

## Commandant initiates ‘next generation’ of virtual commanders’ townhall forums

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*Virtual Commanders' Townhall took place Aug. 14*

USAWC Commandant Maj. Gen. Steve Maranian began ‘the next generation’ of virtual commanders’ town halls to provide the best information possible for the Army War College/ Carlisle Barracks community in the COVID environment. He related his pleasure at being back home at Carlisle Barracks before announcing the current mask policy into student seminars and detailing travel restrictions -- both policies intended to protect the health of the community.

Maranian was joined by Lt. Col. Courtney Short, Garrison Commander, and Dr. (Maj.) Catherine Gill, representing the Dunham Army Health Clinic’s commander, Lt. Col. Jennifer Saenz, for the live forum on [www.facebook.com/usawc](https://www.facebook.com/usawc), Aug. 14.

[scroll to find Dunham Army Health Clinic update on tests, contact tracing, and services]

"It's important that we approach the coronavirus and how we deal with it as a community," said Maranian.

"The most important thing is the health and welfare of our military and civilian population and our families. All decisions and all discussion about how we go forward, and how we provide our students with the best education possible and how we continue to operate and do the other things the Army War College does for the Army, will be done with consideration of conditions on the ground.

"The community has done a great job ... and I'm going to ask you, as the new guy, to rededicate our efforts. It is every individual's, on this installation, responsibility to keep us as a community safe. And, the good behavior and good practice in keeping with CDC recommendations for how to act given the coronavirus will determine how well we're able to We get our students into a normal modality of education.

"Everyone knows we're going to provide a fantastic education to our students, even if we have to go 100 percent remote. The reality is that face-to-face is clearly the most effective and most meaningful modality of conducting our education here at the war college. To the extent that we can enable that by practicing good behavior, wearing masks and social distancing, and not traveling to areas outside our local area, and not having guests in our homes – the better the experience is going to be for our students.

"We are still at Health Condition Charlie due to current conditions as well as conditions in the region .... All mitigations start with a policy.... Policies are being reviewed continually. As we determine that condition have changed or migrated, we're making decisions in real time. You were probably expecting to be in the classroom on August 3<sup>rd</sup>. We made a decision based on conditions at the time. We had not completed our surveillance testing of students, getting results back after 14 days of sequestration after arrival and, so, I made the call fairly early in my tenure with the advice of our medical staff and our leadership to postpone bringing folks into the classrooms.

"If you've been on the internet, you know that discussions about masks have become politicized by a number of people with various motives. There is no political agenda when it comes to Army policy on masks. It is a protective measure that we adopt based on the recommendation of the Center for Disease Control. It is not a political statement. It is mandatory on this installation for places where you cannot maintain six feet of distance. It

is mandatory in common areas -- entries, hallways, stairs, restrooms as well as the Commissary, the Exchange -- places where people are in restricted space. As we come back into the classroom ... we're going to start with our students and faculty members wearing masks. Please don't read any political agenda in it. Just wear the mask and just follow the guidelines and encourage those in your homes to do the same.

### ***Over the last month ...***

"Many of you are here at Carlisle for the first time for one of these townhalls, like myself, just arrived -- 361 students for the resident course, among which 66 international officers and many family members went through 14 days of quarantine in homes and hotels and, for our students, testing.... Because of DoD policy, I'm not going to discuss numbers. We did have a very, very small number of folks -- the screening testing worked and prior to their being introduced into the population, discovered that they were positive. Because we're not allowed by Army policy to discuss specific numbers, I'm not going to share that with you but I will tell you it was very small. But the system worked -- and that's what I want to emphasize.

"For the plan that was put into effect, prior to my arrival, of quarantining and testing at the end of 14 days, and following the protocols directed after that -- that is proof that the system worked. My concern was ensuring that before the decision was taken to put people shoulder to shoulder in the classroom, that we had negative results on all individuals.

