

NAVY ENVIRONMENTAL HEALTH BOARD MINUTES

MEETING PLACE: Navy Environmental Health Center, Norfolk, VA
MEETING TIME: 9-11 MAR 1999

MEMBERS PRESENT: CAPT J. COYNE, MSC USN
CDR R. RENDIN, MSC, USN
CDR D. NOVAK, MSC, USN
LCDR S. REESE, MSC, USN
LCDR (S) S. WRIGHT, MSC, USN
LT F. CARDWELL, MSC, USN
LT W. CHARDON, MSC, USN
LT S. MCKENZIE, MSC, USN
LT C. HENRY, MSC, USN
LT J. ENRIQUES, MSC, USNR

GUESTS: CAPT C. STEIN, MSC, USN, NEHC
DR. MORROW, NEHC

ADMINISTRATIVE ACTION: Volunteers to fill vacant board positions of Vice Chairperson and Secretary were solicited. LCDR Reese volunteered and was chosen as Vice Chairperson and LCDR (s) Wright volunteered and was chosen as the secretary.

OLD BUSINESS

960203 EH SUPPORT FOR MARINE CORPS

DISCUSSION: The former FM 4-50, which has been modified into the 4-11.1 remains a generic document with extremely limited information with respect to job description and hierarchy of Preventive Medicine assets assigned to Marine Corps units. We are still waiting to see if techniques and details will be incorporated into another publication for which the POC is LT Miles.

RECOMMENDATION: Contact CDR Scarborough and LT Miles on the status of the additional publication.

ACTION: LT McKenzie

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 CARREER 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 OOMSC 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

970503 EHO ORIENTATION

DISCUSSION: LT Enriques informed the board that EPMU # 5 has developed a 7 section PQS form which all new EHOs must complete during their 4 week TAD to the Unit. They have had three EHOs participate in the program over the span of the last three years. EPMU# 2 possesses the schedule of events which incorporates formal training provided at the Unit, shipboard EHS, rotation through FMF at Camp Leguene and a week OJT at the Naval Hospital. To date, this course has not been offered at EPMU 2 due to lack of enroute PCS funding and participation. The possibility of funding a two-week versus four-week course was discussed with funding through NEHC as a short-term goal.

RECOMMENDATION: Develop a CANTRAC course with the above listed focal areas for BUMED approval.

ACTION: LT Enriques was assigned this course as an action item. LCDR (s) Wright to obtain outline of curriculum and incorporate information into current course offerings to ensure a new accession EHO receives a thorough orientation in his/her role as a Navy EHO.

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: A proposed charter was presented and format changes were brought to LT Cardwell's attention for correction. The composition of the board will be as follows:

1. The Navy Environmental Health Board will be comprised of experienced officers from a variety of rank levels and duty assignments. It will consist of 10 members:
 - a. 6 members recommended by present board
 - b. 4 standing members
 - (1) NEHC representative
 - (2) 2 NEPMU representatives (EPMU 2 and 5)
 - (3) EHO Specialty Leader
2. The chairman will be selected by the present board members and may not be the specialty leader.
3. The 6 selected members will serve on the board for two years with the term beginning at the first meeting attended. No selected member will serve two consecutive terms.

MISSION: Provide advice and recommendations to the Navy Environmental Health Center (NEHC) on Environmental Health issues and policies. Ensure Navy and Marine Corps readiness by providing guidance and direction for sustaining the optimal effectiveness and professional development of Environmental Health Officers.

VISION:

1. We are dynamic, responsive, and innovative.
2. We are recognized world leaders in the science of Environmental Health.
3. We address and respond to Environmental Health issues impacting the Navy and Marine Corps.
4. We champion Environmental Health specialty development.
5. We empower the Environmental Health community.

GUIDING PRINCIPLES:

1. We will dedicate ourselves to maintaining the highest level of professional expertise through military and independent training in environmental health.
2. We prepare our people to be leaders in military medicine and are the public health specialty of choice for force health protection.
3. We will guide and mentor our community to excel both professionally and personally as environmental health professionals.
4. We will embrace and adapt to changes in our community and the world to advance the principles of

environmental health.

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

ACTION: LT Cardwell

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: LT Cardwell to continue to be our POC for recruiting product availability.

