



MEDLOG MONTHLY

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COMMAND
NEWS!

AMLC Integrated Logistics Support Center ensures synchronization between medical acquisition and sustainment

FORT DETRICK, Md. – For decades, sustainment practices for U.S. Army medical materiel has been somewhat of a patchwork system.

There were noted communication and training challenges, supply chain hurdles and questions surrounding who exactly was responsible for maintaining different medical devices and systems.

Those days are coming to an end with the establishment of U.S. Army Medical Logistics Command.

Prior to its creation in 2019, the Army did not have a Life Cycle Management Command, or LCMC, for medical materiel. Now, AMLC is focused on changing the Army's medical logistics culture to integrate with the sustainment enterprise, delivering readiness to the Army and joint forces.

Part of this change includes the creation of an Integrated Logistics Support Center, or ILSC, under AMLC.

The ILSC holds the critical role of synchronizing acquisition and sustainment activities throughout the medical materiel life cycle to ensure fielded systems are sustainable, supportable and affordable.

"The ILSC is really the key piece of being a life cycle management command," ILSC Director Leigh Anne Alexander said. "The whole reason the Army stood up LCMCs about 20 years ago was to synchronize sustainment throughout the acquisition lifecycle, which is how the DOD makes decisions on what to develop,



A biomedical equipment technician works on a portable X-ray machine at U.S. Army Medical Materiel Agency's Medical Maintenance Operations Division at Tracy, California. (U.S. Army photo by Katie Ellis-Warfield/Released)

procure and field to the force."

LCMCs provide the foundation for sustainable readiness across our Army formations. Originally launched through a memorandum of agreement between the Assistant Secretary of the Army (Acquisition, Logistics and Technology) and the U.S. Army Materiel Command, or AMC, commanding general in 2004, LCMCs strategically and operationally align structure, processes and responsibilities

to enable greater synergy, and improve the effectiveness and efficiency of all organizations involved in sustainment and the life cycle of programs and equipment.

As part of AMLC, the Army's newest LCMC since 2019, the ILSC serves as an end-to-end integrator for medical materiel throughout its life cycle, starting at the very beginning of the product development stage all the way through divestiture of devices as they reach the end of their

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useful life.

In the past, the sustainment enterprise wasn't closely connected to the initial phases of the acquisition and development process. Through the ILSC and its various divisions, subject-matter experts in sustainment and medical maintenance are now part of the Project Management Office's Integrated Product Teams, or IPTs, which develop life cycle sustainment plans that extend far beyond just fielding a new device to the warfighter.

"We are responsible for that end-to-end improvement for readiness," Alexander said. "We are working with our medical enterprise partners to connect the dots from a sustainability and sustainment viewpoint, especially in a way that nests within the larger Army processes."

Overview of directorates

AMLC's ILSC includes four directorates:

- Office of the Director, or OID (includes the Acquisition and Materiel Synchronization Division)
- Readiness and Sustainment Directorate, or R&S
- Logistics and Technical Support Directorate, or LTSD
- Logistics Assistance Directorate, or LAD

Each directorate handles a different, yet essential function to the ILSC's overall operation, including acquisition and materiel synchronization in collaboration with program managers, or PMs, integrating Class VIII capabilities throughout the acquisition life cycle and leveraging industry "best practices" to optimize resources and supply chains to promote materiel readiness.

The ILSC works with the PMs at the U.S. Army Medical Materiel Development Activity to ensure eight key elements of sustainment are included in the overall transition to sustainment, or T2S, plan for each piece of medical equipment being developed and fielded to the force.

Those elements take into account things like supply chain management, technical advice, technical data and publications, depot maintenance, augmented field maintenance, transportation, sustaining engineering and end-of-life cycle disposal. As the ILSC lead, OID oversees the overall program operation, including coordination with program executive offices, and capabilities and materiel developers on matters of acquisition sustainment planning, resourcing and execution.

OID also provides oversight for the synchronization of medical materiel

acquisition and sustainment activities, as well as manages the materiel release and T2S processes to ensure sustainment resources are planned, programmed and executed throughout the equipment life cycle.

R&S ensures sustainment experts are part of the IPTs and that different maintenance support requirements, among other things, are incorporated in the materiel developer's plans. For devices that go through the T2S process, R&S is responsible for executing the PM's sustainment plans all the way through divestiture and disposal.

LTSD provides data analysis, supply chain and technical information support that provides total asset visibility to ILSC leadership, while LAD serves as the command and control team for the global network of staff and resources.

LTSD is able to harness data-driven information systems that allow U.S. Army Materiel Command – the Army's lead materiel integrator – to see medical akin to its other commodity areas.

