

Award-Winning

ONE HEALTH

PEOPLE ♦ ANIMALS ♦ ENVIRONMENT

U.S. Army Public Health Command

Spring 2013



▶ **New unit crest**

PLUS:

- ▶ Tropical disease prevention
- ▶ Army teams with Navy

Distinctive Unit Insignia

Description: A silver color metal and enamel device 1 1/4 inches (30.5mm) in height overall consisting of a shield divided into four quadrants. The top left quadrant is green and contains a white torch with a red flame. The top right quadrant is maroon and contains a white caduceus. The bottom left quadrant is green and contains a white caduceus. The bottom right quadrant is maroon and contains a white caduceus. The shield is surrounded by a silver border. Below the shield is a silver banner with the motto "UNA SANITAS" in black capital letters.

Background: The emblem represents the mission of the health of the Army force. The torch symbolizes the prevention of disease and the caduceus symbolizes the treatment of disease. The shield represents the protection of the force and the banner represents the motto of the unit.

Approved: The emblem was approved by the Army Department of the Army on 17 March 2013.

ONE HEALTH™

PEOPLE ♦ ANIMALS ♦ ENVIRONMENT

SPRING 2013

Vol. 4 No. 2

contents

Commander:
Maj. Gen. Jimmie O. Keenan

Public Affairs Officer:
Lyn Kukral

Editor:
Jane Gervasoni
Public Affairs Office

Staff Writer:
Chanel S. Weaver
Public Affairs Office

Graphic Designer:
Jason Embrey
Visual Information Division

Photography:
Graham Snodgrass
Visual Information Division,
unless otherwise noted

FOCUS

- 3 New unit crest designed for the USAPHC
- 5 Improving science at the USAPHC
- 7 Scientific advisor plans for the future

UPDATES

- 8 News and notes from around the command
- 10 Army surgeon general visits USAPHC

MISSION

- 12 USAPHC personnel assess air quality in Kuwait
- 15 Dumpster diving helps Tripler recycle
- 16 Cross-cultural approach strengthens prevention
- 18 Army teams with Navy—everyone wins

PEOPLE

- 22 USAPHC bids farewell to Maj. Gen. Keenan

(COVER) Lt. Gen. Patricia D. Horoho, Army surgeon general and commander, U.S. Army Medical Command, is introduced to the U.S. Army Public Health Command distinctive unit insignia. Kevin Delaney, G-7 director, explained its meaning during her April 24 visit to Aberdeen Proving Ground, Md. (See story on pg. 10.)



One Health is an authorized publication for members of the U.S. Army Public Health Command. Contents of One Health are not necessarily the official views of, or endorsed by, the U.S. government or the Department of the Army. The editorial content of this publication is the responsibility of the USAPHC public affairs officer. Contact the staff at 5158 Blackhawk Road, Aberdeen Proving Ground, MD 21010-5403, 410-417-2349 (editor) or 410-436-1770 (PAO), or e-mail usarmy.apg.medcom-phc.mbx.editor@mail.mil.

New unit crest designed for the USAPHC

JANE GERVASONI
EDITOR



Maj. Gen. Jimmie O. Keenan, USAPHC commander, and USAPHC Command Sgt. Maj. Gerald C. Ecker display a copy of the new distinctive unit insignia. (Photo by Christina Graber)

A distinctive unit insignia, often referred to as a unit crest, is like a coat of arms. It promotes esprit de corps and keeps alive the historical traditions of a military unit.

When the U.S. Army Center for Health Promotion and Preventive Medicine and the U.S. Army Veterinary Command combined in 2011, the newly created U.S. Army Public Health Command needed to develop its own DUI. The DUI will be worn by USAPHC Soldiers assigned to DOD installations and deployed locations around the globe.

“It is important for the Soldiers in this unit to have an insignia approved by the Institute of Heraldry to represent the history and mission of the command,” explained USAPHC Command Sgt. Maj. Gerald C. Ecker.

Working with the heraldry office, Ecker and a team of USAPHC graphic artists and designers invited members of the new command to submit designs or suggestions for a new DUI. They received almost 30 distinct submissions.

“We consolidated similar ideas and continued to narrow the field until we had about six varying ideas, looking at the shape of the crest, colors and design elements,” explained Mark Fischer, graphic designer in the Visual Information Division.

The field was then narrowed down to three designs that were submitted for civilian and military voting, and one winner was chosen.

“Once members of the command chose the final design, it was submitted for approval to the Institute of Heraldry,” said Ecker. “We worked with them to adjust color and wording and to tighten up the design.”

The complete project took more than 18 months from initial designs to final product.

“I’m convinced that this distinctive unit insignia represents all the disparate elements of our command,” said Maj. Gen. Jimmie O. Keenan, USAPHC commander. “The DUI represents protection of the health of the Army family—it represents our support for America’s Sons and Daughters.”

