

## NAVY ENVIRONMENTAL HEALTH BOARD MINUTES

**MEETING PLACE:** HSO, Norfolk, VA  
**MEETING TIME:** 14-15 SEP 1999

**MEMBERS PRESENT:** CDR R. RENDIN, MSC, USN (Chairman)  
CDR D. NOVAK, MSC, USN  
LCDR S. REESE, MSC, USN  
LCDR S. WRIGHT, MSC, USN (Secretary)  
LCDR W. JOHNSON, MSC, USN  
LT F. CARDWELL, MSC, USN  
LT M. SIKES, MSC, USN  
LT J. ENRIQUES, MSC, USNR

**MEMBERS ABSENT:** CAPT COYNE, MSC, USN  
LT HENRY, MSC, USN

**Enclosures:** (1) Draft NAVENVIRTHLHTCEN INST 6240.1  
(2) EH-RAP 990312 DEPLOYMENT MEDICAL SURVEILLANCE- EHO ROLE  
(3) EH-RAP 990313 PREVENTIVE MEDICINE TRAINING FOR HUMANITARIAN ASSISTANCE  
(4) Open Log  
(5) Closed Log

**1. ADMINISTRATIVE:** Welcoming remarks and group photo taken. CAPT Coyne and LT Henry have completed their two year commitment, therefore review of CVs and voting for two new Board members to commence on day two of the session. Based on feedback from the field, these minutes are presented in a new order as follows: Old Business (Open Items), New Business, Old Business (Closed Items).

### 2. OLD BUSINESS – (OPEN 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 FM 4-50, to the MCWP 4-11. 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. The POC for this has changed from LT Miles to LT Ramsey. Our **RECOMMENDATION:** Review old secretary files to see if EHO position descriptions within the chain of command are available for inclusion into the new 4-11.1B publication. CDR Henderson may also have copies of this information in his historic files.

**ACTION:** LCDR Wright to review past secretarial documents for relevant information. She will also e-mail CDR Henderson to inquire as to whether or not he has access to that information in his EHO related files. CDR Rendin also offered to review his files for copies of the job description.

#### 970503 EHO ORIENTATION

**DISCUSSION:** LT Enriques informed the board that NEPMU # 5 has developed a 7 section PQS/orientation new EHOs must complete during their four-week TAD to the Unit. They have had three EHOs participate in the program over the span of the last three years. NEPMU 5 will be the central Unit for training due to its close proximity to Camp Pendleton to provide Marine Corps experience. Developing separate enabling objectives (E.O.s) for each specific program element would be an extremely labor intensive, therefore, a meeting between NEHC training personnel (Pam Barseness) and LT Enriques should occur to develop a more realistic approach to achieving CANTRAC approval for the course. The outline of instruction for the four-week course was also discussed with the following recommendations for improvement: (1) E.O. I ensure EH technical information is presented prior to introducing correspondence, report writing and other administrative activities, (2) E.O. II incorporate a section on Health Promotion, (3) E.O. III should include communicable disease control/infection control topics in addition to

STDs, (4) E.O. VII) include medical treatment facility IG checklist within the EHO tool box, (5) VIII) incorporate a section pertaining to DMS and CBR/E and lastly, (6) IX) incorporate a section pertaining to Industrial Hygiene.

**RECOMMENDATION:** Continue to develop the curriculum and work towards obtaining a CANTRAC number to secure BUPERS funding of pipeline training.

**ACTION:** LT Enriques will meet with NEHC training personnel and continue to develop the course for CANTRAC assignment and approval. LCDR Reese volunteered to write the AFMIC LTG and LT Enriques will assign other subject matter experts to develop LTGs as needed.

#### **970508 NAVY ENVIRONMENTAL HEALTH BOARD CHARTER/INSTRUCTION**

**DISCUSSION:** Two changes were discussed with respect to the draft NAVENVIRHLTHCEN INST 6240.1. The first was to add under member's responsibilities (page 4) to contact EHOs within the area the member represents to solicit ideas, suggestions or issues that can be formulated into the EH-RAP format and forwarded to the Board for action. The second change dealt with membership issues. It was determined that because the Marine Corps is a major population for which Navy Medicine must provide for, the EHO at MARFORLANT (soon to be MARFORCOM) should be a standing board member. The number of members at large was voted to be increased to 6 members.