LAD oversees the ILSC's Logistics Assistance Program, or LAP, essentially a feedback loop that provides customers with a reach-back point and the ILSC with real-time data about the support the organization is providing the warfighter. LAP is embedded within the Army field support brigades to assist in resolving issues that the unit cannot resolve on their own, being the eyes and ears for Army MEDLOG at the brigade level and below. "We have to be adaptable, and the only way you can be adaptable is to listen, take in the data and act on that," LAD Director Jason Acevedo said.

Pam Wetzel, R&S director, said one of the pushes currently in her directorate is to emphasize the need for sustainment documentation, outlining needs like maintenance requirements, availability of repair parts and more, to be known by the materiel developer right from the start.

"The readiness of units can be negatively impacted without this clear guidance," Wetzel said.


'Mirror to PM'

Alexander described the ILSC as "the mirror to the PM shop" at USAMMDA during

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Sustainment Command Role

AR 750-1, Chapter 7



Participate in all phases of the materiel systems development, production, and sustainment.

Provide maintenance requirements and/or constraints to the system acquisition plan and contract acquisition package.

Develop the maintenance aspects of the logistics support system.

Serve on the test and evaluation integrated product team and provide requirements to test planners for evaluating the system support package.

Prepare and execute the maintenance portion of the Support Strategy and other plans, as appropriate, during the materiel acquisition process.

Conduct and sponsor research programs to improve the performance of both maintenance engineering and maintenance operations.

Provide technical expertise to resolve problems or respond to requests for information concerning support of materiel systems.

Evaluate and identify calibration requirements of Special Purpose Test, Measurement, and Diagnostic Equipment.

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the acquisition phase, wherein logistics and sustainment subject-matter experts ensure those aspects are incorporated in the overall planning requirements, implementation procedures and cost projections for different medical devices.

“For us, what we need to do is make sure the requirements ensure sustainability,” she said. “That means we can update software on the battlefield; 68As and maintainers can actually repair the equipment in the field; and if they can’t, we have repair parts available, maintenance concepts within our (medical maintenance divisions).

“There’s a whole logistics plan for everything we do.”

Master Sgt. Wesley Ladlee, noncommissioned officer in charge for the ILSC, said the organization’s work so far has already produced tangible sustainment requirements for numerous items throughout the medical materiel catalog.

That work, both with new and existing devices and supplies, will only expand in the months and years to come as equipment goes through the T2S process.

“The changes are coming,” Ladlee said. “We are definitely still in our infancy, but we are meeting current challenges ... while still learning and establishing ourselves. I think there’s a lot to be said about that.”

Cost consideration

Funding and costs are also a crucial pieces of the puzzle, Alexander said, adding that the ILSC helps communicate costs needed to sustain medical equipment, like routine maintenance, calibration and repair, well into the later years of their useful life.

In general, when the Army fields a new weapons system, for example, it’s estimated that about 30% of the cost is up front, with about 70% coming on the back end to sustain the system, explained Art Braithwaite, LTSD director.

“The cost of procuring a system is just a small percentage of the overall cost of the life cycle from a cradle to grave perspective,” Braithwaite said, noting that a similar approach must be taken with regard to medical materiel assets. “... All those decisions that occur early on have an impact on how you’re going to sustain

Sustainment Planning

Product Support Package and Implementation Plans

- ▶ Supply and Support (Source, Maintenance and Recoverability, Cataloging, Sourcing, Provisioning, Source-Maintenance-Recoverability codes)
- ▶ Packaging Handling Storage and Transportation
- ▶ Obsolescence Management Plan Training and Training Support Plans
- ▶ Support Equipment (Test, Measurement, and Diagnostic Equipment, specialized tools)
- ▶ Maintenance Concept and Sustainment Strategy (Maintenance Task Analysis)
- ▶ Maintenance Planning and Management
- ▶ Preventative Maintenance Check Lists
- ▶ Maintenance Allocation Charts
- ▶ Repair Parts Plan
- ▶ Strategic Readiness Floats Analysis, estimated and funded
- ▶ Risk Management Framework-Cybersecurity Strategy (if applicable)
- ▶ Contracting Requirements
- ▶ Testing and Evaluation



those systems once they are fielded.”

Alexander said it’s vital that the ILSC can articulate not only what is needed to manage equipment through its sustainment life cycle, but also operational and maintenance requirements.

“It’s about the capability we deliver, the solution that’s selected and also the funding associated with that,” she said. “We are integrated throughout that entire process.”

While the ILSC’s creation has been a major undertaking, it’s been long overdue in the grand scheme of the LCMC support system and a change that is welcomed to better align with other Army commodities.