(continued on pg. 4)



SYMBOLISM AND MEANING BEHIND THE CREST

The new USAPHC distinctive unit insignia was approved by the Institute of Heraldry on March 11. The design includes a shield representing protection of the health of Soldiers and retirees, their families and Army civilians. The green in the shield reflects the color associated with the Medical Corps during the last of the 19th century, and the maroon represents the current color associated with Army medicine.

Within the shield is a triangle, indicating strength and stability and representing the “One Health” triad concept of the interrelated health of people, animals and environment. The spear tip within the triangle represents the organization’s mission in peace and war, often preceding the first combat Soldier in a combat zone.

The serpents entwined around the spear represent the Rod of Asclepius, Greek god of medicine and healing. The rod is symbolic of the medical arts and humanitarianism. The cog wheel and torch are elements honoring the legacy of the predecessor organizations of the USAPHC. The torch also signifies the light of learning and education. The motto, Una Sanitas, translates to “One Health.” ▲

IMPROVING SCIENCE AT THE USAPHC

CHANEL S. WEAVER
USAPHC PUBLIC AFFAIRS

When Dr. Bradley Nindl began his job as the scientific advisor at the U.S. Army Public Health Command several months ago, he was charged with helping to answer three questions.

“Those questions were how good is USAPHC science, how do we know USAPHC science is good, and how can we make USAPHC science better?” he said.

Answering those questions was the focus of a State-of-the-Science Offsite held March 7–8 at Aberdeen Proving Ground, Md. The gathering included more than 50 science professionals from each of the nine USAPHC portfolios.

Throughout the two-day event, participants engaged in dialogue and brainstormed ideas to improve scientific practices throughout the USAPHC.

In addition, attendees listened to presentations by two notable guest speakers, who provided inspiration for the group.

Retired Army surgeon general Lt. Gen. Eric B. Schoomaker was the keynote speaker during the first day of the seminar. Schoomaker discussed strategic imperatives for USAPHC science in the 21st century.

These imperatives included being proactive, or anticipating needs before they arise, performance and partnering.

Performance translates to helping to build and sustain the health of Soldiers and retirees, their families, and Army civilians.

“At the end of the day, the USAPHC should be producing positive outcomes,” said Schoomaker. “One goal of this organization should be to see that the Army population is healthier and injuries are being reduced.”

The importance of developing partnerships was another tenet for 21st century science at the USAPHC, and that message was reiterated during day two of the seminar. Dr. Thomas Burke, the director of the Johns Hopkins Risk Sciences and Public Policy Institute and associate dean for public health practice at the Johns Hopkins Bloomberg School of Public Health, served as a keynote speaker.

Burke said it is vital for organizations to collaborate for professional development and to ensure better product delivery and client satisfaction.

“Both the USAPHC and Johns Hopkins have a common goal of promoting healthy lifestyles and preventing illness and injury in our population,” said Burke. “Ultimately, both organizations want to protect public health, and we can learn from each other.”

Col. William Rice, director of the Occupational and Environmental Medicine Portfolio at the USAPHC, was especially motivated by Burke’s message.

“Dr. Burke elegantly delivered a presentation on the role of science in public health risk assessment,” said Rice. “This mindset catapulted us to define a set of achievable initiatives that are sure to improve the integration of science into our daily organizational practices.”

At the conclusion of the seminar, the participants identified four recommendations for improving science at USAPHC. These included:

- Establishing a council of USAPHC program managers to meet regularly to share best practices in their programs.
- Initiating an external peer review process to ensure USAPHC science is validated.
- Reinstating the USAPHC master consultant program, which recognizes scientific excellence throughout the USAPHC.
- Improving the knowledge management process of archiving, retrieval and sharing of scientific information.

(continued on pg. 6)

John Resta, director of the Army Institute of Public Health at the USAPHC, endorsed each idea, encouraged the team to develop the ideas even further, and urged them to begin the path of implementing their ideas.

“We are pleased with the recommendations of the group, and are looking forward to implementing the innovative ideas and seeing positive outcomes from the offsite,” said Nindl.

Dr. Rebecca Benisch, a veterinarian and food safety specialist who works in the Veterinary Services portfolio, said she enjoyed the teamwork that occurred during the seminar.

“I learned what other portfolios defined for science and the very different types of products we each create,” said Benisch. “I enjoyed meeting professionals from different portfolios and making connections for future projects.”

Although the Department of Defense budget is uncertain, and will most likely decrease over the next few years, Schoomaker said he is confident that the USAPHC will be able to accomplish its mission despite obstacles.

“The USAPHC is always trusted to provide the answers that our Soldiers need,” said Schoomaker. “We could not defend the country with such a small force for such a long period of time if not for the efforts of the U.S. Army Public Health Command.