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

**ACTION:** CDR Rendin

#### **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 food-borne illness (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 coli-lert 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 brainstorm 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:** LT McKenzie and LT Enriques will continue to investigate the background information on smaller Force Health Protection blocks, search, and report findings at the next meeting.

#### **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. Additionally, the need for rapid testing capabilities, i.e. testing devices which could produce results within 10 minutes after running samples to detect common food and water contaminants would be extremely beneficial to the Preventive Medicine community. The Defense Commissary Agency (DeCA) research personnel are developing test procedures for the butchering process to ensure wholesomeness of meat products. CAPT (sel) Novak briefed the Board members on IPT funding of research proposals and beta test sites.

**RECOMMENDATION:** We need to continue thinking “out of the box” and focus research efforts on items which will benefit the community. 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.

**ACTION:** LCDR Reese will maintain liaison with CAPT (sel) Lane at the Office of Naval Research to monitor the progress of various EH related research projects/proposals and continue to report status to the Board.

### **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 billets 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 availabilities 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. 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. It was further determined that the individual completing this FDA partnership/fellowship program would then be stationed at an EPMU or NEHC for their utilization tour.

**ACTION:** LT Chardon will submit the proposed partnership memorandum of understanding (MOU) to the Board for final submission to Specialty Leader to compete for just in time training funding.

### **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.. The follow-up discussion focused on opportunities in 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:** CDR Rendin to discuss laboratory responsibilities with Unit OICs to see if there is an interest or demand

for specialized testing capabilities.

#### **990306 OPERATIONAL HEALTH PROMOTION AND THE EHO/PMT**

DISCUSSION: Commander Rendin reported that the message advertising the Health Promotion Directors' Course was 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. The value of EHO involvement in and the value of health promotion efforts was strongly encouraged by the Board.

RECOMMENDATION: 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. After further review of the action item, the following information was discussed: (1) the curriculum at PMT school does not include Health Promotion, introducing new topics must be approved by HSETC and would result in losing training time in more traditional preventive medicine topics; (2) although not practical at this late date to develop a two-three day Health Promotion short course for the upcoming NEHC conference, CDR Rendin will include aspects of Preventive Medicine and Health Promotion during his assigned brief at the workshop.

ACTION: CDR Rendin to develop a questionnaire to be disseminated to the EHO community to solicit feedback on the opinions and suggested role of the EHO within the realm of Health Promotion. Deadline for community submission is 1 DEC 1999.

#### **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. From SEP 99 meeting, a joint package for billet realignment within the following specialties has been drafted (RHO, MICRO, EH, IH and BIO CHEM), 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: The Board endorses the proposed billet realignments.

#### **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: Defer action until CAPT Coyne and LTJG Benton provide statistical data to support the creation of EHO billets based on deployed medical surveillance initiatives within the CB command structure in an effort to persuade the CB claimancy to sponsor the billets.

**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: CDR Rendin to query senior EHOs on their preference of submission format and report findings at the next meeting.

**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.

<u>BILLET</u>	<u>COURSE</u>
NAVCENT	* Year long CBR/E Fellowship pipeline training course (FY2000) & * 8 wk Aberdeen course
EPMU	* CBR/e (7 day course) * Instructor Training (2 week course) Operational Preventive Medicine Course Operational Entomology Course AECF (Afloat Environmental Protection Coordinator course) POMI Joint POMI Navy War College
FMF	* FMSS-MDO * CBR/E (7 day course) Operational Preventive Medicine Course Operational Entomology Course POMI AWS (amphibious warfare school) Health Promotion Director course
OCONUS-MTF	* CBRE (7 day course) CHART AFMIC (3 day intro to medical intel)
NAVSEA	Contact EHO for input

IG	Contact EHO for input
MSCLANT	Contact EHO for input
AIRLANT	Contact EHO for input
MARFORLANT	* CBRE (7 day course) * POMI SMIRC FMSS-MDO Health Promotion
NEHC	CBRE Fellowship
AFMIC (position requires graduate degree)	* POMI
SUPSHIP	Contact EHO for input
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: CAPT (sel) Novak to query EHOs filling unique billets listed above to more accurately determine the training needs. Information to be incorporated into minutes by LCDR Wright upon receipt.

