full of hats.

Huggins' donations are "fantastic," said Bonnie Hagerman of Hood College. She founded the non-profit nationwide organization Care Wear in 1991 to mobilize volunteer knitters and crocheters to make caps, booties and mittens for babies born prema-

turely at Children's Hospital in Washington, D.C.

The babies look adorable in the caps, she said, but there is a functional reason for the garments. Infants in special care nurseries and intensive care units struggle with a variety of traumas, so keeping their extremities warm and keeping themselves warm is a real challenge.

"There's a good deal of heat lost from the head. Men who are bald notice...that hair really does protect. It's a very good insulator, like wool," she said. Infants who have the warm handcrafted garments, then, benefit from not having to work as vigorously to circulate blood to prevent heat loss.

Hospital nurseries can use all sizes of caps, and Hagerman's seen them all. From 1991 to 1996, she received 26,000 hats to send to hospitals. Today, volunteers work directly with hospitals so she no longer tracks the numbers.

When Hagerman first started making the tiny hats, she couldn't make them small enough.

"Finally, in desperation, they (the nurses) told me to go to a grocery store and buy lime and make a hat to fit it. That's one of the smallest sizes they were dealing with in their intensive care unit," she said. Patterns for the garments are posted on Care Wear's Web site at www.hood.edu/carewear.

When co-workers learn of Huggins's hobby, a wave of nostalgia usually sweeps over them as they recall the hat their child wore home and was kept as a keepsake.

"My son came home with a yellow knitted hat that someone made," Huggins said. "Everyone goes home with a hat."



Huggins

People in the News



Color Guard

Army members from the All Service Color Guard, above, from the Walter Reed Army Institute of Research perform at the U.S. Army Medical Research and Materiel Command conference's banquet Feb. 10. In class A uniform is Spc. Ricardo Martinez Jr., the noncommissioned officer in charge of the team; in desert battle dress is Sgt. Nadia Kendall-Diaz; in civil war attire is Spc. Travis Robbins; in battle dress uniform is Spc. Joshua Bailey; in a World War I uniform is Spc. Robert Kerchofer; in World War II uniform is Spc. Danielle Yanez; and in a Korean War uniform is Spc. Leslie Ash. Spc. Susan Quartucci and Spc. Raphael Lozano also performed the fallen comrade ceremony during the banquet.

The color guard is comprised of Army, Navy and Air Force personnel and seems to stay on the road. Training twice a week during their lunch breaks and annually with the Old Guard at Fort Myer, Va., the team performed at 59 events in 2003. The team's services are in demand at retirement ceremonies and dining ins for units from Fort Myer to Fort Meade, Md., and the team also opens games for the Baltimore Orioles, Philadelphia Phillies and Washington Mystics. The women's color guard team performs at most official ceremonies held at the The Women In Military Service For America Memorial at Arlington National Cemetery.

"They are a great and wonderful group of highly motivated and dedicated soldiers," said WRAIR Sgt. Maj. Sherry Lex.

Bronze Star

Lt. Col. Peter Weina of the Walter Reed Army Institute of Research received the Bronze Star Feb. 10 at the U.S. Army Medical Research and Materiel Command's annual conference. He served as the executive officer and infectious disease physician for the 520th Theater Army Medical Laboratory, 3rd Medical Command, during Operation Iraqi Freedom.



Weina

Re-enlistment

Staff Sgt. Michelle Robertson of the U.S. Army Medical Research Institute of Infectious Diseases re-enlisted Feb. 10 during the U.S. Army Medical Research and Materiel Command's annual command conference.



Robertson

Commissioning

After earning her medical technology degree and certification, Spc. Marian Farah, a biological sciences assistant in the Walter Reed Army Institute of Research's Department of Biochemical Pharmacology Biochemistry Division, was commissioned Jan. 14 as a second lieutenant. Once she finished Officer Candidate School, she left for Germany to be a clinical laboratory officer, a goal she was inspired to achieve because of the training she received as a medical laboratory technician.



Farah

People in the News

Civilian Award



Jackson

Jennifer Jackson received the Department of the Army's Superior Civilian Service Award Dec. 18 for serving as the U.S. Army Medical Research and Materiel Command's Army Purchase Card coordinator since 1996. The command has more than 500 cards that purchase \$20 million in goods and services every year. Purchases also result in rebates that come back to the command, said Maj. Gen. Lester Martinez-Lopez, commanding general, and that "provides more money to take care of the soldier on point."