“I have so much respect for the work that goes on here.” ▲

Retired Army surgeon general Lt. Gen. Eric B. Schoomaker facilitates an eyes-closed “mindfulness” exercise during the USAPHC State-of-the-Science Offsite March 7. He said one goal of the USAPHC should be to see that the Army population is healthier and injuries are being reduced.



SCIENTIFIC ADVISOR PLANS FOR THE FUTURE

JANE GERVASONI
EDITOR

The Army Institute of Public Health at the U.S. Army Public Health Command recruits the best and the brightest to support the public health mission of the Army. One of the recent additions to the AIPH is Dr. Bradley Nindl.

Nindl comes to the command after attending the Army War College as a Department of the Army civilian, but he brings with him degrees in biology and physiology of exercise as well as a doctorate in integrative physiology with a focus on endocrine physiology. He is also a Fellow in the American College of Sports Medicine and recipient of the 2002 ACSM Young Investigator award.

His 15-year background in research at the Medical Research and Materiel Command and academia as adjunct faculty and a visiting professor have resulted in more than 140 scholarly publications and make him ideally suited for his position at the AIPH as scientific advisor.

In this position, Nindl has plans to be an advocate for scientists and engineers at the USAPHC. He is encouraging USAPHC technical experts to demonstrate their expertise and develop strategic partnerships with government entities and academia.

“Writing and publishing in peer-reviewed journals allow scientists and engineers to be labeled as experts in their fields,” said Nindl. “Articles become historically accessible for years and help to shape and influence scientific and technical thinking in their respective fields. As an organization, we must strive to be recognized as thought leaders in public health and preventive medicine.”

Nindl is also looking closely at leadership and developmental opportunities for junior scientist and engineers, and he plans to reenergize the USAPHC Master Consultant Program.

“The recent organizational changes have been hard on our technical personnel,” he explained. “We must continue to recognize excellence among our workforce and work to ‘grow the bench’ for our future success.

“We want to acknowledge our experts by sharing, collaboration and exchanging information. This will make the command a healthier organization.”

Nindl says that as a new employee from outside the organization, he can bring some different perspectives. He is looking at the possibility of hosting local conferences, developing mentoring opportunities and helping to establish and maintain high levels of performance in multiple technical fields.



Dr. Bradley Nindl, who has degrees in biology and physiology of exercise and a doctorate in integrative physiology with a focus on endocrine physiology, is serving as the scientific advisor for the U.S. Army Public Health Command.

“I want to get the word out that we are an organization with experts in a wide range of technical and scientific fields. I want to encourage people to establish a high level of performance and professionalism that will be recognized by other experts,” said Nindl.

“I will be an advocate for AIPH scientists, and I am enthusiastic about the potential of USAPHC as we are uniquely poised to support military medical readiness.” ▲

NEWS AND NOTES

FROM AROUND THE COMMAND

Five Soldiers from USAPHC Headquarters and Headquarters Company vied for the 2013 HHC, USAPHC non-commissioned officer and Soldier of the Year on March 20. After completing an Army Physical Fitness Test and a grueling board overseen by USAPHC Command Sgt. Maj. Gerald C. Ecker, Sgt. Joshua Boudreaux was selected as the NCO of the Year, and Spc. Eric Jimenez was selected as the Soldier of the Year. These Soldiers will represent HHC, USAPHC at the 2013 Aberdeen Proving Ground NCO and Soldier of the Year Competition, and as well as the 2013 USAPHC Best Warrior Competition.

Staff Sgts. David Allen, Paul Cota, Michael Hicks, and Sgt. Zachary Wright, Public Health Command District-Southern Europe NCOs, were award coins for their support of the USAG-Vicenza Best Warrior Competition. They coordinated and conducted the ruck-march event for the U.S. Army Garrison-Vicenza BWC. They also conducted the risk assessment and coordinated medical support for the entire competition after identifying these elements as necessary additions to the event plan. These veterinary personnel fulfilled their role as Soldier medics by performing tasks at the level of proficiency of Combat Arms Soldier.

PHCR-North Laboratory Science Division submitted 2012 West Nile virus Mosquito Surveillance Program test results to the Washington, D.C., Department of Health Epidemiology Program director March 28. Data produced were tailored to specialized requirements of the department's data management system for reporting.

Military working dogs assigned to the training squadron at Lackland Air Force Base, Texas, were quarantined due to an outbreak of diarrhea in the kennels. The animals were infected with Giardia, a parasite that can infect humans and animals that have come in contact with surfaces, food, soil or water that was contaminated by feces from an infected animal. All the kennels were disinfected, and the affected animals will continue to be monitored by Military Working Dog Veterinary Service veterinarians.