“We’re now aligning ourselves with the

rest of the Army for Class VIII as much as we possibly can,” Braithwaite said. “It’s not just how the Army does it. All the other services to it this way. Class VIII has always been unique in the way it was organizational structured.

“Now with an LCMC designation and an ILSC, it’s time for us to align with those processes.”

By C.J. Lovelace



For more ILSC news,
check out **TECH FOCUS**
on **Page 8!**

USAMMC-E welcomes new commander



Army Medical Logistics Command Commander Col. Tony Nesbitt, right, passes the organizational colors to Col. Deon Maxwell, left, as he assumes command of the U.S. Army Medical Materiel Center-Europe, a direct reporting unit of AMLC. (U.S. Army photo by Katie Ellis-Warfield/Released)

KAISERSLAUTERN, Germany – Col. Deon Maxwell assumed command of U.S. Army Medical Materiel Center-Europe in a ceremony July 8 at Panzer Field, Panzer Kaserne, Kaiserslautern Germany.

Master Sgt. Charles Douglas assumed the responsibilities of outgoing Sgt. Maj. Francis Famularcano in the same ceremony.

Col. Tony Nesbitt, commander of Army Medical Logistic Command, presided over the ceremony.

“USAMMC-E over the past two years has been under great, great leadership and guidance with Col. Roach and Sgt. Maj. Famularcano,” Nesbitt said. “And I will tell you that these leaders also had a great organization and team. USAMMC-E has been that organization.”

Nesbitt said the last two years of operations at USAMMC-E have been, “a roller coaster, to say the least.”

“There has been a lot of change, and USAMMC-E met the change, and met it in the middle of a pandemic, leading in protecting the workforce, protecting the organization, and moving the organization – and completing that move in the middle of Army transformation,” Nesbitt said.

Nesbitt added, “Just when we thought we could take a knee ...then we had Ukraine and the still ongoing operations throughout the world. I’m absolutely proud of everything they’ve done over the past two years.”

Outgoing commander Roach described the last two years as, “a unicorn, riding Haley’s Comet” because of the rarity of events that occurred.

“I’ve been one of the luckiest commander’s in the Army,” Roach said. “We had to perform under the move from Pirmasens, a pandemic and historic world events. We know that medical personnel in

the field can perform miracles using a stick and a cravat – but they do better when they have access to the right supplies. It was unsung heroes sitting among you that provided those supplies. They went over and around every obstacle, exceeding required performance and setting the standard for others to follow. This team can and will handle everything thrown their way.”

Incoming commander Maxwell said to Nesbitt, “I promise I’ll give you all I’ve got.” He said he would lean on Roach, “As far as I’m concerned, you’re still part of the team,” Maxwell said.

He thanked the members of the command for their support. “I’m very excited to be here. I promise to give you all we have over the coming years. Service for Life – never quit.”

By Eric Cramer 

Medical Logistics ensures readiness in Europe



Cpl. Thien Nguyen, left, medical supply technician with the 551st Medical Logistics Company, and Karl Posley, a general supply specialist with the U.S. Army Medical Materiel Agency, prepare shipments of medical supplies at the Army Prepositioned Stocks site in Germany, known as APS-2. (Courtesy photo provided)

DULMEN, Germany – It's often said that medical logistics is a team sport.

That was never truer than in recent months when members of the U.S. Army Medical Materiel Agency were part of the effort to support both a real-world situation and a large-scale training exercise that happened simultaneously in Europe.

A small team of four from USAMMA stationed at the Army Prepositioned Stock site in Germany, known as APS-2, worked overtime to provide medical materiel readiness in support of the European response mission, stemming from the ongoing conflict in Ukraine, along with the Army's long-planned Defender-Europe 2022 training exercise.

"Our USAMMA team at APS-2 may be small in size, but they are experts at their craft; both in the management of Class VIII

contingency stocks and the release of these stocks to support mission operations," said Maj. Janessa Moyer, director of USAMMA's Force Projection Directorate, or FPD.

"Our APS-2 team is exceptional in leading others to integrate into their team and ensure ready equipment and Class VIII materiel is available for the force," Moyer said. "The team's ability to coach, teach and mentor logisticians is the foundation of their success in balancing the support to the APS-2 European Response mission and the DEF22 exercise."

Defender-Europe is an annual large-scale Army-led, multinational, joint exercise designed to build readiness and interoperability between U.S., NATO and partner militaries. This year's exercise included more than 3,400 U.S. and 5,100 multinational service members from 11

allied and partner nations.

