

NAVY ENVIRONMENTAL HEALTH BOARD MINUTES

MEETING PLACE: Human Resources Office – Training Facility, Norfolk

MEETING DATE: 27-29 MAR 2001

MEMBERS PRESENT:

CAPT J. BEDDARD, MSC, USN, Chairman

CAPT D. NOVAK, MSC, USN

CDR E. ANDERSON, MSC, USN

LCDR S. REESE, MSC, USN

LCDR S. WRIGHT, MSC, USN, Secretary

LT M. SIKES, MSC, USN

LT G. GARLAND, MSC, USN

LT R. SURAJ, MSC, USNR

LT D. KELSCH, USN, USNR

Enclosure: (1) **NEHB Minutes**
(2) **Open Log**
(3) **Closed Log**

1. OPENING REMARKS and GUEST SPEAKERS:

CAPT Gayle Golf, Deputy OOMSC, briefed the Board regarding the overall health of the MSC community, including recruiting and accession criteria, retention, end strength, realistic strategies for promotion, and mentoring. CAPT Golf also commented on the strength and validity of our FDA Fellowship request, however, with our community at a critical shortage level, the MSC Board could not justify the training opportunity. The EHO community can resubmit this request the following FY. MPH and PhD degree strategies were discussed including 1year MPH degree programs which can be obtained within a career progression to least impact promotion opportunities. Another unique training initiative discussed involved selecting HMs from PMT school and supporting the Inservice Procurement Process. Upon Masters degree obtainment, the PMT would be commissioned as a LTJG. CAPT Golf also requested that our community use the MSC homepage and inform her of access problems or to identify additional information which should be incorporated for community enhancement and benefit. She also made a pitch for all to complete the MSC annual survey to provide OOMSC with the foundation required to build future MSC strategies.

CPT Martin Sanders, Chief, Biological Threat Assessment, from the 520th TAML, briefed the Board on the detection capabilities the TAML brings to the theater of operations, strengths and weaknesses, past operations and future capabilities. TAML is designed to be capable of multicomponent analysis, minimal sample preparation, minimal collateral equipment requirements with automatic calibration and evaluation and rugged design standards. Doctrinally, the TAML will arrive in a theater of operations within 96 hours from DEPOD. Once in theater, the TAML can run samples at the 16-24 hour time frame.

CDR (sel) Malakooti, Preventive Medicine Directorate, NEHC briefed the Board on a variety of the commonly asked questions/comments/concerns surrounding the Anthrax Vaccine Immunization Program.

NEPMU5/6: LT Kelsch briefed the Board on the accomplishments/activities of EPMU5, specifically completion of Battelle INFOCON training, analysis of DNBI information for the various classes of ships, yielding differing illness and injury rates. She also shared that the laboratory is being upgraded to a level "B." It will be the only level "B" laboratory in the Navy. In addition, their CBR/E Department has been asked by the Olympic committee and the Army to be a resource and response asset. She also informed the Board that all baseline surveys have been completed on the USNS ships.

NEPMU2/7: LT Garland shared information prepared by LT Corson of NEPMU 7. The staff is in the process of developing a Port Assessment Tool to ensure standardization of pertinent PM information obtained from sites evaluated within the AOR. To date, over 36 sites have been assessed with preventive medicine criteria for numerous deployments and exercises. LT Garland briefed that as a result of the Preventive Medicine Partnership Program (PMPP), 500 ship visits, 1000 consultations, and 87% of LANTFLT commands have obtained their Green "H" award. He also reported that key members of the command completed FD-PMU training in February, and a punctured aerosol can study is currently underway.

MARFORLANT: LCDR Wright briefed the proposed MFL Force Health Protection Plan. The plan is divided into three sections including: (1) Training and competencies for Officers, PMTs and PMPOs; (2) medical surveillance involving medical readiness, i.e. immunizations, weekly DNBI and deployment medical surveillance and (3) environmental health surveillance including food safety, field sanitation, water quality, habitability, vector surveillance and heat/cold injuries. She also discussed her role in doctrine review for a variety of higher authorities including Chairman, Joint Chiefs of Staff, Joint Forces Command, HQMC, MCCDC and BUMED.

2. OLD BUSINESS – (OPEN ITEMS)

970503 EHO ORIENTATION

DISCUSSION: LT Kelsch discussed the status of the NEPMU #5 EHO orientation course and presented one of the binders to the Board for review. CDR Anderson suggested that the addition of after action reports and a "what to bring on deployments" list should be incorporated into the curriculum. It was also suggested that a post-course questionnaire be developed based on the TRIs and completed by the students one year into their first tour, as a measure of course effectiveness. It was discovered that the actual practical application of skills and exposure to the various environments (shipboard, clinical rotation and field exercises) varies from student to student based on availability of technical assist visits and scheduled field exercises. The Preventive Medicine Partnership Program would provide ample opportunity for the shipboard exposure. A copy of NAVENVIRLHLTHCENINST 6240.1, Navy Environmental Health Board, and recent Board minutes should be included in the Orientation binder as a talk point for the new EHO. Additionally, it was felt that JCAHO criteria should be incorporated in the Orientation course, to assist the EHOs stationed at hospitals and clinics.