Maj. Melissa Leccese, Army Hearing Program staff officer, led the first AHP "Mentoring Monday" session via Defense Connect Online, March 25. This event supported the need for non-conference training and mentoring across the Army. There were seven participants. The event provided management training at minimal cost. The first topic was "Counseling Military Subordinates." The counterpart session, "Counseling Civilian Subordinates," will be held in the near future. The AHP office will provide quarterly continuing education units for all regional audiologists, to facilitate officer professional development and collaboration. Certificates of attendance are distributed to all participants, as required for CEU accreditation documentation.

The Environmental Medicine Program was contacted by the Veterans Administration to discuss the feasibility of a registry focused on U.S. House of Representatives Bill 411. This bill would direct the secretary of the VA to establish a registry of veterans stationed at Fort McClellan, Ala., any time between Jan. 1, 1935, and May 20, 1999. The bill is a result of concerns regarding contamination of the installation with "polychlorinated biphenyls, depleted

uranium, sarin gas, mustard gas, and various other bacterial, nerve and chemical agents," according to the House of Representatives Web site. The Agency for Toxic Substances and Disease Registry is currently conducting a health study of the residents of Anniston, Ala., where Fort McClellan is located. The study includes service members and their families who are residents of Anniston.

The Health Physics Program provided a one-day turnaround March 21 on information on tritium, a radioactive substance, requested by the Joint Munitions Command and the Tank-automotive and Armaments Command Life-cycle Management Command. This request was made due to concerns about a potential tritium release from the recent mortar incident at Hawthorne Army Depot, Nev. The JMC thanked USAPHC for the quick response and said the information may be used to prepare information for public release. HPP believes that the tritium devices were recovered intact, and so would be of no radiological concern; however, the program will continue to monitor the situation.

Maj. Jay Clasing and Steven Chervak, Ergonomics Program, are leading an effort to evaluate whole-body vibration exposure of helicopter pilots and crew members at the Vermont Army National Guard Bureau. This effort is in response to reports of neck and back pain and discomfort among the flight crew. The endeavor involves obtaining airworthiness certificates for the measurement equipment, and developing user surveys and test plans to obtain mission-critical flight data. Clasing and Chervak are coordinating the effort with the Air Force Research Laboratory's Air Frame Whole Body Vibration expert.

Mike McDevitt, Health Hazard Assessment Program, provided instruction for students attending the Capability Developer Course at Fort Lee, Va. He explained the value of considering health hazards in the integrated acquisition process through identification of health hazards and the application of health-based language into capability documents to maximize health hazard mitigation during system development. In anticipation of travel restrictions, the USAPHC Visual Information Division videotaped the presentation, and the Army Logistics University has requested the videotape for their course presentations at other installations.

Rodney Wood and Shawn Sparks, Nonionizing Radiation Program, assessed the optical radiation hazards associated with the Multiple Integrated Laser Engagement System Combat Vehicle Tactical Engagement Simulation System (CVTESS) for the Program Executive Office for Simulation, Training and Instrumentation. The assessment required extensive testing of 28 lasers in the laser laboratory at Aberdeen Proving Ground, Md.

The Centers for Disease Control and Prevention requested subject-matter expertise from the Armed Forces Health Surveillance Center on the epidemiology of sexually transmitted infections in the military. Speakers from the CDC; the Department of Global Health, University of Washington; and the, Navy Marine Corps Public Health Center also participated at a March 26 webinar. More than 300 military and civilian healthcare providers registered for the event. The learning objectives focused on epidemiologic trends in the military, national screening and treatment recommendations, and health promotion and disease prevention. The webinar granted 1.5 hours of continuing medical education for healthcare providers and will be archived on the CDC website for review and CME. The webinar is archived on the CDC Web site at www.cdc.gov/std/training/webinars.htm ▲

Army surgeon general visits USAPHC

JANE GERVASONI
EDITOR



Lt. Gen. Patricia Horoho, Army surgeon general and commander, U.S. Army Medical Command, visited the U.S. Army Public Health Command April 25. She learned about how the command accomplishes its mission of promoting health and preventing disease, injury and disability within the Army.



Horoho emphasized the importance of her top health promotion initiative, the Performance Triad. The three “legs” of the triad—activity, nutrition and sleep—are key to building and sustaining good health in all of the populations the USAPHC mission includes. The triad also contributes to the surgeon general’s goal of moving the Army medical system from “a healthcare system to a system for health.”

Maj. Gen. Jimmie O. Keenan, USAPHC commander, welcomed Horoho and MEDCOM Command Sgt. Maj. Donna Brock, senior enlisted advisor to the Army surgeon general.

Horoho got a first look at USAPHC educational and training materials including posters, tip cards and a leadership guide designed for her Performance Triad initiative.

