

# ONE HEALTH™

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U.S. Army Public Health Command

Spring 2014



## ▶ Reservists visit Army Wellness Center

PLUS:

- ▶ New eye shields
- ▶ Remote Online Veterinary Record

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*(COVER) Lauren Lynch, health educator at Aberdeen Proving Ground, Md., Army Wellness Center, assists Sgt. Jeffrey Reed, Army Reserve Medical Command's 7221st Medical Support Unit, during fitness testing as he uses the back-strength assessment tool. (Photo by Christina Graber, Visual Information Division)*

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USAPHC  
 MOVES CLOSER  
 to becoming a  
 tobacco-free  
 workplace

**CHANEL S. WEAVER**  
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A new U.S. Army Public Health Command “Policy for Tobacco-Free Living” was approved Jan. 10, adding to the momentum to transform the Army culture from tobacco-permissive to tobacco-free.

The policy directs USAPHC personnel and visitors to avoid using tobacco products while on USAPHC campuses, with the intent of creating a healthier workplace and workforce.

Although the policy was signed in January, it may take up to one year before it receives full implementation throughout the USAPHC.

“Implementation of this policy over time will give individual workers time to reduce their nicotine dependence, access tobacco cessation classes and services, and become acclimated to living a tobacco-free lifestyle during the duty day,” said Col. Heidi Warrington, chief nurse executive at the Army Institute of Public Health and lead consultant on tobacco-free living in the U.S. Army Medical Command.

In addition to prohibiting the use of tobacco products including cigarettes, cigars, pipes and smokeless tobacco, the policy also prohibits the use of electronic nicotine



These signs will soon be posted throughout USAPHC campuses to inform employees and visitors of the tobacco-free policy. (USAPHC Visual Information Division)

## Reservists visit Aberdeen wellness center

CHANEL S. WEAVER  
PUBLIC AFFAIRS OFFICE



Sgt. Jeffrey Reed, a dental technician with the 7221st Medical Support Unit based out of Newark, Del., participates in a sit-and-reach exercise. (Photos by Christina Graber, Visual Information Division)

delivery devices like e-cigarettes, e-pipes and e-cigars while on USAPHC campuses.

Although electronic nicotine delivery devices may seem to be a safe alternative to cigarettes, these devices are not regulated by the Food and Drug Administration for various reasons, to include the fact that they contain significant variances in the amount of nicotine that is delivered, according to Warrington.

The tobacco-free living policy will benefit the USAPHC workforce by reducing risks of developing debilitating health conditions caused by tobacco use.

Most people know that using tobacco products may cause lung cancer, emphysema, cardiovascular disease and other chronic illnesses. However, one does not have to wait 20 or 30 years to experience the adverse effects of smoking or exposure to secondhand smoke.

Multiple studies by USAPHC scientists show that smoking has immediate health effects—such as increased injury risk and diminished physical performance.

“Tobacco use can negatively impact one’s health by causing impaired night vision, respiratory illnesses, delayed wound healing, increased surgical complications and accelerated age-related hearing loss,” said Lt. Col.

Kari Bruley, an Army public health nurse at the AIPH. “Long-term effects include cancer, stroke and heart disease.”

Additionally, the tobacco-free living policy aims to improve the overall health of employees, military personnel, family members, retirees and visitors at all USAPHC facilities.

Warrington said the policy significantly reduces secondhand smoke exposure that may cause cardiovascular disease and lung cancer among non-smokers.

“Hundreds of toxic chemicals and nearly 70 carcinogens are released through secondhand smoke,” she pointed out.

Maj. Gen. Dean G. Sienko, the USAPHC commander, said the policy is vital for sustaining the health and readiness of the USAPHC workforce.

“Tobacco use remains the leading cause of preventable death and disease in the United States,” Sienko said. “I am delighted that the USAPHC can lead the way in supporting national and Army Medicine strategic objectives to achieve a tobacco-free lifestyle.”

The policy also supports the National Prevention Strategy, Healthy People 2020, Army Regulation 600-63 and AMEDD 2020. ▲

*For more information on the USAPHC Tobacco-Free Living policy, visit the command intranet, <https://iphc.amedd.army.mil/functions/commandinfo/Command%20Administrative%20Public/Command%20Administrative%20Pub%20Library/Command%20Policy%20No.%20600-5,%20Tobacco%20Free%20Living.pdf>, or the USAPHC public Web site, <http://phc.amedd.army.mil/topics/healthy-living/tfl/Pages/default.aspx>.*

The weekends can sometimes be pretty quiet at Aberdeen Proving Ground, Md., but that was not the case one Sunday morning at the installation’s Army Wellness Center.

Thirty-eight Army Reserve Soldiers from the Army Reserve Medical Command’s 7221st Medical Support Unit based out of Newark, Del., had an opportunity to visit the center Feb. 9 and witness its capabilities firsthand.

The event—the first full fitness assessment of an Army Reserve unit at an AWC—was organized by Lt. Col. Bradley Nindl, who is dual-hatted as the 7221st MSU commander and the scientific advisor at the U.S. Army Public Health Command.

“Soldiers in Army Reserve units generally have lower medical readiness percentage than those of active-duty units,” said Nindl. “We wanted to provide Army reservists with the tools they needed to improve their health and wellness, and leverage the technology available in the Army Wellness Centers.”

Although the event was voluntary, more than 90 percent of the unit participated.

AWCs are a key element in the Army surgeon general’s long-term strategy of refocusing Army medicine from a healthcare system to a system for health by emphasizing primary prevention, which means stopping diseases and chronic conditions before they start. AWCs also support the Ready and Resilient Campaign and the Performance Triad, an Army medicine effort to focus on three components that build and sustain individual health and unit readiness—sleep, activity and nutrition.