RECOMMENDATION: As a continuous process improvement initiative, LT Kelsch to contact Cynthia Dezouche of NEHC to develop post course completion questionnaire, and to place a copy of NAVENVIRLHLTHCENINST 6240.1, Navy Environmental Health Board, and Board minutes into the Orientation binders. CAPT Novak will meet with CDR Rockford to discuss the

current methodology of administering the course emphasizing the importance of standardizing the field, shipboard and clinical experiences for each new accession. The Board determined that a small team consisting of LCDR Young, LT Enriquez and LT Kelsch could develop a section addressing JCAHO requirements.

ACTION: LT Kelsch and Cynthia Dezouche will develop a post course questionnaire for the EHOs who have completed the Orientation Course to be filled out at the one year. LT Kelsch will download instruction and minutes from internet and incorporate into training binders. Following the development of JCAHO requirements for the Orientation course, LT Kelsch will liaison with NEHC training division to ensure Training Requirements Inventory (TRI)s are appropriately assigned and incorporated into the curriculum. CAPT Novak will review the course application with CDR Rockford following the NEHC conference.

980913 TRAINING OPPORTUNITIES

DISCUSSION: LT Sikes has drafted a Memorandum of Agreement (MOA) between the U.S. Public Health Service, Food and Drug Administration and U.S. Naval School of Health Sciences whereas an EHO will be assigned for one year to the FDA's Division of Human Resource Development, Rockville, MD for the purpose of training and to facilitate an exchange of information regarding Food Safety Issues. This training opportunity is designed to enhance the EHO's knowledge of the FDA's Food Code, HACCP principals, and research and policy development processes that are used to initiate changes and updates to the Food Code. As mentioned in the opening administrative comment section, although found to be a valid training opportunity, due to the community being at a critical manning level, the initiative was not supported.

RECOMMENDATION: Resubmit in FY 02. Other venues can be explored through the ER-RAP process.

ACTION: LT Sikes will contact his POC at the FDA to provide feedback and closure for this FY.

EH-RAP 9903112 DEPLOYMENT MEDICAL SURVEILLANCE- EHO ROLE

DISCUSSION: As part of the on-going evolution of the EHO's role in support of DMS, each of the NEPMUs will have senior EHO billets assigned to FD-PMU platforms for the purpose of supporting contingencies and DMS initiatives world-wide. The Navy training plan has been developed with funding to begin FY-04. Specific course requirements include: Advanced risk communication, CBRE core competency and annual refresher course, Field Management of chemical and biological casualties, Medical Department Representative FMF orientation course, Navy CBRE casualty care management course, Operational Preventive Medicine, Radiology Emergency Team Orientation, Radiological Detection Equipment training, Initial Respiratory Protection training and Annual refresher, Small Arms familiarization training, Transportation and storage of Hazardous Materials Certification course, Anti-terrorism Personal Protection Training (level 1) and Basic Life Support.

RECOMMENDATION: Continue to follow the transformation of the FD-PMU concept.

ACTION: CAPT Novak to schedule updates until project is complete.

3. NEW BUSINESS

EH-RAP 01031 HANDHELD ENVIRONMENTAL SAMPLING EQUIPMENT

DISCUSSION: Although not a formal EH-RAP, based on presentations from Mr. Robinson and CPT Saunders, USA, it was decided that key personnel within the NEHC commands should identify information regarding the various chemical and biological contaminants for which analysis testing capability is required in order to support the Force Health Protection initiative.

RECOMMENDATION: Data collected and findings by NEPMU 2/5 (LT Gomez and LCDR Thornton, microbiologists) and NEHC Environmental Engineering Department (Steve Sorgen), be reported to LT Suraj and CAPT Beddard. CAPT Beddard to forward the findings to CO, NEHC for tasking to the Research and Development (R & D) community.

ACTION: LT Garland will collect required information from LT Gomez, LT Kelsch will collect required information from LCDR Thornton, and LT Suraj will collect required information from Steve Sorgen. All will report findings to CAPT Beddard, who will validate and forward requests for R&D support via CO, NEHC.

4. ADMINISTRATIVE ISSUES

a. The following new members were selected through a majority voting process. Welcome LCDRs Dexter Hardy, Deborah Cady, and LT Richmond. The Board determined that although well qualified individuals may be excluded from a current NEHB membership while overseas, the financial burden of TAD for those individuals may prevent the current number of participating members to be approved by NEHC. Individuals are encouraged to submit requests for Board membership while filling CONUS billets. The potential candidate should include a current CV, major accomplishments and job scope in their package.

CAPT J. BEDDARD, (Chairman, Spring 2000)
CAPT D. NOVAK, (Specialty leader)
CDR E. ANDERSON, (Member at large, Spring 2000)
LCDR S. REESE, (Member at large- Spring 1999, last meeting)
LCDR S. WRIGHT, (Secretary, Spring 2000, MARFOR rep)
LT M. SIKES, (Member at large, last meeting due to transfer to overseas duty location)
LT G. GARLAND, (NEPMU 2/7 rep, Spring 2000)
LT R. SURAJ, (NEHC rep, Spring 2000)
LT D. KELSCH, (NEPMU 5/6 rep, Fall 2000)
LCDR D. HARDY (Member at large, Fall 2001)
LCDR D. CADY (Member at large, Fall 2001)
LT V. RICHMOND (Member at large, Fall 2001)

b. CAPT Novak discussed the influx of new EHOs all participating in Spring/Summer OIS classes. Ten new EHOs will be joining the community this FY. See closed action item 990311 for discussion of LT Suraj's EHO recruiting Power Point Presentation and call for EHOs community-wide to be actively engaged in the recruiting process.