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

980901 AMAL REQUIREMENTS FOR PREVENTIVE MEDICINE DEPLOYMENTS

DISCUSSION: LT McKenzie attended the AMAL review board meeting and provided the following information with regards to the new structuring of blocks 637 and 638. Due to the emphasis of immunization administration prior to deployment, and having various laboratory assets deploy concurrently, supplies to support mass immunization, STD culturing and FBI culturing have been removed from the AMAL. All supplies required to accomplish field preventive medicine were modularized by task, ie. water quality analysis would contain DPD tabs, pH tabs and color comparators. All millipore supplies for water bacteriologic analysis have been replaced by colilert supplies. Information regarding AMAL for smaller deployments was not discussed at the above mentioned review board meeting. The board discussed the potential of developing Force Health Protection blocks which could be provided with Table of Authorized Material Control Numbers (TAMCNs) for the purpose of funding and standardization. LCDR Delvecchio, LT McKenzie, LT Colvin and LTJG Benton have provided some of the background work on this issue.

RECOMMENDATION: LT McKenzie and LT Enriques will brain storm with the above listed EHOs and collect information regarding smaller Force Health Protection blocks for the board to review at the next meeting. Close the

AMAL 637 and 638 content issue.

ACTION: An EH-RAP addressing this issue will be developed for presentation/discussion during the next scheduled NEHB planning meeting by LT Enriques.

980902 RESEARCH CONCEPTS/FUNDAMENTAL CHANGES FOR THE FUTURE OF EH

DISCUSSION: Creative thinking is necessary to ensure we get the tools needed to make our job better. There is currently much research going on in our area of expertise. CHEMBIO strips were developed at NAMRI to quickly detect various CBR agents. Rapid detection of bacteria in food with dipsticks is also being studied. The Army is doing a lot of research in the area (especially dealing with Anthrax detection). Some good ideas came up for possible research items. Our field food safety inspectors could use a detector that shows *S. aureus* or *E.coli*. We could also benefit from a water contamination detector. The use of individual "bio-jet" type injectors for rapid nerve gas exposure treatments or other uses was also discussed. The use of computer technology in our field could also be utilized more, i.e. for transmitting inspection scores to a central location for tracking trends or even recording the inspection on a computer as it is performed. It was also suggested that NEHC's echelon commands could volunteer to become test sites for new technology.

RECOMMENDATION: We need to continue thinking "out of the box" and keep these needs on our minds for submission to NAMRI for research and development. All board members and the entire EHO community should bring ideas to the board and utilize the Environmental Health Request for Action Paper (EH RAP) format for idea submission. CDR Williams had been tasked initially to champion this agenda item, however, he was unable to ascertain specifics on the above research developments.

ACTION: LCDR Reese will contact the respective POCs from CDR Williams and brief the Board on current research developments.

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: Specialty leader to develop regional mentoring coordinators and assign senior EHO to mentor new accession EHO prior to that individual departing OIS. In general terms, as a community, encourage junior officers to contact senior people in their respective regions for informal mentoring.

ACTION: CDR Novak

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	NEHA
CDC	CHPPM
Marine Corps Doctrine	SUPSHIP
BUMED	NAVFAC
NAVY LINKS	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: NEPMU representatives to develop Tool Box at respective units for part of orientation course.

ACTION: LT Enriques and LCDR (s) Wright.

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 wide dissemination of this format; place on the NEHC homepage

ACTION: LT Cardwell to place on the NEHC homepage.

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: The Board endorses the training being provided at EPMU# 5 and encourages 2, 6 and 7 to consider conducting the same training. CDR Rendin will draft a message to announce that the chapter is available and inform commands of the six-month phase in period.

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. Fold issue into 990306.

980913 DIRECTOR'S FELLOWSHIPS

DISCUSSION: RADM Phillips relayed information to be disseminated to the MSC community about available fellowships for FY 99. There are five billet that were brought onboard to target training for the following:

- State-of-the-art trends and technology
- Unique requirements
- Just in time training

These fellowships are intended to provide an educational opportunity for officers that benefit the Navy as well as the officer, and must have an appropriate follow-on tour. These opportunities are distinct from DUINS internships and fellowships. To distinguish them from DUINS billets, they will be referred to as Director's Fellowships. Three of the Director's Fellowships will be in managed care this year; the other two are still available. One potential fellowship is the pipeline training for CBR/e through the EPA (Edison, NJ). Other potential training opportunities include fellowships with FDA and CDC for 9 months to one year in duration with the focal areas being directly related to the next job position.