She said that the Performance Triad would challenge how the Army looks at activity, nutrition and sleep.

“People don’t change overnight,” said Brock. “This (Performance Triad) will take time before we see results and how it will impact the force.”

Keenan and John J. Resta, director of the USAPHC’s Army Institute of Public Health, accompanied Horoho on a tour of the USAPHC headquarters and the AIPH, co-located at Aberdeen Proving Ground–South, Md.

The tour gave her the opportunity to meet and talk with technical experts in the nine technical portfolios of the AIPH.

Various portfolios provided demonstrations of mission initiatives related to public health and its impact on individual health and lifestyles. Public health initiatives discussed included Army Wellness Centers, safe patient handling, the Army Hearing Program and the Quality Work Environment.

Horoho reiterated the need for a culture shift in the Army healthcare system from reactive to proactive.

“Army Wellness Centers, the Ready and Resilient Campaign and the Performance Triad will improve health and help prevent disease and injury,” Horoho said. “We need to challenge how we look at wellness from different perspectives. If they (Soldiers) know why they should do it, they will change behaviors.”

In providing a brief on the state of the USAPHC for the surgeon general, Resta explained how the USAPHC strategic objectives of healthy people, healthy communities, healthy workplaces and healthy animals keep the organization focused on her goals of impacting people’s health and quality of life beyond what can be provided in a clinical setting, in what Horoho calls “the Life Space.”

The opportunity to meet and speak with the Army surgeon general was appreciated by members of the command.

“She asked specific questions,” said Dr. Mark Johnson, Toxicology Portfolio director, “and she personally thanked all of us on what we do to help protect the warfighter.” ▲

Lt. Gen. Patricia D. Horoho, Army surgeon general and MEDCOM commander, works with Col. William Rice, Occupational and Environment Medicine Portfolio director, as he demonstrates Tactical Communication and Protective Systems equipment. This equipment is used in the field to protect Soldiers’ hearing while allowing individuals to communicate with each other in high-noise environments.

USAPHC personnel assess

AIR QUALITY in Kuwait

CHANEL WEAVER
USAPHC PUBLIC AFFAIRS

A team of nine individuals from multiple portfolios across the U.S. Army Public Health Command recently completed a mission in a deployed environment more than 6,000 miles away from home.



Jennifer Mancini, an industrial hygienist from USAPHC, Aberdeen Proving Ground, Md., and Capt. Ayub Odera, an environmental science and engineering officer at Public Health Command Region-North, read and recorded results from a personal monitoring card. (U.S. Army Public Health Command photos)

The team deployed to Shuaiba Port, Kuwait, Feb. 4-17, to complete routine maintenance of the Mobile Ambient Air Monitoring Station, a USAPHC air monitoring system that identifies the level of such contaminants as sulfur dioxide, nitrogen oxide, ozone and carbon monoxide.

“The Shuaiba Port area is similar to industrial areas and petroleum refineries you’ll see in the United States,” said Abby Ross, an environmental scientist in the Health Risk Management Portfolio at Aberdeen Proving Ground, Md., who also served as the team’s leader. “Military personnel have historically and understandably been concerned about what they see there and what they’re being exposed to.”

The U.S. military uses the port to transport heavy equipment in and out of the theater of operations. The U.S. military operates at five other locations in Kuwait.

The MAAMS provides USAPHC and Army Central Command personnel with a comprehensive, long-term record of the general air quality in the area. These records are accessible to medical professionals if information about environmental exposures is needed.

In addition to conducting maintenance and inspection of the MAAMS, USAPHC team members also conducted an occupational exposure survey of Army personnel working at Shuaiba Port to assess their exposures to airborne contaminants.

“We asked Soldiers at the site to wear special cards throughout their work day,” said Ross. “These cards are capable of monitoring their exposure to various contaminants in the air.”

(continued on pg. 14)

She said this need for an occupational exposure survey began in September, in response to concerns of the Soldiers working there.

The mission in Kuwait required a diverse skill set from people throughout the USAPHC.

“Our team consisted of physical scientists, an engineering technician, several industrial hygienists, and Army environmental science and engineering officers,” said Ross.

John Cambre, an industrial hygienist who works in the Occupational Health Sciences Portfolio at APG said he enjoyed the opportunity to support and work with the Soldiers to provide the expertise needed for the mission.

“The occupational exposure survey required trained industrial hygiene professionals with field experience to accurately assess and characterize the Soldiers’ work environment to determine the types of chemical/physical agents present that could adversely affect their health,” said Cambre. “The expertise we provided included the ability to characterize surrounding industrial operations, select the required sampling equipment and media, and implement a comprehensive industrial hygiene surveillance plan.”

USAPHC personnel who participated in the mission said the opportunity was quite beneficial.