"Throughout the year, we're going to have to get adept at dealing with a blended learning environment, where people are in the classroom and somebody -- maybe with a cough or runny nose or has had family visiting, or any number of conditions that would drive them to not be in the classroom physically -- able to remote in even while their seminar is doing live classes. We're going to have to get good at that. So, exercise your mental agility and be prepared for that.

New decisions and responses to questions --

- We will commence with **live classes** -- now that we have results back from all students -- midweek next week
- We're not using Root Hall seminars-- seminars will use **large classroom spaces that allow for 6-foot separation**
- We'll get started with **masks in seminar**. Faculty have the leeway, when they're presenting or a student is presenting, to modify that for a speaker ... but the rule is going to be masks. We'll reassess that soon, taking feedback from faculty and students. "For right now, let's just into the classrooms, face-to-face, and take it from there."
- **Welcome Expo is postponed** until we develop a way to sequence small numbers of folks by time. Instead of having the whole

population, we'll cycle a few seminars at a time, socially distanced on Indian Field.

- We've taken **'boatyard wars' off the calendar** for Fall, and we'll look at the possibility of a fun event in the Spring, based on conditions.
- As long as we don't have a massive change in conditions, or fluctuation of the health posture here, we'll sustain a **live modality with F2F classes up to the Thanksgiving break**.
- Because of the number of people we think are going to travel at Thanksgiving, we'll **go virtual from the end of Thanksgiving recess and continue that for 14 days after students' return on Jan. 3**. We're going to request surveillance testing again – no guarantee we'll get it – but as a minimum we'll do a restriction of movement for 14 days following the holiday recess.
- For folks going to CCAP, we'll need flexibility and will most likely put returning students on a 14-day restriction of movement, unless CCAP enables social distancing throughout.
- **"For folks who travel outside the 150-mile local radius, on an approved leave or pass that comes through the chain of command is approved by the DCOM or myself, those folks when they come back will go on a 14-day ROM [restriction of movement] before getting back into the classroom. We will be sensitive to emergencies and once-in-a-lifetime events... The payback on the far side is going to be keeping your classmates safe by executing that 14-day ROM.**
- The **base plan is restriction of movement for 14 days, with remote connection to the classroom, after travel, guests in your home, or contact with those whose exposures are unknown**.
- A flowchart plan – **COVID Battle Drills -- has been published** to address actions when an individual has symptoms, has illness at home, or has been exposed to someone with symptoms or a positive test. This is available from supervisors and faculty, if you have not yet received it.
- The current definition of **local area is a 150-mile radius. Until conditions change, we'll keep that** radius in effect. It allows travel to major airports, to Walter Reed and hospitals in the DC area. "Ultimately, we're trying to maintain a bubble. I realize the bubble is not impermeable. That's why I'm talking about flexibility in how we approach a blended learning."
- "I understand that creates a hardship for geo-bachelors. I know that was a tough decision for many of you with regards to doing what's right for your family and coming here to be a student. We'll deal with unique circumstances [through the chain of command] to the best we can if you're outside that 150 miles."
- We considered establishing one or more fully-remote seminars, but there wasn't demand signal to do that. We've learned from our experiences in the Spring, from other colleges and other military schools. And the [USAWC] Distance Education staff has been invaluable in helping address this hybrid modality of some students of some students in the classroom and some, potentially, not.
- We're constantly evaluating what services that meet standards of current conditions. Gyms, based on the nature of the equipment, require cleaning between each individual using them. The reason we're keeping workouts within the household and not your seminar mates is that, even in the face-to-face classrooms, you're still following CDC guidelines of being apart from one another – so we're not going to make a change at this time." And, there's no way for us to operate a 24-hour gym and be able to assure other users that things are safe, he said.
- Some questioned the TikiBar operation, and some ask for it to be



opened more frequently. “Now, as conditions exist, in an outdoor venue with the practice of social distancing, we’re comfortable with where we are right now. Be ready for change, depending on how conditions change around us, that could get tightened up.

“We all have an individual responsibility to keep the collective group safe,” said Maranian. “We’re committed to face-to-face seminar learning.