RECOMMENDATION: Solicit information from Board members and the EH community at large to use this excellent opportunity for training and bringing a variety of expertise to the community.

ACTION: LT Chardon to contact the FDA to evaluate the possibility of a fellowship with the FDA convincing the organization of the mutual benefits to be obtained through the training partnership.

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: CDR Novak to develop an EH RAP to identify pipeline training prior to being detailed to specific

overseas billets, EPMUs and MTFs. Board members will also evaluate their present duty station and provide input as to training required for successful tours.

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." As the hub of the Navy's activities changes from NHRS to BUMED 24 with an estimated budget of 10.4M by FY05, we are being afforded an opportunity under GEIS to support innovation in Environmental Health. CDR McBride will be accepting proposals from the DVECCS and EPMUs in areas of global, emerging pathogens or testing for new pathogens. Focal points could include: food safety, foodborne illness, (diagnosis and testing), STDs (other than chlamydia) or various enteric diseases.

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: LT Cardwell to research the potential use of post gel electrophoresis. CDR Rendin to discuss this issue during the coming OIC meeting. CDR Novak to raise the awareness of this topic on the EHO forum for widest dissemination of information.

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

DISCUSSION: Recent advances in the development and application of Geographic Information System technology have 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.

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: LT Cardwell will contact the Army POCs for available training courses and investigate the possibility of providing a short course dealing with this topic at the NEHC conference.

990306 OPERATIONAL HEALTH PROMOTION AND THE EHO/PMT

DISCUSSION: The future of Navy Medicine and Health Service Support will be centered on a triad of clinical medicine, traditional preventive medicine and health promotion. All three components will be key to providing the Navy and Marine Corps with a more healthy and operationally ready force. Currently, most health promotion efforts are targeted solely "in garrison" by civilian health educators and military staff which are most likely not going to be a part of any deploying operational force. If we are to live up to our advertisement of being the "go-to" preventive medicine professional in support of fleet or USMC operations, then we need to obtain the necessary training and experience to ensure seamless transfer of services from "in garrison" to the operational setting. CDR Rhodes would like to ensure all EHOs attend the Cooper Institute's Health Promotion Director's course to build a strong knowledge base of health promotion program elements. Some of the challenges experienced by Board members include lack of command endorsement to attend the course due to phrasing of the message advertising the course for "Health Promotion Directors (E-7 and above) only", to not receiving command endorsement of the EHO if the base already has a functional Health Promotion Program in place. Additionally, there are areas of overlap between traditional environmental health/PM and HP (i.e. HIV training and responsible sexuality) which could be better coordinated to ensure the correct message is being heard by sailors and marines.

RECOMMENDATION: The message advertising the course should be modified to read, "for deployed forces/in support of force health protection initiatives with a target audience to include any medical department representative for example EHOs, senior PMTs, IDCs and Preventive Medicine officers. The Board endorses encouraging versus ensuring that EHOs attend the Cooper Institute's Health Promotion Director's course. The Board also suggested that a short 2-3 day course be sponsored at next years NEHC conference for E-6 and below PMTs and IDCs addressing HP in the field setting away from the garrison MTF.

ACTION: LT Henry to contact CDR Rhodes to request that he draft an article on the must read file for EHOs concerning health promotion as it relates to deployed forces. CDR Rendin will champion message modification to include personnel listed in the recommendation section. LT Enriques to contact LCDR Rockford at PMT school to research what if any information is being passed in PMT school with regards to Health Promotion and how can this important topic be introduced into the curriculum (as a portion of epidemiology, and incorporated into the must have instruction lists). LT Henry will also address the areas of overlap between HP and EH/PM alerting EHOs of this potential problem area and ways to properly address it.

990307 REALIGNMENT OF EHO BILLETS

DISCUSSION: As a community, we should continuously assess our billet structure as we respond to requests from fleet, FMF, and find ourselves tasked with new responsibilities within areas of Deployed Medical Surveillance (DMS), CBRE and force health protection. A listing of current billets was disseminated amongst the Board members in an effort to streamline billets, reduce duplicative efforts and determine where we could realign billets to match the changing roles the EHO community has been tasked.