c. A complete billet scrub and reevaluation of the EHO career progression was conducted. The following billets are slated for realignment: NH Roosevelt Roads moved to NEHC ADDU to USJFCOM; BMC Kingsbay moved to NEPMU 7; BMC Willowgrove moved to NEPMU 6; Newport moved to NEPMU 2; and NH Guam moved to NEPMU 5. Billet at BMC Key West could also potentially be moved to another location. Future billets could be established at NAVSUP (following 1 year fellowship training with FDA), BUMED 02, N-31, or at the NAVEUR clinic. CAPT Novak to forward recommendations to OOMSC for approval and implementation.

d. The Board members discussed the EHO of the Year program. It was determined that one of the most significant portion of the written submission should be the applicability of the EHO's accomplishments to readiness (i.e. Shipboard, Marines, SeaBees and Aviation), and this should be the lead statement of the package. It was also recommended that all enclosures should reflect accomplishments obtained within the previous year, and that the individual's biography is included. The winner will: (1) be presented with a plaque from CO NEHC at the annual EHO dinner, (2) have their name engraved on the EHO of the Year Award maintained at NEHC, and (3) post an executive summary in the MSC Newsletter under the Examples of Excellence section. LT Suraj will make the corrections to the EHO of the Year Criteria form and CAPT Beddard will coordinate obtainment of plaques and update information on the EHO Homepage and MSC Newsletter.

e. Following CDR (sel) Malakooti's Anthrax brief, there was discussion pertaining to developing a strategy for re-implementation of the AVIP program from a population standpoint when BIOPORT is capable of supporting our previous demand. CAPT Beddard to discuss public affairs, educational efforts, and implementation course of action with CAPT Sack.

6. The next meeting is scheduled for OCT/NOV 2001 at a location to be determined by the Chairman, CAPT Beddard.

CLOSED ACTION ITEMS

960203 EH SUPPORT FOR MARINE CORPS

DISCUSSION: LT McKenzie reported to the Chairman that there is currently no “active” document to replace what is missing from the former FMFM 4-50 to the MCWP 4-11. regarding duties/responsibilities and hierarchy of Preventive Medicine assets assigned to Marine Corps units.

RECOMMENDATION: We have an EHO permanently assigned to COMMARFORLANT to address all pertinent issues regarding EHOs and our in supporting the operating forces.

ACTION: Close as Board action item. LCDR Wright for action as part of her new taskings and position at COMMARFORLANT.

960204 EHO BILLET DESCRIPTIONS FOR MARINE CORPS SUPPORT

DISCUSSION: There was much discussion on what rank and what organizational level to pursue for the billets. An upgrade to an O-4 billet for the Wings (M+1 billets) was discussed. Also discussed was an upgrade for the FSSG billets to O-3. We would also like to see MEF level billets across the board. It is also important to get these billets funded by HQMC so the billet coordinator at BUMED doesn't delete them. The Medical Augmentation Personnel System (MAPS) policy is being revised and will be published by MED-02 when finished.

A point paper with the endorsement of Commanding Officer, NEHC was sent to Commanding General, Marine Corps Combat Development Command to recommend that junior EHO billets (O-2) be upgraded to O-4 billets. Preventive Medicine Officers with the Marine Corps are supportive. CDR Scarborough (HQ, MARFORLANT) relayed that he had seen the recommendation for the upgrade to O-4; but there is a SECNAV moratorium on O-4 billets and above right now. So it will be recommended that the billets be upgraded to O-3 and then have an O-4 detailed to the position (detailers are allowed to go one up or one down in rank to detail officers). He also relayed that there is no move to fund the current billets with the Marine Corps (MC).

RECOMMENDATION: Continue to follow, consolidate this item into #960203

ACTION: Closed and incorporated into **Item #960203**

960205 EHO CAREER PROGRESSION/AQDs

DISCUSSION: The AQD for CHEM/BIO has been approved as a multidisciplinary group training within the following specialties: Environmental Health, Industrial Hygiene, Radiation Health, and Microbiology. Driven by deployed medical surveillance initiatives, the specialty leaders have convinced 00MSC that the year long training program should receive financial support and be incorporated into the pipeline training for select billets. The board members

emphasized that this training is not required for all EHO positions and it would not hurt an EHO's career if that individual does not attend the course.

RECOMMENDATION: The board supports this action for selected EHOs based on job requirements. CDR Novak will continue to move forward with the training program with the specialty leaders of the other interested disciplines.

ACTION: Closed

960901 EHO PROGRAM AUTHORIZATION (Minimum Requirements)

DISCUSSION: As of May 1998, the program authorization for accessioning new EHOs has changed to require a Masters in Public Health or Environmental Health from an accredited university.

RECOMMENDATION: Close

ACTION: Closed

970504 EHO INSERVICE PROCUREMENT

DISCUSSION: The need for an EHO inservice procurement program was discussed. It may not be needed. The Health Sciences Collegiate Program (HSCP) appears to be working. Of the 4 new accessions this year, all are in the HSCP and 2 of the 4 have prior military experience (one is a prior PMT and the other has experience in the Army). It was noted that it is not a function of this board to ensure there is an avenue for PMTs to become EHOs. However, it does seem that opportunities do exist.

RECOMMENDATION: Inservice procurement programs are based on the needs of communities. There doesn't seem to be a need to have another avenue to acquire new EHOs. We are not having problems getting well-qualified candidates. The board recommends closing this item.