Jackson was recognized for her attention to detail and "teaching, mentoring and monitoring" the command's cardholders, the general said. "She does incredible work that makes a big difference."

After receiving the honor, Jackson said her success was a "true team effort" and thanked the staffs of the Deputy Chiefs of Staff for Resource Management and Logistics for their help in keeping the program running smoothly.

Two awards



Bertram

Col. Kenneth Bertram, Congressionally Directed Medical Research Programs, received two honors Dec. 18. The colonel was awarded a certificate of achievement that recognizes his attaining an "A" proficiency designator in the field of hematology and oncology. The A proficiency "recognizes him as a leader in the field, both clinically and in research," said U.S. Army Medical Research and Materiel Com-

mand's commanding general Maj. Gen. Lester Martinez-Lopez.

Bertram's second honor, the Military Outstanding Volunteer Service Medal, recognized his coaching contributions to youth sports, including Little League and soccer, and his work with his church congregation.

Commendation medals

Maj. Robert Maxham and Master Sgt. Matthew Shepardson of the U.S. Army Medical Research and Materiel Command, received the Army Commendation Medal Dec. 18 for helping to structure an operations process to support soldiers and civilians who were deploying into the Operation Enduring Freedom and Operation Iraqi Freedom theaters. The soldiers supported more than 50 deployments and taskings that affected 250 soldiers and civilians in the command.

Lt. Col. Harry Modrow, formerly of the U.S. Army Medical Materiel Development Activity, received the Army Commendation Medal Dec. 18 for serving as the chairman of the Source Selection Evaluation Board in 2002 and 2003 during the U.S. Army Garrison's Commercial Activities Study. Modrow thanked his team members for their efforts and for "nitpicking" every detail of the study to triumph over any protests that may have been received. Becky Tama and Dan Signore of the U.S. Army Medical Research Acquisition Activity, both received the Commander's Award for Civilian Service for



Maxham



Shepardson



Modrow

People in the News

their work as contract specialist and contracting officer, respectively, on the Commercial Activities Study.

Packard Award



Whitman

Kathy Witman of the U.S. Army Medical Research Acquisition Agency, as a member of the Navy's Joint Services Family of Decontamination Systems team, received one of the Defense Department's four Packard Awards for 2003. The decontamination system uses commercial-off-the-shelf components in its design to decontaminate military equipment and personnel.

The team received the award for its exceptional accomplishment in multi-service teaming, extensive use of cost as an independent variable, international teaming and recognition for foreign comparative testing.

The Packard Award is DoD's highest acquisition award and is named for David Packard, co-founder of Hewlett-Packard Company and former deputy secretary of defense and chairman on the Presidential Commission on Defense Management. The Packard Award recognizes organizations, groups and teams that have demonstrated superior accomplishments significantly contributing to Defense acquisition reform initiatives and acquisition programs.



Maryland Governor Robert Erlich Jr., left, and Vice Adm. Richard Carmona, right, listen to Maj. Gen. Lester Martinez-Lopez during a break at the U.S. Army Medical Research and Materiel Command annual conference held at Baltimore's Inner Harbor February 8-12.

Meritorious Service Medal

Lt. Col. George Korch of the U.S. Army Medical Research Institute of Infectious Diseases received the Meritorious Service Medal Dec. 18 for serving as the 3rd Medical Command's theater entomologist for the combined forces land component in support of Operation Enduring Freedom. While in Camp Doha, Kuwait, Korch was charged with developing a plan for a medical response if there were a chemical or biological attack against the camp.



Korch

Wired

Tommy Morris from the U.S. Army Telemedicine and Advanced Technology Research Center was invited by Chris Anderson, Wired Magazine's editor-in-chief, to attend the 5th Annual Wired RAVE Awards. Morris was nominated for the Medical Scientist Wired RAVE Award for his application, the Battlefield Medical Information System-Tactical.



Morris

People in the News

Microsoft award



Gregurvich

Since 1997, Microsoft has singled out customers who have leveraged its technology to improve their operations through effective deployment and use of Microsoft-based products. The winner of the 2003 Microsoft Federal Healthcare Organization Award, which recognizes someone who uses Microsoft products in healthcare, is Terry Gregurvich, chief of Core Technologies at the U.S. Army Medical Information Technology Center.