The APS-2 team includes three medical logisticians assigned to FPD, as well as a medical maintainer from USAMMA's Medical Maintenance Management Directorate, or M3D. They worked closely with Soldiers, civilians and contractors who contributed throughout different phases of the two missions.

Moyer said the personnel from USAMMA, a direct reporting unit to U.S. Army Medical Logistics Command, were able to quickly integrate augmentation teams from AMLC, as well as the U.S. Army Medical Materiel Development Agency and U.S. Army Medical Materiel Center-Europe, into the overall operation, contributing to rapid deployment of assets that led to mission success.

The augmentation force included

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medical maintenance teams from USAMMA's Medical Maintenance Operations Divisions in Tobyhanna Army Depot, Pennsylvania, Hill Air Force Base in Utah, and Tracy, California, which completed annual service on medical devices along with rapid fielding operations in support of the two missions.

Overall, USAMMA medical maintainers completed over 2,700 technical inspections, scheduled services and repairs on medical devices, in addition to inventory and receipt of retrograded equipment, according to Jorge Magana, director of USAMMA's Medical Maintenance Management Directorate.

"Despite significant staffing limitations, APS-2 processed over 26,000 materiel receipts and labeled over 300,000 individual line items generating over 800 new Tri-walls of materiel over the last 12 months ... supporting multiple operations at

remote locations," said Joseph Robinson, USAMMA's forward site manager for APS-2.

Along with Robinson, the team of Karl J. Posley, Charles Chris Marshall and Richard Giles helped prepare, ship and field numerous sets of equipment and hundreds of pallets of supplies to support the two simultaneous missions.

"Our APS-2 team is exceptional in leading others to integrate into their team and ensure ready equipment and Class VIII materiel is available for the force."

*Maj. Janessa Moyer, director,
U.S. Army Medical Materiel Agency's Force Protection Directorate*

Overall, they supported medical capabilities for 17 unit types, including an armored brigade combat team, medical company area support and forward resuscitative surgical detachment.

"The team juggled these complex missions daily," Robinson said, crediting the team's military experience for helping

them push through in a no-fail mission environment.

Moyer credited the team at APS-2 for their hard work during a difficult situation, noting that they represent "the Class VIII execution arm of the operation, from conducting the daily care of supplies in storage to the packaging and transporting to get capabilities to the right unit at the right time."

"Having our team in place ensures the highest level of readiness of the equipment and percent of fill rate for the medical materiel in each of the medical equipment sets, kits and outfits," she said. "Without our team in place, there is risk to readiness, and risk to how quickly we can react once a release is approved and required."

By C.J. Lovelace



SUMMERTIME SAFETY – AVOID TICK-BORNE DISEASES

Since we are all spending more time outdoors these days, I wanted to talk about ticks and how to protect yourself from tick-borne diseases.

Tick-borne disease can usually be prevented by avoiding places where

ticks often live, such as densely wooded and brushy areas. Using insect repellents containing DEET (for the skin) or permethrin (for clothes), wearing long pants and socks, performing tick checks and promptly

removing ticks can also help prevent infection from tick-borne microbes. It is very important to check yourself for ticks, especially if you have been in high grass, brush or wooded areas. Pets are also prone to tick bites and tick-borne diseases so it's important to check them also.

Below is a link to the Centers for Disease Control and Prevention's webpage on tick safety. Please review for more information on tick identity, removal and signs of tick-borne diseases. Hope that this helps you and your family stay safe while you are outside enjoying the summer.

<https://www.cdc.gov/ticks/index.html>



By Ralph Davis



USAMMC-E group joins 45,000 participants at 104th Nijmegen marching event

NIJMEGEN, Netherlands – Ten Soldiers and civilians from the U.S. Army Medical Materiel Center-Europe traveled July 24 to Netherlands' oldest city to participate in the "de 4 Daagse," an international four-day marching event held there for over a century.

Participating in the event were Capt. Kyle Simonson, USAMMC-E Headquarters Company commander; Staff Sgts. Beverly Blazi and Jose Joachin; Sgt. Anthony Perez; Cpl. Christina Christino; Spcs. Jack Wicklander and Juan Diaz-Garcia; Christina Wilcox, a U.S. Army retired veteran; and Dan R. Hollis, a veteran of the U.S. Marine Corps.

The event consists of four days of marching in the Nijmegen area, with different distances available in lengths of 30 to 50 kilometers, which equates to roughly 18 to 31 miles per day. The event website cites more than 45,000 participants from 70 nations. This is the 104th time Nijmegen has played host to what locals call "de Marche."

Last year, it was cancelled due to the COVID-19 pandemic. This year, the first day's events were cancelled because of an extreme heat wave that rolled through Europe.