ACTION: Closed

970505 FUTURE MPH ALTERNATIVES

DISCUSSION: CDR Novak informed the board that the detailer would write one year orders for those accepted to the USUHS to obtain their MPH degree. This billet would count as one of our two allotted DUINS billets per year, not an additional training billet. CDR Novak stressed that thirty three percent of the community hold only baccalaureate degree and must pursue graduate degrees either through DUINS or on their own off-duty time.. Other options for EHOs for graduate degree programs include Baylor (justification emphasizing the obtainment of a directorate billet at large hospital responsible for managing large OPTARs, equipment, staff, contractors, etc). and Monterey post-graduate school (information management program). The community must also encourage PhD candidates as our community has several billets coded for

doctoral degrees

RECOMMENDATION: CDR Novak to incorporate this information via e-mail channels.

ACTION: Closed

970508 NAVY ENVIRONMENTAL HEALTH BOARD CHARTER/INSTRUCTION

DISCUSSION: It was determined that a member of the research community should be a standing Board member to keep the Board and community abreast of Navy/Marine Corps specific and also Joint projects research projects which positively impact the EHO's job performance.

RECOMMENDATION: Forward final revision of charter for CO NEHC approval and signature.

ACTION: CDR Rendin for action and then close item.

980301 NEW FOOD SAFETY LESSON TRAINING GUIDES (LTG)

DISCUSSION: LCDR (s) Wright informed the board that the LTGs were mailed and e-mailed to EPMUs 5,6 and 7 on the 4th of March with a period of three weeks for comment (31 MAR 99 deadline). Upon receipt of the LTGs, comments will be incorporated into the LTGs and then they will be hand delivered to NEHC for approval and signature. Widest dissemination of materials will follow the approval process.

RECOMMENDATION: The board recommended closing this item.

ACTION: Closed

980302 POMI DESIGNATOR FOR EHOs

DISCUSSION: EHOs provide many of the same functions to an exercise/command that a POMI does. It was felt that the HCA community is the only community being allowed to get the designator. CDR Williams talked to CAPT Wynkoop and the POMI designator is open to all communities and any individuals who meet the criteria. At least one EHO does carry this designation.

RECOMMENDATION: Close the item.

ACTION: Closed

980303 NAVY ENVIRONMENTAL HEALTH COMMUNITY RESUME

DISCUSSION: A community resume similar to the Entomology Community Resume could be a very useful tool for the specialty leader as an established document, like having a data base of community accomplishments.

RECOMMENDATION: The board endorses this endeavor and recommends that the specialty leader manage it and put on the specialty leader/NEHC homepage.

ACTION: Closed

980304 CREDENTIALING CRITERIA APPROVAL

DISCUSSION: It is not likely that treatment facilities will credential non-direct patient care providers, especially when held to JCAHO and IG standards. A motion was made to drop this item from the agenda. The motion was seconded.

ACTION: Closed

980305 DISTRIBUTION OF EHO RECRUITING SLIDE SHOW

DISCUSSION: LT Cardwell informed the board that due to new internet restrictions on the use of names and photographs, the possibility of placing these recruiting tools on the 00MSC homepage is a difficult task. This issue was also brought to the attention of the BUMED IG. The solution agreed upon would be to create as "for more information" icon on the MSC homepage to alert recruiters and those other interested parties of the availability of the slide show and CD ROM product from NEHC.

ACTION: Closed.

980306 RETENTION OF JUNIOR EHOs

DISCUSSION: The board was not sure this is a problem. Only two junior EHOs have left recently; one to pursue becoming a Navy physician and the other to pursue a career in the Public Health Service. Neither of these reasons can be related to Environmental Health community problems.

RECOMMENDATION: Close the item.

ACTION: Closed

980307 REVIEW OF EHO BILLETS

DISCUSSION: It was brought up that a complete review of EHO billets and their appropriateness as far as placement, rank, need, etc. has not been done recently. CAPT Beddard did the last review in 1995. The board feels it should be accomplished since some recent billet changes have occurred.

RECOMMENDATION: Review and action is needed, especially on the FSSG billets.

ACTION: Closed and incorporated into Item #990307

980308 THERESA A. BONHAM MEMORIAL SCHOLARSHIP

DISCUSSION: This is not an Environmental Health or Environmental Health Officer issue. We should not be pursuing this because of legal reasons regarding the endorsement of charitable organizations.

RECOMMENDATION: Drop this item from future discussion.

ACTION: Closed

970507 ZERO BASED REVIEW OF CHAPTER 22 OF THE MANMED

DISCUSSION: The board questioned the reason to have this chapter and whether it is worth the time and effort to revise, as it remains unused by many professionals both at fleet and shore commands.

RECOMMENDATION: The board agreed that the effort expended to revise this chapter would not be worthwhile and would not revise the chapter unless directed by a higher authority. Close the item.

ACTION: Closed

980902 RESEARCH CONCEPTS/FUNDAMENTAL CHANGES FOR THE FUTURE OF EH

DISCUSSION: The considerations for the Board for any research project or proposal should include: (1) What are the potential Navy applications, (2) Does the tool support Navy Doctrine, (3) Are the tools designed for operational or routine use, and (4) What capacity is the tool developed for, i.e. HACCP, cook-chill or other food handling processes, or application for the CBRE environments.

RECOMMENDATION: If the EHO community has questions, comments, suggestions or requests for the research community, the proper format for Board involvement is through the EH-RAP process.

ACTION: Close as Board action item.