RECOMMENDATION: The following EHO billets were voted upon as ones which could be shifted elsewhere to fill other, more urgent needs of the Navy with minimal impact on the current mission capabilities: Willow Grove, Newport, Roosevelt Roads, Guam, Jakarta, Portsmouth and Bremerton. Those billets will be reassigned at the following locations in support of CBRE and EH support for the Navy Construction Battalions: (1) EHO at NEPMUs 2, 5, and 6, (2) EHOs for EPMU 7, and (1) EHO for each coast's Construction Battalion at Port Hueneme and Gulfport.

ACTION: CDR Novak will submit realignment proposals through OOMSC official channels for approval and implementation.

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 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: CAPT Coyne will collaborate with LTJG Benton to provide statistical data to support the creation of EHO billets based on deployed medical surveillance initiatives within the CB command structure to persuade the CB claimancy to sponsor the billets. LT Chardon will contact CAPT Brookman to discuss the Boards endorsement of stationing EHOs within the CB command structure, but again, CB claimancy must sponsor the billets. Should the line refuse, the CB chain of command must submit an official request for these billets from BUMED.

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 on 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: When qualified, the EHO of the Year’s name will be forwarded to the uniformed services environmental health association affiliate for consideration for the Mangold Award. The Board is requesting that the senior EHOs for this years EHO of the Year Award evaluate the format and report back to the Board their preference, with respect to bullet (cause and effect) format.

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.

<u>BILLET</u>	<u>COURSE</u>
CBIRF AND NAVCENT	Year long EPA pipeline training course (FY2000) & 8 wk Aberdeen course
EPMU	FMSS-MDO CBR/e (7 day course) Instructor Training (2 week course)

	AECP (Afloat Environmental Protection Coordinator course) POMI JOINT POMI NAVY WAR COLLEGE
FMF	FMSS-MDO CBR/E (7 day course) POMI AWS (amphibious warfare school) HEALTH PROMOTION DIRECTOR course
OCONUS/MTF	COLD WEATHER MEDICINE CBRE (3 day course)
FLEET OR STAFF	FT/OIST (NAVCENT) 8 WEEK ABERDEEN CBRE COURSE (NAVCENT) FMSS-MDO (MARFOR) MCCSC (MARFOR) POMI JOINT POMI NAVAL WAR COLLEGE
R & D	PhD
SEABEES	CBRE (7 day course) FMSS-MDO ENVIRONMENTAL PROTECTION COURSE POMI
CONUS/MTF	CBRE (3 day course) See career progression chart
PMT SCHOOL	INSTRUCTOR TRAINING CURRICULUM DEVELOPMENT MILITARY JUSTICE SCHOOL

ADMINISTRATIVE REMARKS

1. The Commanding Officer of the EHO of the Year winner will present the award.
2. Certificates for retiring EHOs will start for this meeting forward; everyone retiring after and including CDR Robinson will get the certificate. CDR Novak will keep in contact with LT Henry as intent for retirements are conveyed to her.
3. The Board discussed potential topics for the 2000 NEHC conference. The following were mentioned as important learning opportunities:
 - Train the Trainer HACCP (National Restaurant Association or FDA)
 - Preventive Medicine's role in Humanitarian Assistance (EPMU # 2 and 5)
 - Preventive Medicine's role in Haiti
 - Water Analysis Kits (CHPPM)
 - Partnership With the Fleet (former EHS EPMU# 5)
 - EHS in the MRA (EPMU #2)
 - Deployment blocks for PM assistance missions
 - GIS

4. Each EHO should review the billet specific criteria on the EHO homepage and update as needed.
5. The board would like to request that CDR(s) Henderson provide any historical type information he has saved over the course of years about the EHO community/NEHB.
6. The possibility of an officer exchange program between the United States and the United Kingdom was requested from a visiting British officer. Neither service is able to fund the program at this time.
7. The Board selected the following new members: LCDR Randy Johnson and LT Larry Stikes as well as modified the terms of CAPT Coyne and LT Henry to alleviate the problems associated with having excessive turn-over at the end of a two year term. In the future, a more structured application process will be implemented as applicants will have to submit a statement of motivation in addition to their CV as part of the application package.

NEXT MEETING: The Board recommends the next meeting be held at NEHC, Norfolk, VA on 14-16 SEP 1999.