Simonson, who organized the USAMMC-E group, said the event was a challenge and opportunity to interact with other militaries and cultures.

"It's not a competition at all," Simonson said. "It's all about the multinational participants, the militaries and people across the world who participate."

"I'm especially glad that we had Ms. Wilcox and Mr. Hollis participating," he added. "Having two Army civilians with us makes me very proud. It's not an event that is just for the military."

Simonson said the USAMMC-E members didn't enter as a unit, each volunteering and entering the event as a



Capt. Kyle Simonson, Sgt. Anthony Perez and Spc. Jack Wicklander work their way through the crowds at the beginning of the second day of the "de 4 Daagse" an international four-day marching event in Nijmegen, Netherlands. (U.S. Army photo by Eric Cramer/ Released)

"civilian" although affiliated with the Department of Defense contingent that attended. The members attended on their own time and using their own funds.

"I found out about it last year and wanted to do it, but they cancelled the event because of COVID," Simonson said. "This year I found out who was interested and had meetings and did training on Tuesdays and Thursdays and some weekends to prepare for the event."

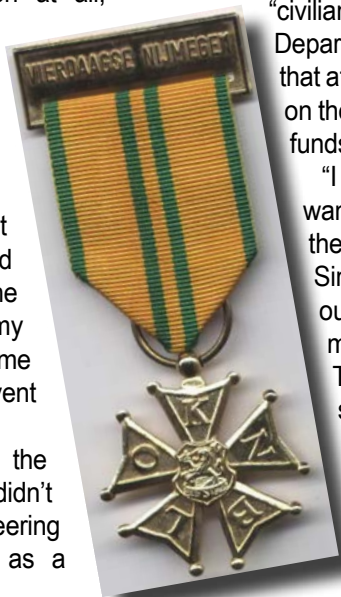
"We prepared by walking in shorter distances, getting people used to just walking –

that can be hard for Soldiers who are used to running," he said.

Hollis, an information technology employee, and Wilcox, a civilian personnel lead in the human resources division, said they wanted to participate as a way to test themselves.

"It's a challenge," Hollis said. "The last time I was on a field march was 24 years ago, so this is a chance for me to do it again and just enjoy myself."

Added Wilcox, "It's a chance just to 'prove it.' I'll go home with a tan and a medal, or whatever they give."



By Eric Cramer

Integrated product support: Life cycle management of medical materiel

When considering what it takes to meet the medical materiel requirements of our Soldiers in the field, integrated product support, or IPS, and the 12 elements that make up its framework formulate the quintessential program that administers and delivers efficient, effective product management solutions.

This program, itself, supports implementation of comprehensive planning, development, acquisition and sustainment practices, aiding in the formulation of well-defined, affordable product support strategies. Application of this performance-based approach ensures that requirements are carefully considered and addressed throughout the medical materiel life cycle.

Introduced in October 2009, IPS defines primary support requirements that favorably influence the design of medical materiel. It allows for development and acquisition of medical materiel requirements, as well as

the provision of lowest-cost operational support. In this way, the program advances lifecycle materiel and support system readiness, contributes to cost improvement and promotes the iterative assessment of support requirements.

Let's take a closer look at the IPS process framework, as well as essential analysis and support data that directly contribute to the suitability and sustainment of our fielded medical materiel.

Process framework

The IPS program centers around 12 important elements that establish the structural framework for managing product support tasks and achieving optimum operational readiness levels. Proper consideration of IPS elements ensure that sustainment considerations are integrated into all activities across a system's life cycle in a manner that balances cost, effectiveness and supportability.

For a comprehensive look at each IPS element, refer to the IPS elements guide book published by the Defense Acquisition University. Collectively, these elements establish an effective structural framework for technical activities performed in conjunction with the acquisition, fielding and sustainment of medical materiel.

IPS activities begin early in the medical materiel life cycle when applicable sustainment goals and objectives are defined by the U.S. Army Futures Command capability developer, or CAPDEV. These activities continue as the U.S. Army Medical Materiel Development Activity materiel developer, or MATDEV, performs sustainment analysis, planning, testing and resourcing, as well as development of supporting documentation.

Once medical materiel has been fielded, U.S. Army Medical Logistics Command, in its capacity as Life Cycle Management Command, performs sustainment plan execution and measures medical materiel readiness levels.

Feedback provided by field medical maintainers allows for sustainment plan adjustments in a manner that ensures continuity of mission success. IPS constrains sustainment costs and reduces logistics footprint and cycle times. It also influences reliability, availability and maintainability, or RAM, system design attributes that have significant impact on both sustainment and total life cycle cost.