980903 FIELD WATER TESTING

DISCUSSION: CHPPM is evaluating the products currently on the market for rapid detection of chemical/biological and radiological contaminants of the environment, specifically tests for CBR/e use and other broad spectrum testing capabilities of industrial settings. Their scheduled deadline is later this year for recommendations for incorporating into DOD capabilities.

RECOMMENDATION: The Board recommends closing this issue and tasking NEHC to follow

up with CHPPM and disseminate information to the community as it becomes available.

ACTION: Closed

980904 SURVEY OF BOARD MEMBERS TO IMPROVE NEHB

DISCUSSION: The consensus of the board was that comments could be made in private to the chairman or in the meetings. No one felt that they had any issues that weren't being brought out.

RECOMMENDATION: No survey is needed.

ACTION: Closed

980905 MENTORING

DISCUSSION: Following the MSC Strategic Goal #1, CAPT Coyne shared the components of the mentoring program established at NAVHOSP San Diego. 00MSC sends the names of new accession officers accompanied by their biographies to the DFA and this information is shared with the senior MSC officers to develop a match between senior and new officer. The two share activities outlined in the mentoring workbook as well as attend three training mentoring sessions. The entire formal mentoring process is approximately one year in duration.

RECOMMENDATION: The current process per CAPT (sel) Novak is to notify the senior EHO in the region to contact the OIS graduate (not as a command sponsor, but as a mentor). She has established a regional mentoring network and policy regarding this issue.

ACTION: Closed

980906 EHO TOOL BOX/READINESS KIT

DISCUSSION: This would be a great tool to design for new EHOs and to have available for all EHOs. The following is a list of suggested items to include (NOT all-inclusive).

- ◆ NEHC CDROM
- ◆ AFMIC MEDIC CDROM
- ◆ WEBSITES/INTERNET LINKS:
 - NEHC
 - CDC
 - Marine Corps Doctrine
 - BUMED
 - NAVY LINKS
 - NEHA
 - CHPPM
 - SUPSHIP
 - NAVFAC
 - BUPERS
- ◆ Correspondence Manual
- ◆ Control of Communicable Diseases Manual
- ◆ Malaria Pocket Guide
- ◆ Preventive Medicine Officer Community List
- ◆ Naval Medical Surveillance Report

- ◆ Career Progression Guide
- ◆ MCWP 4-11.1 (replacement for Health Services Support Operations, 4-50)

RECOMMENDATION: Two publications were added to the recommended tool box inventory to include: Health Promotion Starter Kit and Fleet Public Health Bulletin.

ACTION: Close as an action item and fold into standing board item. CAPT(sel) Novak to develop a recommended reading list to be incorporated into the EHO homepage.

980907 ENVIRONMENTAL HEALTH REQUEST FOR ACTION PAPERS (EH RAP)

DISCUSSION: The board decided to utilize a request for action format for submission of items to the board for consideration. No issue will be discussed unless this format is submitted. Its use will be included in our governing instruction.

RECOMMENDATION: Promote widest possible dissemination of this format; place on the NEHC homepage

ACTION: Closed

980908 PLAN TO EDUCATE THE COMMUNITY ON NEW CHAPTER 1 CHANGE

DISCUSSION: The NEPMUs automatically have this mission. MTFs, Food Management Teams, EHOs, and PMTs also share in this responsibility. We need to push HACCP principles to ourselves as a community. The new Chapter 1 draft is waiting to be signed and EHOs can spread the word to the facilities affected to break the ice ahead of time and present a positive message about the new changes. LT Cardwell adapted LT McKenzie's presentation during NEHC 97 and received feedback from only 2 EHOs within the community. LT Cardwell also provided two separate PowerPoint presentations addressing HACCP that can be used locally by EHOs to educate food service facility managers and preventive medicine personnel. EPMU5 will be sponsoring a VTT on 29 APR for the west coast with focal areas of HACCP, reporting changes, food code and an overview of the main changes in the new chapter 1. Once the chapter is released there should be a six month phase-in process to allow for proper training and implementation of changes.

RECOMMENDATION: The EPMUs need to take the lead with educating the preventive medicine and food management communities with regards to the major changes in chapter 1.

ACTION: CDR Rendin developed and released the message announcing the availability of the chapter. LCDR Seiwadson (Naval Supply Center) has also released messages regarding HACCP principles and implementation goals. Close item.

980909 IDENTIFY EHO USN/USMC MANNING INNOVATION SUCCESSES FOR MSC GOAL #2

DISCUSSION: The board discussed the issue and decided that no action was necessary.

ACTION: Closed

980910 DEPLOYMENT SURVEILLANCE INITIATIVES AND THE EHO COMMUNITY

DISCUSSION: If the board is going to discuss this issue an EH RAP should be submitted.

RECOMMENDATION: Close until an EH RAP is submitted.

ACTION: Closed

980911 NAVMED P 5010, CHAPTER 5 USEFULNESS

DISCUSSION: LT Cardwell requested input from the EHOs at the EPMUs and other subject matter experts for the purpose of revising Chapter 5, Potable Water Ashore, prior to submitting revisions to BUMED for approval. The usefulness of the chapter, although the consensus was not unanimous, given that this type of information is found in other more authoritative publications.

RECOMMENDATION: In the future, NAVMED P-5010 chapter revisions will be provided to all board members for review and comment prior to submission to BUMED.