### **990311 RECRUITMENT INITIATIVES**

DISCUSSION: The recruitment process for Navy EHOs is extremely limited and in need of improvement. Volunteers are needed to (1) develop a list of accredited Master of Public Health Universities (2) include points of contact (3) generate and forward a generic recruiting letter to these universities increasing awareness of the benefits and challenging career opportunities within the Navy Medical Service Corps as an Environmental Health Officer. In addition, use the EHO mentoring network to interview prospective candidates to ensure we are recruiting high caliber personnel. The senior EHOs within the network can liaison with the nearest recruiting district for interviews, job fairs, or other avenues to recruit future Navy EHOs.

RECOMMENDATION: CDR Novak to develop a template to be signed by the Chief of the MSC for recruiting efforts.

ACTION: LT Sikes will work with CAPT (sel) Novak to accomplish this action item. He will solicit assistance from area EHOs as needed.

### **3. NEW BUSINESS**

#### **EH-RAP 9903112 DEPLOYMENT MEDICAL SURVEILLANCE- EHO ROLE**

DISCUSSION: The draft "Joint Service Instruction on Deployment Health Surveillance and Protection" established

general roles, responsibilities, and procedures for health surveillance and applies Force Health Protection concepts to the deployment setting. It does not identify specific disciplines to carry out these responsibilities. Some areas with potential EHO roles include: risk assessment; health risk communication; deliberate planning; information collection preservation and management; and advocacy of medical countermeasures.

**RECOMMENDATION:** One of NEHC's strategic goals is to implement a Navy Training Plan for Deployment Medical Surveillance. Within that end, CAPT Gillooly and his working group have been identifying the courses/tools already available for use, i.e. POMI, NDRS, Preventive Medicine Planning Tool, OPLAN Development and Annex Q, and Risk Communication and what subject matter needs to have course material developed. It was decided that the Board should be permitted to review the Navy Training Plan for DMS as it applies to the EHO.

**ACTION:** Upon receipt, CDR Rendin will forward information to all Board members for review and comments with established deadlines for input.

#### **EH-RAP 990313 PREVENTIVE MEDICINE TRAINING FOR HUMANITARIAN ASSISTANCE**

**DISCUSSION:** Specialized training for preventive medicine personnel during 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. The priority as is seen for the future will be for Force Health Protection, vice HA. The FD-PMU is the Navy's response team and its mission of Force Health Protection can be achieved through training listed in the above section.

**ACTION:** LT Enriques to contact EH-RAP originator for outline of HELP course and originator's opinions on what aspect of PMT school, FMSS, Operational Preventive Medicine and the new EHO indoctrination course at EPMU 5 curriculum is lacking.

#### **4. ADMINISTRATIVE ISSUES**

1. CAPT (sel) Novak requested the Board brainstorm on issues to be discussed during the Specialty Leader Forum at the NEHC conference. She will utilize the EHO homepage to generate dialogue within the EHO community.
2. The Board selected the following new members: CAPT Jim Beddard and CDR Ed Anderson.
3. The EHO Tool Box/Readiness kit was closed as an action item, however, it will be reviewed during Board meetings to ensure the community is made aware of the availability of new publications, references to assist EHOs in their mission accomplishment. CAPT (sel) Novak to incorporate new information on the EHO homepage.



4. The current NEHB. Pictured from left to right are LCDR Randy Johnson, LCDR Sharon Wright, LCDR Scott Reese, CDR Robert Rendin, CAPT (s) Diana Novak, LT Fred Cardwell, LT Marty Sikes, and LT Jimmy Enriques

**5. NEXT MEETING:** The Board recommends the next meeting be held just prior to the NEHC conference, on 27-28 JAN 2000, at a location to be determined. It was suggested as a cost reducing measure to hold the meeting at an area BOQ vs the Norfolk Marriott or adjacent hotels.

## CLOSED ACTION ITEMS

### 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

### 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

#### **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 4<sup>th</sup> 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 a “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

**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	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: 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 Seiwardson (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

### **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