Analysis and data support

The MATDEV, along with members of the integrated product team, or IPT, are responsible for preparing a product support analysis, or PSA, which is comprised of a number of different types of analyses that are executed within the systems engineering process.

Logistics product data derived from the PSA are formatted to improve usability by

Integrated Product Support Elements



Life Cycle Sustainment Management

- Product Support Management
- Supply Support
- Packaging, Handling, Storage and Transportation
- Maintenance Planning and Management



Technical Management

- Design Interface
- Sustaining Engineering
- Technical Data
- IT Systems Continuous Support



Infrastructure Management

- Facilities and Infrastructure
- Manpower and Personnel
- Support Equipment
- Training and Training Support

TECH FOCUS

engineering and product support activities. As a subset of these data, logistics product data, or LPD, pertain to support and support-related engineering and logistics information that contribute to both the PSA and development or validation of medical device publications. Examples of LPD and medical device publications include specifications, technical literature, parts/spares lists, diagrams and schematics, technical drawings; preventative maintenance checks and service checklists; maintenance allocation charts, test reports, provisioning data, training plans and maintenance concepts, as well as life cycle sustainment plans that help coordinate materiel command activity efforts, resources and investment assets.

LPD resources are crafted by the MATDEV and IPT as cited in SAE International Standard GEIA STD-0007C. Both PSA and LPD product deliverables are essential to the acquisition process and significantly contribute to successful sustainment execution.

IPS is an iterative process that begins with requirements development and continues throughout the medical materiel life cycle. It focuses on 12 key elements that, when executed, address a broad spectrum of sustainment activities working together to establish optimum operational readiness levels for our nation's warfighters. IPS is essential to the provision of safe, suitable and sustainable medical materiel that is capable of meeting current and emerging Army requirements.

By Bill Sovitsky 

Product Support Analysis

Maintenance Task Analysis: Establishes whether a medical materiel design has met system-specification supportability requirements.

Failure Mode, Effects and Criticality Analysis: Examines all prospective means of medical materiel failure in order to determine performance impacts.

Level of Repair Analysis: An approach that considers cost and operational readiness requirements to determine the specific level of repair where medical materiel will be replaced, repaired or discarded.

Reliability, Availability and Maintainability Analysis: Assesses the interrelated attributes of medical materiel reliability, availability and maintainability as well as medical materiel operational support.

Diminishing Manufacturing Sources and Materiel Shortages Analysis: Scrutinizes the impact to medical materiel resulting from immediate or imminent loss of product support (i.e., suppliers/manufacturers, raw material commodities, product software, etc.).

Manpower Analysis: Examines Military Occupational Specialties and Civilian job series requirements as well as associated skill competencies needed to safely/effectively operate, maintain or support medical materiel over its lifetime.

Operating and Support (O&S) Cost Estimation: An estimate of sustainment costs incurred from initial medical materiel fielding through its end useful life.

Provisioning Analysis: Analyzes medical materiel logistics data and supply-chain process requirements.

Supply Chain Management Analysis: An examination of supply-chain implementation systems applicable to procurement, inventory/order management, warehouse management, transport management, etc.



GOT A STORY IDEA?

WE'D LOVE TO HEAR FROM YOU!

Email: usarmy.detrick.amlc.mbx.pca@army.mil

Facebook: [@ArmyMedlogCommand](https://www.facebook.com/ArmyMedlogCommand) Website: www.amlc.army.mil

USAMMC-E hosts safety stand down



Florian Krause, USAMMC-E distribution and transportation safety representative, showing off his skills with the practice fire extinguisher exercise provided by the Rhienland-Pfalz Garrison Fire Department. (U.S. Army photo by Eric Cramer/ Released)

KAISERSLAUTERN, Germany – The U.S. Army Medical Materiel Center-Europe hosted its first “Safety Stand Down Day” at Kaiserslautern Army Depot on June 24. The entire USAMMC-E workforce participated in classes and learned about a variety of topics throughout the day.

Local organizations participating in the effort included the German Red Cross, American Red Cross, Rheinland-Pfalz Garrison Fire Department, Drunk Driving Simulator, LPMC Behavioral Health and the Army Substance Abuse Program.

The event was kicked off by Col. Shane Roach, who recently transitioned out as USAMMC-E commander, and Master Sgt. Charles Douglas, who discussed the importance of safety in the workplace. This was followed by safety office personnel giving a risk assessment to ensure that the employees were aware of safety issues

throughout the day.

Safety classes were held at 30-minute intervals throughout the day. Participants received a schedule and map to guide them through the course of the event.