ACTION: Closed

980912 ROLE OF EHOS IN CLINICAL PM PROGRAMS AND HEALTH PROMOTION

DISCUSSION: Previously, the last Board (SEP 98) received a presentation by CDR McKay, the Deputy Director for Health Promotion on the goals of Navy Health Promotion. The Board continues to struggle with the role of the EHO in this important force health protection component. CDR Rhodes described in detail his plans for implementing Health Promotion with the FMF. See 990306 for current status of this issue.

RECOMMENDATION: See 990306.

ACTION: Close and fold into 990306

990301 ROLE OF EHOs IN CHEMICAL, BIOLOGICAL, RADIOLOGICAL AND ENVIRONMENTAL (CBRE) ACTIVITIES

DISCUSSION: The Board invited CAPT Stein to discuss the evolving role of CBRE in the Navy and its impact on the EH community. CAPT Stein shared historical perspectives and detailed the recent action taken by EPMU# 6 in respect to the anthrax incident and the multi-disciplinary team course of action. He spoke of the development of CBRE departments at each of the EPMUs, comprised of environmental health, preventive medicine technicians,

microbiology, radiology and industrial hygiene specialists, with a minimum bio-detection kit supplied to each unit. Until fully staffed, specialists may have to be borrowed from organic assets within the Units. He elaborated on the differences between the CBRE departments and their functions as compared to the Marine Corps CBIRF team which functions as a national asset which enters contaminated areas in level "A" PPE and decontaminates victims of chem/bio/rad exposures. The CBRE's main function is to be a part of deployed medical surveillance programs and provide decontamination of our military components. NEHC's CBRE department is developing a three day course (CANTRAC # to be granted MAR/APR 1999) designed such that the student will have significant reading assignments prior to the course convening dates, and be expected to be responsible to learn information provided before and during the course for testing purposes. CMEs will also be granted based upon test results. The Army Aberdeen course is available for additional training as well as the following sources: Naval School of Health Sciences correspondence course (register and download from their website) as well as Medical Effects of Nuclear Weapons and Management of Chemical Casualties. CAPT Stein and his team are also working on a one day course for CBRE familiarization/information.

RECOMMENDATION: EHOs are encouraged to take advantage of these training opportunities to continually increase their knowledge base of CBRE and related issues. The Board agreed upon EHOs filling an appropriate role within a multi-disciplinary team of professionals (POMI, IH, RAD, Micro and Chemists) as a CBRE resource within the command to provide training and be involved with the local planners and to interface with local and DOD agencies.

ACTION: Closed

990302 DEVELOPMENT OF AN AFLOAT ENVIRONMENTAL PROTECTION TECHNICAL ASSIST PROGRAM

DISCUSSION: Several EHOs have attended the Afloat Environmental Protection Coordinator course as a means to enhance their knowledge in these important areas as part of the services we provide to the fleet. Information gained from attendance of this training opportunity would benefit EHOs stationed at EPMUs, AIRLANT, MSCLANT and other areas of heavy fleet concentrations.

RECOMMENDATION: The Board did not concur with creating courses at the EPMUs due to the opportunity to attend those already offered by the NAVOSH training center. EMPUs taking on this role would have limited value.

ACTION: Closed

990303 EXPANSION INTO THE ENVIRONMENTAL MANAGEMENT FIELD

DISCUSSION: After much discussion of the role of the EHO in the field of environmental management, the board concluded that with the recent restructuring of MSC/EHO billets to line LDO billets, that the effort to modify the current structure would not be worthwhile. It was also felt that the professionals at NAVSEA and NAVFAC should be sought out when the need for

soil contamination, lead abatement, air pollution prevention and waste management oversight/training services are required.

RECOMMENDATION: The Board believes that ongoing education in these areas as a health support role is valid, however, did not support the recommendation to research billets which deal exclusively with environmental issues (SURFPAC Afloat Environmental and others and request the line commands to modify their billet structuring to allow for more EHOs to fill these jobs. This decision is a result of recent billet restructuring (EHO to line LDO billets) and that technical support with regards to environmental engineering/management should be requested and staffed at NAVSEA and NAVFAC.

ACTION: Closed

990304 ENVIRONMENTAL HEALTH ISSUES RELATED TO DOD GEIS PROGRAM

DISCUSSION: The DOD-GEIS program was established by the President to address emerging and reemerging health threats. The Presidential Decision Directive of 1996 states, "The mission of DOD will be expanded to include global surveillance, training, research and response to emerging infectious disease threats." With an estimated budget of 10.4M by FY05, we are being afforded an opportunity under GEIS to support innovation in environmental health.

RECOMMENDATION: One suggestion involves developing a rapid food contaminant diagnostic test, as currently specimens are sent to Air Force or Army laboratories for analysis and this adds time to receipt of test results and planned course of action. In general, a need would have to be established first from the EH community and then forwarded to the research communities for action.

ACTION: Closed as a separate Board issue; fold into 980902.

990305 USE OF GEOGRAPHIC INFORMATION SYSTEMS (GIS) AND PUBLIC HEALTH

DISCUSSION: Recent advances in the development and application of Geographic Information System technology has modernized the spatial analysis of diseases and environmental contaminants. GIS provides a relatively easy tool for overlaying and analyzing disparate data sets that relate to each other by location on the earth's surface. The growing availability of health, demographic and environmental data bases containing international and national information are propelling major advances in computerized spatial and spatial statistical analysis. What we learn through these tools can be communicated to operational commanders for strategic and tactical purposes. The example provided to the Board would be importing the coordinates of an oil spill into this statistical tool and the end result of various health challenges would be provided. GIS has also been implemented to track the movement of such disease entities as rabies. From the SEP meeting, the following additional discussion ensued: ARCVIEW 3.1 software is available for this process and NEHC is trying to integrate this software into the NDRS system to map and track disease and illness trends within the Navy.