“Every day we communicate with and provide occupational and environmental health surveillance support to our military personnel deployed all over the world,” said Ross. “The mission to Kuwait was quite rewarding, however, because it allowed us to see conditions first-hand, and to personally interact with the troops we’re supporting.”

Capt. Ayub Odera, an environmental science and engineering officer at Public Health Command Region-North, Fort Meade, Md., echoed Ross’s sentiments.

“The most enjoyable aspect of this mission was the feeling that the interface between the technical knowledge and the Soldiers’ jobs mattered,” said Odera. “We were able to apply our knowledge to try and find practical solutions to Soldiers’ environmental exposures thousands of miles away from home. Camaraderie within the team kept us going.”

Other team members from the USAPHC who took part in the mission included Maj. Garrett Hines, Shawn Hueth, Capt. Judy Kirnon, Jennifer Mancini, Terry Meade and Mark Pippen. ▲

(TOP) A Soldier who works at Shuaiba Port, Kuwait, wears special cards capable of monitoring his exposure to various contaminants in the air. While they were in Kuwait, USAPHC team members conducted an occupational exposure survey of Army personnel working at Shuaiba Port to assess their exposure to airborne contaminants.

(LEFT) Industrial stacks and emissions at Shuaiba Port, Kuwait.



DUMPSTER DIVING

HELPS TRIPLER RECYCLE

KIM FLEISCHMANN

USAPHC WASTE MANAGEMENT PROGRAM

WHAT DO YOU GET WHEN YOU COLLECT MORE THAN 4,400 POUNDS OF SOLID WASTE FROM A HOSPITAL AND INSTALLATION DUMPSTERS?

You gain knowledge necessary to identify recycling opportunities and determine some key waste characteristic that will be favorable for alternative waste treatment.

When Rocky Hoover, a technician from the U.S. Army Public Health Command Water Resources Program, and Sandy Toscano and I from the Waste Management Program, travelled to Tripler Army Medical Center in Hawaii in March, we weren’t looking for fun in the sun. We were performing a solid waste characterization study for TAMC at the request of the Army Medical Command Environmental Program manager.

Over nine days, our team collected and sorted 20 samples of solid waste from the hospital and from dumpsters on the installation, and sorted the waste into 33 different categories. Each sample weighed a minimum of 200 pounds, in accordance with American Society for Testing and Materials International guidelines.

The main sorting categories were paper, plastic, metals, glass, organics and special waste.

Hospital waste came from a variety of sources, including patient rooms, operating rooms, emergency rooms, intensive care units, labor and delivery area, dental clinic, cafeteria, offices, and break rooms.

The types of waste encountered varied according to source. The two categories with the greatest percentage of wastes by weight and by volume were non-recyclable mixed paper (for example, paper towels) and unlabeled non-recyclable plastics such as medical procedure items and gloves.

The team did not collect and sort regulated medical waste, but did assess RMW generation rates. The hospital collects and treats RMW separately from the solid waste generated from normal hospital activities.

The data USAPHC collected in this study identified wastes that might be eliminated, reduced or recycled. Also, accurate knowledge of the amounts of waste by type will assist TAMC and MEDCOM in assessing alternate waste disposal methods currently under consideration. A Solid Waste Characterization Study generates very accurate data on a facility’s waste composition.

The results are vital to solid waste management decision making and assist leaders in developing strategies to meet federal and Department of Defense waste diversion goals. ▲



CROSS-CULTURAL APPROACH STRENGTHENS PREVENTION

U.S., BENIN MEDICAL PERSONNEL BENEFIT FROM EACH OTHER'S EXPERTISE

CHANEL S. WEAVER
USAPHC PUBLIC AFFAIRS

A team of military medical personnel from the U.S. and the West African country of Benin are better versed in multiple approaches to ensuring public health, thanks in part, to a physician from the U.S. Army Public Health Command's Professional Medical Education Program.

Maj. Eric Garges, deputy program manager and teacher, said U.S.-Benin participation in a January medical readiness training exercise in Benin allowed both nations to work toward a common goal of preventing and treating infectious diseases.

"This exercise provided an excellent platform for an exchange of information," said Garges.

Sponsored by U.S. Army Africa, the exercise team also included personnel from U.S. Army Medical Command, the U.S. Army Reserve Medical Command, the U.S. Agency for International Development, the Armed Forces of Benin, and the Benin Ministry of Health.

The goal of the team was to use a cross-cultural approach to train each other on their nations' method of protecting its armed forces through systematic disease surveillance, outbreak investigation, and recognition of bioterrorism events as well as prevention and treatment of infectious diseases.

Col. Mark McGrail, command surgeon for U.S. Army Africa, said the opportunity to participate in the exercise was important because it provided opportunities to partner in achieving both medical and military goals.