“Employees gathered in groups and even had time to meet with colleagues from other divisions, which was a positive note since many have not seen each other in months due to the COVID-19 pandemic,” said Jenny Grasser, of the safety office.

Employees participated in hands-on activities, such as learning cardiopulmonary resuscitation, being able to use their skills to put out a fire with a fire extinguisher, and some even got a chance to drive a forklift and demonstrate their expertise.

Other classes provided knowledge required for hazardous materials, including how to use a spill kit, how to understand

hazard communication and how to deal with hazardous waste safely. Two more covered safe listing techniques and personal protective equipment, as well as the importance of dealing with hot weather during the work day.

All in all, it was a great day to learn about safety that is both useful at work and practical at home in some cases.

Employees said they enjoyed the event, and that it provided ideas that will be useful in planning the next one, according to Grasser. Comments indicated many employees felt it was a great team building event that should be held more than once a year. Most enjoyed the hands-on training and the combination of the dual language offered with some of the classes.

By Eric Cramer 

August is National Wellness Month

August celebrates National Wellness Month. The month focuses on self-care, stress management and creating healthy routines. Want to make a change in your current wellness state? National Wellness Month is the perfect starting point, particularly with self-care, as it is the foundation of well-being for us as well as those around us.

Today, it's so easy to be overwhelmed by the constant deluge of negative information from 24-hour news cycles, social media and more. Often, we overlook self-care, but it's important to maintain both our mental and physical health.

Did you know it can take 21 days for something to become a habit and 90 days for it to be a lifestyle change?

Here are some simple self-care habits you can start right now on your journey to your self-care wellness:

- Get more sleep – Sleep can have a profound impact on your day-to-day energy and mood.
- Increase your water intake – Make sure you stay hydrated by drinking plenty of water every day.
- Healthier eating – Eat fewer processed foods and more fresh fruit and vegetables can help you feel better both physical and mentally.

AUGUST IS
NATIONAL
WELLNESS
MONTH

- Meditation and relaxation – Taking time without distraction to focus your mind and energy can help down the volume on stress and anxiety.
- Physical activity – Regular exercise for 30 minutes a day can keep your body healthy, help you sleep better and improve your mood overtime. You do not need to be in the gym to see the benefits, even taking regular walks can help.

National Wellness Month is the perfect time to work on your overall wellness. Put yourself at the top of your to-do list every single day. Even little steps can have dramatic effects.

This month, let's make ourselves a priority!

By Candace Harriday



SOCIAL MEDIA HIGHLIGHT



Army Medical Logistics Command congratulates **U.S. Army Medical Materiel Agency's** Lt. Col. Tyra Fruge and Chief Warrant Officer 3 Richard Moose on their recent retirement and thanks them for their years of service.



See more event photos at [Flickr.com!](https://www.flickr.com/photos/medlogmonthly/)

AMLC recognizes Soldiers and civilians



Col. Tony Nesbitt, commander, **Army Medical Logistics Command**, recognizes SSG Shane Wallace and Staff Sgts. Earnest Woodard with the Army Achievement Medal along with recognizing AMLC's Public and Congressional Affairs Director Ellen Crown for her 25 years of combined military and federal service during an awards ceremony, July 15 at Fort Detrick, Maryland. (U.S. Army photo by C.J. Lovelace/Released)

AMLC leadership visits USAMMC-E



Col. Tony Nesbitt, commander, **Army Medical Logistics Command**, and Sgt. Maj. Akram Shaheed pose with Soldiers from **U.S. Army Medical Materiel Center-Europe** during a recent visit to the command. (U.S. Army photo by Katie Ellis-Warfield/Released)

SOCIAL MEDIA HIGHLIGHT



U.S. Army Medical Materiel Center-Korea hosted 18th Medical Command (Deployment Support) Commander Brig. Gen. Paula Lodi on July 19. Her visit included a capabilities brief and facility tour of USAMMC-K, a tour and introduction at **U.S. Army Medical Materiel Agency's** APS-4 (Korea) medical warehouse. She also visited the 95th Blood Support Detachment (168th MMB/65th MED BDE) site on Camp Carroll.

SOCIAL MEDIA HIGHLIGHT



U.S. Army Medical Materiel Agency Commander Col. Ryan Bailey and M3D Director Jorge Magana-Cortez visited the CIA's Office of Medical Services to discuss current COVID-19 vaccine support efforts and potential future medical supply and maintenance requirements that could better enable their organization to perform its mission.



MEAGHAN VANCE

Executive assistant to the commander, AMLC HQ

How long have you been working for headquarters, Army Medical Logistics Command?

I started with AMLC in September 2019, so almost three years now.