RECOMMENDATION: Currently, it is known that large research centers and universities have access to this product. However, it was thought that perhaps the line or Army Intelligence professionals may also be using a variation of this tool for its mission capabilities. It is worthy of further investigation to see the feasibility of using this technology in the field of EH.

ACTION: Closed

990306 OPERATIONAL HEALTH PROMOTION AND THE EHO/PMT

DISCUSSION: The results of the 29 respondents of the HP questionnaire sent by CDR Rending found that 1/3 were strongly against EHOs having a major role in health promotion, 1/3 were strongly for EHOs having a major role in health promotion and 1/3 were neither strongly for or against our participation in HP.

RECOMMENDATION: Traditionally, the EHO will respond to whatever tasking received from the CINC regarding disaster relief efforts and other contingencies. As a community, we encourage participation in HP activities; however, we are also going to find ourselves tasked with an increased role in CBR/E activities and do not want to be over-extended as to our capabilities and responsibilities.

ACTION: Close item and fold into 00016

990307 REALIGNMENT OF EHO BILLETS

DISCUSSION: As a community, we should continuously evaluate our billet structure as we respond to requests from operational forces and new responsibilities within Deployed Medical Surveillance (DMS), CBRE and force health protection. A listing of current billets was disseminated amongst the Board members to determine where we could realign billets to meet the changing roles of the EHO community. CAPT (sel) Novak informed the Board that a joint package for billet realignment within the following specialties has been drafted (RHO, MICRO, EH, IH and BIO CHEM) with more information to follow pending completion and approval.

RECOMMENDATION: The following EHO billets modifications were voted upon: maintain the EHO billet at Bremerton, delete the billet at Kingsbay and utilize those billets in the following manner: (1) one EHO billet moves to EPMU 7 and the other to NEHC ADDU to USACOM. As it stands, the line must sponsor billets in support of the construction battalions as MED 02 declined.

ACTION: Closed as a Board action item.

990308 PROPOSED TWO EHO BILLETS WITH THE NAVY CONSTRUCTION REGIMENTS

DISCUSSION: Historically, there has not been an EHO assigned to the naval construction regiments and due to downsizing events, the EHO billet at Port Hueneme is no longer being filled. The taskings and responsibilities for all preventive medicine and environmental health

issues rests solely on the PMT assigned to the Naval Construction Battalion. An EHO billet is necessary to provide in-garrison and deployment preventive medicine, environmental health and occupational health technical guidance and direction for the PMTs assigned to the battalions. He or she would conduct pre and post deployment evaluations to ensure the preventive medicine programs remain in compliance and assist the Battalion medical department with disease surveillance and reporting, After Action Reports, and all other environmental health and preventive medicine considerations.

RECOMMENDATION: The Board supports the need for an EHO to support the Navy Construction Battalions in the areas of preventive medicine, environmental health and force health protection. We want the line to sponsor the billets from their funding sources, however, if the CBs refuse, it is worthy of the community to provide an EHO from in-house, for example, a mid-grade EHO to ensure these important programs are adhered to.

ACTION: Closed as Board action item.

990309 EHO OF THE YEAR AWARD

DISCUSSION: The question of format of the EHO of the Year award and possible nomination for NEHA's Mangold Award was raised by an EHO within the community. The member felt the award should follow the same guidelines as other NEHC awards and be submitted by the member's reporting senior versus by the member. The member also felt the content would have to be in bullet format if an entire years accomplishments were to achieve the 2 page length requirement. It was pointed out that the Mangold Award is a culmination of two years work in the EH community and is largely granted as a "lifetime achievement" award.

RECOMMENDATION: The Board disagreed with the proposed changes. The award was not meant to mirror other NEHC awards, rather one to be recognized by the EHO community. The EHO is most familiar with his/her accomplishments and this informal format allows greater opportunity for members to apply.

ACTION: Closed as Board action item.

990310 ENROUTE TRAINING REQUIREMENTS FOR SPECIFIC EHO BILLETS

DISCUSSION: In order to receive funding for necessary training prior to assumption of new positions, a proposed pipeline training schedule would need to be approved.

RECOMMENDATION: The following billets and corresponding training courses were discussed and approved by the Board. * denotes "must have" training

BILLET
NAVCENT

COURSE
* Year long CBR/E Fellowship pipeline training course (FY2000) &
* 8 wk Aberdeen course

EPMU	<ul style="list-style-type: none"> * CBR/e (7 day course) * Instructor Training (2 week course) Operational Preventive Medicine Course Operational Entomolgy Course AECP (Afloat Environmental Protection Coordinator course) POMI Joint POMI Navy War College
FMF	<ul style="list-style-type: none"> * FMSS-MDO * CBR/E (7 day course) Operational Preventive Medicine Course Operational Entomolgy Course POMI AWS (amphibious warfare school) Health Promotion Director course
OCONUS-MTF	<ul style="list-style-type: none"> * CBRE (7 day course) CHART AFMIC (3 day intro to medical intel)
NAVSEA	
IG	
MSCLANT	
AIRLANT	
MARFORLANT	<ul style="list-style-type: none"> * CBRE (7 day course) * POMI SMIRC FMSS-MDO Health Promotion
NEHC	CBRE Fellowship
AFMIC (position requires graduate degree)	* POMI
SUPSHIP	
R & D (position requires PhD)	

CONUS-MTF

- * CBRE (7 day course)
- * NEPMU epidemiology course offerings
- Health Promotion Director's Course

PMT SCHOOL

- * Instructor Training
- * Curriculum Development
- Senior Military Justice School

ACTION: Close as Board action item.