“We’ll do our best to keep everybody informed, within the limits of what we’re legally allowed to do, both by policy and by HIPAA regulation, about specifics”

“Trust the process,” said Maranian, about the contact tracing process.

“Trust that we are not operating blind. We have a protocol that we will follow for contact tracing and for clean teams. We are not going to make mass notifications unless there’s a circumstance such as someone in the Commissary or a place where we can’t do contact tracing because of the volume of people. In cases like that, we’ll make an announcement to help you make the best health decisions. In cases where we can do legitimate contact tracing, you will know contact tracing results with a phone call to you. They are doing that methodically, deliberately, and professionally.”

***Maj. Catherine Gill, Dunham Army Health Clinic healthcare provider addressed testing and contact tracing as well as an operations update for the health and dental clinics.***

“If there is a positive case for someone living or working on base, we will not be releasing information (names) based on a single case. We will go through our process for contact tracing, and ensure that for any individuals we can identify who may have been in contact, our public health team will reach out to them, ensure they are not symptomatic, ensure that they have any medications they may need, that they are isolating themselves or – if they do require medical care, that we can help facilitate that. If we cannot identify everyone involved in that contact trace, we may make an announcement about an area or a time where an exposure may have occurred so that the general public can stay informed. We have a duty to inform, but it will be on a need-to-know basis.”

A top priority is maintaining our patients’ privacy, she said.

About antibody testing – “PCR test is the test we are conducting now. It is a test for the presence of the virus itself or fragments of the virus. The antibody test looks for presence of past infection or exposure. Right now, we are not doing the antibody test at our facility or the other commercial or MTF labs we use. Right now, TRICARE is only covering it for symptomatic

patients when it is ordered by a Tricare provider. This information is available on the Tricare website, if are interested in reading more about it or think that you meet the criteria for an antibody test. But, right now, it's a very limited capability ....

“The PCR test is the most reliable test we have available. The PCR test will be positive right away. The antibody test could take several weeks to become positive so it is most appropriate for folks who are sick for a prolonged amount of time.”

### ***Medical and dental update***

The Dental clinic is doing routine appointments, with some backlog from recent months. Call for an appointment.

For both dental and medical appointments, screen yourself before arrival – and anyone accompanying you to the appointment. Call ahead if there is any question. “Ideally, we would like to reschedule your appointment so that no one who has COVID-like or COVID-possible symptoms comes into the clinic - for the safety of our other patients as well as our staff.”

“We are trying to keep our COVID-related care out at the curbside. We’ll definitely get everyone’s medical needs taken care of but we may be doing it outside the clinic. Tents in the parking lot enable patient care in an isolated setting,” said Gill.

“Call us if you are experiencing any symptoms or you think you may have been exposed. We’d like to talk with you on the phone before we see you at the front door.”

### ***Health clinic services***

School and sports physicals have been underway. Call for an appointment if physical appointments are need for children or senior headed to college. Complete paperwork before the appointment. Bring glasses if you wear them.

“We have spent the last couple of weeks doing school and sports physicals. We know there are some of you out there that still need them for children or seniors off to college. So we will still be doing those. So please give us a call and make that appointment. Make sure you bring your paperwork all filled out. If you wear glasses, bring them along.

“We are still encouraging our patients to prioritize virtual health options if

possible, especially for routine issues and follow-up issues. We are doing PHAs virtually at this time. If medical issues are identified in that PHA that require face-to-face treatment or evaluation, a separate appointment can definitely be made for a face-to-face. We encourage the PHA itself to be done virtually to make sure we figure out what all those issues are and schedule a secondary appointment.

“In behavioral health, there has been increased demand because of the stressors going on in our environment now. We are limiting new referrals to active duty. They are doing primarily virtual care as well – Telehealth ... [yet] taking some folks in face-to-face.

- Specialty exams, as needed, such as in preparation for attending schools or courses
- Audiology and optometry for readiness purposes
- Suspended: spirometry tests PFTs pulmonary function tests
- Immunizations and other injections, such as allergy shots – by appointment
- Mammography is back up and running, said Gill.