"The Benin event expertly portrayed the U.S. Army Africa strategy of building capacity, fostering the abilities of our African partners to do for themselves, encouraging strong military and civilian health systems to support security interests, and furthering the interoperability and cooperation between U.S. Army and African land forces,"

said McGrail. "The team that deployed to Benin accomplished all of these goals and set a stellar example for USARAF's future public health engagements."

USAPHC involvement in this mission was requested by U.S. Army Africa. McGrail said he wanted the assistance of USAPHC because of its unique expertise as the Army's executive agent for military tropical medicine. Benin's climate is hot and humid in the south with a semi-arid northern region.

"As the source of excellence in Army public health, USAPHC was the natural selection to help provide the staff to execute this mission," said McGrail. "USAPHC personnel are well-qualified to conduct fundamental public health assessments, familiarization and education across the spectrum of international military and civilian health agencies."

Additionally, Garges' program offers military physicians a course that addresses diseases endemic to the tropics, such as malaria, dengue fever and leishmaniasis, so his expertise in recognizing and treating these diseases was valuable to USARAF.

As a specialist in preventive medicine, Garges is familiar with not only diagnosis and treatment of tropical diseases but identifying the insects that carry them and with measures that disrupt insects' lifecycles or protect humans from their bites.

During the two-week exercise, Army medical personnel spent one week teaming up with the Armed Forces of Benin and the Benin Ministry of Health to actually see and treat patients at the National Military Hospital. The second week included an academic setting in which these organizations, including stakeholders in public health from USAID, presented lectures and discussed issues related to public health and infectious disease.

For the eight Army medical personnel who participated, the opportunity to work in Benin provided a chance to learn more about clinical tropical medicine, the field of medicine that deals with diseases that are more common to the tropics than they are in U.S. and European locations.

"It is important for our military medical personnel to learn about tropical diseases because they can study the causes of such diseases and determine prevention strategies before they deploy to a foreign location," said Garges.

One such disease that is common in many tropical countries is malaria. Members of the team were able to see its effects in Benin.

"I gained a deeper understanding of malaria and got to see some of its clinical manifestations firsthand, and I also learned about their (Benin's) different yet efficient HIV prevention program," said Capt. Brandon Gardner, a preventive medicine resident at the Madigan Army Medical Center who served on the team.

Although one goal of the event was to bring U.S. medical techniques to the host nation, Army medicine personnel were not too proud to learn from the medical experts in the host nation.



Maj. Eric Garges, a physician and deputy program manager of the USAPHC Professional Medical Education Program, and Capt. Levi Agwino, a physician with the Benin Armed Forces, discuss patient care at the National Military Hospital in Benin, West Africa on Jan. 16. (U.S. Army Public Health Command photo)

"What struck me most is how the doctors of Benin solve some great obstacles with very limited resources," said Gardner. "They taught me that there are many ways of doing things and that our 'American' way may not necessarily be the best or most practical given their limited resources."

Garges agreed that there is a lot that U.S. providers can learn from providers in developing countries.

"The physicians in Benin demonstrated better physical exam skills than U.S. providers," said Garges. "In the United States, we don't always do a good job of performing physical exams of patients because we are dependent on technology to diagnose conditions."

Army medical personnel also benefited from the personal enrichment of being involved in such a mission.

"I'm very grateful that I was able to participate in the Benin training event," said Gardner. "I met some wonderful people who are passionate about what they do and who strive to give their best, even when they have so little compared to what we have here in the States. The experience gained from this mission was priceless, and the lessons learned will continue to help me as I progress in my career." ▲

ARMY

teams with

NAVY

everyone wins

JANE GERVASONI
EDITOR

The Army and the Navy are rivals in football, but when it comes to food safety, both services play on one winning team.

The U.S. Army Public Health Command's Ship Rider program deploys an Army E-5 or E-6 veterinary food inspection specialist to select Military Sealift Command combat stores ships to inspect food shipments. Through a Memorandum of Agreement with the MSC, this service is provided during scheduled deployments and specific exercises.

The recently developed MOA requires that Army veterinary food inspectors provide food safety, food defense and quality assurance inspection as their primary job function aboard vessels. The inspectors are responsible for evaluating all subsistence to include ship's store health and comfort products at time of receipt as well inspecting them for identity, count and condition. If asked, they provide training to ship's personnel.

Once on board the ship, the enlisted Soldiers also train food service personnel in sanitation and conduct inspections of operational rations, according to Harold Sheridan, senior quality assurance specialist at the Public Health Command District-Fort Eustis in Norfolk, Va.

Another critical task is the ALFOODACTs, or All Food and Drug Activities, part of Department of Defense Hazardous Food and Non-Prescription Drug Recalls Program. The DOD ALFOODACT Hazardous Food Recall Program is reviewed and monitored during these deployments.