990311 RECRUITMENT INITIATIVES

DISCUSSION: LT Suraj developed an outstanding EHO recruiting slide presentation which was formally presented at Hunter College, Columbia College and the University of Pittsburgh. To review or for the purpose of presentations, download from the EHO homepage.

RECOMMENDATION: All EHOs must take an active interest in the health of our community. Key billets/EHOs in close proximity to schools of PH must be actively engaged with the school administrators and recruiters.

ACTION: Close as action item for Board.

EH-RAP 990313 PREVENTIVE MEDICINE TRAINING FOR HUMANITARIAN ASSISTANCE

DISCUSSION: Specialized training for preventive medicine personnel to accomplish humanitarian assistance (HA) and relief operations for victims of natural disasters, refugee situations, and internally displaced persons is expensive and not readily available. The EH-RAP originator recently attended the Health Emergencies in Large Populations (H.E.L.P.) course and highly recommended the community endorse the course as "must have" training. The Board felt that curriculum at PMT school, FMSS, Operational Preventive Medicine and the new EHO indoctrination course at EPMU 5 would satisfy the training needs of any preventive medicine professional participating in a variety of HA and related deployments.

RECOMMENDATION: The Health Emergencies in Large Populations (H.E.L.P.) course, while a potentially beneficial course for EHOs, remains low on the priority list for training. Our main priority will be force health protection, versus humanitarian assistance with the FD-PMU as the Navy's response team. The training provided to team members will be addressed under the Navy training plan for DMS, in addition to the course offerings listed above.

ACTION: The Board endorses combining all training issues into action item 990312. Closed.

EH RAP 00014 REALIGNMENT OF EHO AND PMT BILLETS IN NEW ENGLAND

DISCUSSION: Following the reorganization of the three navy bases in the northeast, there has been a reduction in the duties required of EHOs and PMTs. A single EHO should be stationed in the region, rather than the 3 currently billeted. The proposal would have the EHO stationed at Newport, RI be responsible for the Ambulatory Care Clinics in Portsmouth, Groton and Brunswick within 4 hour driving distance to provide assistance and program oversight.

RECOMMENDATION: The Board concurs with the billeting of one EHO in the NE region. The Specialty Leader will determine which of the billets will remain open based on the needs of the Navy.

ACTION: Close as Board action item.

EH RAP 00015 EHO OF THE YEAR AS AT-LARGE NEHB MEMBER

DISCUSSION: The EHO of the year is recognized as our “best,” and has demonstrated the highest Navy Core Values, professionalism, initiative, leadership, and dedication to the practice of Navy Environmental Health. Accordingly, his or her participation on the NEHB should not only be of great value to the Board, but also serve as reward and motivator for the current selectee.

RECOMMENDATION: Approve and modify NEHB Charter.

ACTION: Closed as Board action item

EH RAP 00016 U.S. NAVY ENVIRONMENTAL HEALTH OFFICER STRATEGIC VISION

DISCUSSION: Following the ground work of CAPT Beddard, CAPT Novak, CDR Anderson, LCDR Wright, and others, a vision/mission statement was developed and approved. LT Suraj reviewed the core competency criteria and divided the competencies into three functional areas, (1) conduct disease and environmental surveillance, (2) determine effective methods of health threat assessments, and (3) develop countermeasures to meet potential and actual threats.

RECOMMENDATION: The Board validated the placement of competencies into the three categories with only minor changes. LT Suraj to make corrections and finalize document for inclusion into homepage for use. LT Suraj to incorporate new vision statement into Appendix B of the most current NAVENVIRHLTHCENINST 6240.1.

ACTION: Close as action item for Board.

EH RAP 00081 – OCCUPATIONAL AND PREVENTIVE MEDICINE HANDBOOK, NAVMED P-5113

DISCUSSION: NAVMED P-5113 dated 1978, was designed to be a reference tool for the Preventive Medicine Professional.

RECOMMENDATION: The Board recommends that this publication be removed from circulation as it is obsolete. The PM community has numerous relevant publications available to complete the mission.

ACTION: Closed as Board item.

EH RAP 00082 - DETERMINATION OF PROCESSED PASTUERIZED CHEESE USED BY MCDONALDS AS A NON-POTENTIALLY HAZARDOUS FOOD (PHF)

DISCUSSION: McDonald's HACCP plan calls for the tempering of sliced cheese at room temperature for at least 6 hours prior to use and recommends that this product stay at room temperature for no longer than 24 hours. This practice conflicts with NAVMED P-5010 Chapter One, which considers this product a PHF requiring refrigerated storage.

RECOMMENDATION: The Board supports the scientific findings from State of California, Department of Health Services, University of Georgia, Oregon Department of Human Resources, Maryland Department of Health and Mental Hygiene and the Food Research Institute at the University of Wisconsin-Madison determining that this type of processed cheese is not a PHF.

ACTION: LT Suraj to coordinate the posting of this information in the "Thursday Thoughts." Close as Board action item.