“Even though my name is labeled on the award, the honor truly comes from a team effort,” Gregurvich said. “This award wouldn’t be possible without the technical team in allowing this type of success to happen.”

The achievement recognizes Gregurvich’s technical lead role on the Army Medical Department NOS EM Project, which uses Microsoft technology to upgrade the U.S. Army Medical Command from a Windows NT 4.0 to Windows 2003 with Active Directory, as well as upgrade the enterprise’s Exchange 5.5 e-mail to Exchange 2003. The upgrades will improve MEDCOM’s levels of service, security and interoperability. In addition, Active Directory will allow USAMITC to monitor, update and manage the Windows 2003 servers from a centralized location.

“Terry has been a constant force for the USAMITC-led project. It is because of her leadership and vision that the project has been so successful to date,” said Geary Brummell, account executive for Microsoft.

—*Cynthia Hernandez, USAMITC*

Honor Roll inductees

The U.S. Army Medical Materiel Agency inducted four new members Jan. 21 during its 14th annual USAMMA honor roll induction.

The roll came into being as a memorial to Robert E. Shoemaker, a 22-year USAMMA employee who passed away Jan. 26, 1990. Mr. “Shoe’s” family asked that the memorial contributions USAMMA made be used to establish an awards program in his memory, and the “USAMMA Honor Roll” was born.

Today, the program expresses appreciation to 15-year civilian employees for their loyalty and dedicated service to the agency’s mission of managing the Army’s medical materiel programs worldwide.

The newest inductees are

- ◊ Charlene Haywood, Maintenance Engineering and Operations Directorate, Defense Distribution Center, Tracy, Calif.

- ◊ Linda Kimbrough, Business Operations Directorate, Resources Management Division, Fort Detrick

- ◊ Barbara Van Dyke, Business Operations Directorate, Information Management, Information Technology Division, Fort Detrick

- ◊ Maryetta Ridings, Force Sustainment Directorate, Assembly Management Division, Fort Detrick

To date, there are now 120 members of the USAMMA Honor Roll. Sixty-one are still active USAMMA employees, 47 have retired or left USAMMA and 12 are deceased.

—*Diana C. Smith, USAMMA*

People in the News

Alumnus award



Carter

Capt. Robert Carter III of the U.S. Army Research Institute of Environmental Medicine received the Minority Access Alumnus Role Model Award in September 2003 in Washington, D.C. Carter earned both a doctorate in biomedical sciences and the Master's of Public Health in epidemiology from North Texas Health Science Center. He serves as a principal investigator in USARIEM's Thermal and Mountain Medicine Division. The captain published 12 papers in peer-reviewed journals during a five-year time period and presented a like number of abstracts at scientific meetings. Based on these contributions in biomedical research, Carter was selected for the national award as a role model for minority students.

Landmine work rewarded

For their work in developing a lower-leg physical injury model to improve soldier survivability against landmines, Steve Rountree and Lt. Col. Robert Harris received The Technical Cooperation Program's Achievement Award from the Subcommittee on Non-Atomic Military Research and Development. Both worked for the U.S. Army Medical Research and Materiel Command's Combat Casualty Research Program.

The award was made "for significant contribution to the advancement of the understanding of the mechanisms of lower leg injury caused by blast-type anti-personnel landmines and the generation of the means to identify the best possible landmine personnel protective equipment."

Rose award

As part of a team of eight collaborators, Col. Stephen Allison of the U.S. Army Research Institute of Environmental Medicine received the Rose Excellence in Re-



Rose Award recipients

search Award in February. Only one paper per year is selected by the American Physical Therapy Association for the award. The article, "Clinical prediction rule for classifying patients with low back pain who demonstrate short-term improvement with spinal manipulation," was printed in *Spine* in 2002.

Promotion

Lt. Col. John Skvorak of the U.S. Army Medical Research and Materiel Command was promoted to colonel Feb. 25 at the headquarters.



Skvorak

Obituary

Abram Salmon Benenson, MD, died Dec. 15 at the age of 89. He spent most of his professional life working in epidemiology, preventive medicine and public health. He served as director of Experimental Medicine at Camp Detrick, Md., and director of the Division of Communicable Disease and Immunology at the Walter Reed Army Institute of Research.

—*Information courtesy American Journal of Preventive Medicine*