"The Ship Rider program started here roughly around 1996," according to Sheridan. "This program originated from a request from Military Sealift Command, due to the excessive financial loss of subsistence items while they were deployed."

As part of the MSC team, the Soldiers learn to do some "sailing" as well.

"Soldiers are assigned to the ship for the duration of the assignment that usually lasts for three to six months," said Sheridan. "These Soldiers participate in all crew drills, training, and duties as would any sailor on the ships."

PHCD-Fort Eustis assigns Soldiers to work with the Military Sealift Command Atlantic's area of responsibility which includes all western Atlantic water space off the coastlines of Canada, the United States and Mexico; all waters surrounding Central and South America and the islands of the Caribbean; and the waters roughly defined as those in the Norwegian, Greenland, Labrador and Caribbean seas.

Sheridan and the district food safety officer act as shore-based resources for the deployed food inspectors, providing guidance, updates and a link to the Army family as needed.

"We did Navy stuff, from learning crew procedures and off-limits zones to ship inspections, but our primary duty was to perform our food safety and food defense missions," explained Staff Sgt. Edward Franco, food inspector from PHCD-Fort Eustis who deployed for three

months on the USNS Wally Schirra. "I looked at more than 3,500 pallets of food during the deployment," said Franco.

"I inspected pallets of subsistence items worth about \$3 million—each pallet weighed about 400 pounds," said Sgt. Ismenio Lampe, also from PHCD-Fort Eustis, who returned from a six-month deployment last November.

"We visited 10 ports in Spain, Italy, Greece and Africa," said Lampe, who served on the USNS Robert E. Peary. "Once food inspections in port were complete, we were allowed 'liberty' (leave from the ship) during the rest of our time in port."

On the other side of the globe, PHCD-Western Pacific sends veterinary food inspectors out with the Navy's 5th Fleet.

Sgt. Julio Trevino, Ship Rider non-commissioned officer-in-charge, and Sgt. Larry Arnold, both from PHCD-WESPAC, Naval Support Branch, Guam, explained that they joined their ships in Singapore and visited multiple ports in the Middle East while approving, picking up and accepting subsistence for delivery to other ships at sea.

"My mission was to inspect all of the food and food storage areas on my supply ship. This ship provided food for two carriers, two tankers, three destroyers, and several other naval and marine operating ships. I made sure the food they received was safe," said Arnold.

"I conducted receipt inspections of all food being loaded on and off the ship, inspected all storage areas for proper temperature, and managed a shelf-life program onboard the ship resulting in zero losses as a result of expired food," explained Trevino. "I also worked with the medical ships officer in joint sanitation inspections of the galley. In total I inspected over \$3.2 million of subsistence that was loaded to customer ships."

Sheridan explained that the average monetary value of subsistence items procured for these types of vessel is \$500,000-\$750,000. The food items procured are paid for under Defense Capital Working Fund by the Defense Logistics Agency in Philadelphia, which means the food does not belong to the Navy until a customer (ship) places an order. The inspectors perform daily wholesomeness and serviceability inspection of those items that remain in storage. They also assist in foreign ports to identify an authorized supplier for food.

But being on a Navy ship poses interesting challenges for a single Army Soldier.

"Things change daily, and you must be ready on a moment's notice to be there when they need to quickly supply a ship," said Arnold. "The duties themselves are not that different from our normal day-to-day routine. The only thing different is the environment and the people that surround you."



Sailors move boxes of food and supplies into storerooms during a replenishment-at-sea. Army food inspectors assist in foreign ports to identify an authorized supplier for food and assist with the transfer of food items between ships at sea. (U.S. Navy photo)

"At times it was hard to adjust to the Navy way of life, but with time it was great. Everyone onboard knows you as 'Sarge' and wants to know everything about the Army," explained Trevino. "I had the opportunity to work with some sailors and even receive a Navy skills badge."

"Trevino extended his deployment and volunteered for the extra work and study required to earn the Navy Enlisted Surface Warfare Specialist badge," explained Capt. Frank DeCecco, veterinarian in charge of the Guam Branch.

The Soldiers all enjoyed the experience and agreed there was a sense of pride being in an Army uniform and providing important services to the Navy by performing their military occupational skills. They also agreed that the support from their team members at home was an important part of performing their mission. ▲



USAPHC bids farewell to Maj. Gen. Keenan

U.S. Army Public Health Command employees turned out at 6:30 a.m. to join Maj. Gen. Jimmie O. Keenan, USAPHC commander, for her final Fun Run May 8 at Capa Field on Aberdeen Proving Ground, Md. All military and civilian personnel were invited to participate. More than a few tears were shed as employees wished Keenan well and thanked her for her service to the command.