What do you do?

As executive assistant to the commander, no day is the same and we juggle many different requirements in support of command staff. Specifically, I oversee the daily calendars for our commander, as well as sergeant major and deputy commander. My other primary functions include providing telephone support, preparing and responding to meeting requests, and coordinating travel requirements for senior-level staff. Also, I serve as the command subject-matter expert for protocol needs.

What do you enjoy most about your job?

I enjoy working with the people here at AMLC and being able to support such an important mission that directly impacts our warfighters.

Who was your role model?

And if he/she could see you now right now, what do you think they would say?

I'd have to say my Dad. He helped instill a strong work ethic in me growing up and I think that's helped me greatly in my career, specifically here at AMLC. He always taught us to do the best you can at everything you do. I think he would say he's very proud of me and the work I do.

What's your favorite quote and why?

"Be yourself; everyone else is already taken." – Oscar Wilde

I love this quote because it reminds me that everybody has something to contribute to the mission, whether you're an operator in the field or an executive assistant like me at command headquarters. We all contribute to our overall success.

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CHARLES C. MARSHALL

Chief, APS/UDP programs, USAMMA

How long have you been working for U.S. Army Medical Materiel Agency?

I've been with USAMMA for two years and nine months.

What do you do?

As chief of USAMMA's Army Prepositioned Stocks and Unit Deployment Package programs within the Force Projection Directorate, I plan, direct and manage the storage, inventory, reconstitution and/or accountability facets for these programs. As part of the force projection strategy, these programs contribute to the Army's ability to rapidly deploy decisive power worldwide.

What do you enjoy most about your job?

I really enjoy the interaction with the troops when the opportunity presents itself. The USAMMA team has a shared vision and is fully dedicated to the mission. The autonomy, culture and challenges within the organization are all driving forces.

Who was your role model?

And if he/she could see you now right now, what do you think they would say?

My parents. They provided my foundation. Coming from an exceedingly small town, they were extremely proud when I joined the military. I know that they would be incredibly happy to have seen me retire after 27 years of service and continue that affiliation with the job I have today.

What's your favorite quote and why?

"Success is not final; failure is not fatal: It is the courage that counts." – Winston S. Churchill

My father once told me this and it has stuck with me.

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STAFF SGT. BEVERLY A. BLAZI

Biomedical equipment technician, USAMMC-E

How long have you been working for U.S. Army Medical Materiel Center-Europe?

A little over a year.

What do you do?

I am a biomedical equipment technician for USAMMC-E. I maintain, service and repair medical equipment.

What do you enjoy most about your job?

I love working with other Soldiers, especially the rotational forces that come through U.S. European Command. It is rewarding to make certain that Soldiers in the field get what they need. Customer service is our real job.

Who was your role model?

And if he/she could see you now right now, what do you think they would say?

I don't really have one. I do my best to be an example for my daughters and for any other females out there.

What's your favorite quote and why?

"It doesn't get easier, you just get stronger." Self explanatory.

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PFC. LUIS L. LABOY HERNANDEZ

USAMMC-K

How long have you been working for U.S. Army Medical Materiel Center-Korea?

I have been working at USAMMC-K since February 2022.

What do you do?

I am a 68J Medical Logistics Specialist at USAMMC-K distribution center as a storage clerk in the inbound section.

What do you enjoy most about your job?

I enjoy what I do daily, receiving materiel in the warehouse and inputting on the system of record TEWLS while sharing humor with my battle buddies and our Korean national counterparts.

Who was your role model?

And if he/she could see you now right now, what do you think they would say?

My role model is my father. If he could see me right now, I am sure he would be very proud of me and continue reminding me to keep working hard to achieve my goals. I looked up to my father as a role model and wanted to be like him as an adult.

What's your favorite quote and why?

"Always do the right thing and give your best at all times. Try to improve every day and work hard to be the best." The statement above is my favorite quote because this is what my parents always tell my sister and me.

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JAMES THORNTON

**Project manager, Environmental Services Branch
Womack Army Medical Center (Fort Bragg, N.C.)**

How long have you been working for Womack Army Medical Center?

I have worked for Womack for six years.

What do you do?

As project manager, I schedule all projected floor cleaning of WAMC and its 42 outside buildings. I inspect the daily cleaning of the housekeeping contractors.

What do you enjoy most about your job?

Taking care of the TEAM. Making sure all contracted services are completed on time.

Who was your role model?

And if he/she could see you now right now, what do you think they would say?

My dad. After honorably serving the Army for 22 years, he would say, "I knew you had it in you!"

What's your favorite quote and why?

"Never give up."

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