“Through Army Wellness Centers, Soldiers learn to take control of and responsibility for their own health,” said Nindl. “Especially for those of us who are reservists without easy access to these centers, it’s empowering to gain the knowledge these assessments provide.”

AWCs offer six core programs including health assessment review, physical fitness, healthy nutrition,



*Spc. Michael Gavin, a combat medic with the 7221st Medical Support Unit, uses an isometric strength-testing device.*

stress management, general wellness education, and tobacco education.

Maj. Zachary Solomon, Army Wellness Center project officer, said one of the most popular services AWCs offer is the metabolic testing. The test, which can be administered at any Army Wellness Center, helps individuals determine the number of calories their body burns just sustaining life.

“It tells an individual how many calories to consume each day in order to lose, maintain or gain weight,” said Solomon.

In addition to the metabolic testing, Soldiers also performed a variety of fitness tests to determine their overall health and fitness level.

Sgt. Barbara Majoca is a licensed practical nurse, so she knows the importance of leading a healthy lifestyle. Although Majoca frequently counsels her patients on ways to achieve better nutrition and fitness, she knows that she needs to practice what she preaches. When she learned that her Army Reserve unit would have an opportunity to serve as a pilot for Army Wellness Center services, she immediately volunteered to be included in the unit assessment.

“I wanted to be healthy,” said Majoca. “I am here to learn what I need to do improve my health.”

Majoca was impressed with the AWC assessment technology that was available.

“I know that these services are expensive in the civilian sector; and the Public Health Command is really helping us by offering us these services at no cost to the Soldier,” said Majoca.

Capt. Madhu Kasipathy serves as both an Army and civilian dentist. Because of his demanding job, Kasipathy spends a great deal of time attending to the needs of others, often neglecting his own health. He volunteered for the AWC assessment to take responsibility for improving his health. He said one of the easiest things to do was complete the AWC questionnaire that asks about a person’s sleep, activity and nutrition habits, tobacco use, alcohol use and stress levels.

“It only took about 15 minutes to complete, and gave me instant feedback to help me reach and maintain my fitness and wellness goals,” said Kasipathy.

He said he intends to use the wellness center in the future.

“I am looking forward to the opportunity to see where I am, and where I need to improve,” he said.

Among the many attendees at the unit assessment was Col. Jacqueline Bradley, commander of the 4215th U.S. Army Hospital in Richmond, Va.

Bradley and her battle buddy, Command Sgt. Maj. Sonja Brewer, thought it was important to visit the Aberdeen AWC to encourage the reservists to achieve their health goals. Bradley said that ensuring the health and readiness of the Reserve force is a key goal of the Army, and the AWCs are an excellent resource to assist commanders in achieving that objective.

“The first Army Wellness Center I visited was located at Carlisle Barracks, Pa., and I know firsthand that the AWCs offer a holistic approach to taking care of Soldiers,” said Bradley. “While there, I even received customized advice on how to select healthy food when I am grocery shopping.”

Bradley said that the Army Wellness Center services are transferable.

“What amazed me was that when I returned to Fort Meade, Md., my record was transferred there, and the experts at that wellness center were able to follow up to ensure that I continued my progress,” said Bradley. “The quality of care was the same at Fort Meade and Carlisle Barracks.”

Todd Hoover, AWC Operations program manager at the USAPHC, was delighted to hear that Bradley received the same level of care at both wellness centers.

He said the standardization of services is a goal the program tries to achieve across the Army.

Hoover helped to stand up the first Army Wellness Centers in Germany, and since then, new AWCs have been springing up at Army installations all over the United States. So far, 19 AWCs have been opened, and the USAPHC has a goal of standing up 37 by the end of fiscal year 2018.

Although the team is waiting to see how the visit to the Aberdeen AWC will benefit Army reservists, Hoover said AWCs have already demonstrated great results.



*2nd Lt. Iain Thompson of the 7221st Medical Support Unit prepares to run on a treadmill while Allison Smith, AWC project officer at the USAPHC, sets the dial. The treadmill exercise will help individuals determine their overall aerobic capacity.*

“We are seeing decreases in body mass index for users of our services, said Hoover. “Overall, Army Wellness Centers are demonstrating positive outcomes in people that have repeat visits.”

At the conclusion of the day’s activities, Bradley and Nindl presented awards to various individuals who spent their weekend doing the unit assessment.

“We had unbelievable support from various personnel at the Public Health Command and the Army Wellness Center to ensure today’s testing was beneficial,” said Nindl.

Although the accolades were appreciated, Hoover said the AWC staff members are always committed to helping Soldiers maintain healthier lifestyles.

“This is what we do,” said Hoover. “AWCs exist to support readiness and improve resiliency in our Army population.” ▲

# NEWS AND NOTES

## FROM AROUND THE COMMAND

**The Environmental Health Engineering Portfolio** received funding from the Office of the Assistant Secretary of the Army (Installations, Energy & Environment) to develop guidance on incorporating Net Zero into installation drinking water master planning. (Net Zero is the Army initiative to help manage energy, water and waste at Army installations.) In addition, the portfolio is working on an Army studies program-funded project looking at developing recycle and reuse guidance. The Water Resources and Environmental Health Risk Assessment programs both are engaged in the Army study. In a parallel effort, the U.S. Army Public Health Command developed a framework for managing the health risks associated with water reuse in contingency operations. As planners and logisticians tackle water sustainability in garrisons, what they learn about water reuse is expected to be applied to deployed units as well.

**The Veterinary Services Portfolio** was asked by the Federal Emergency Management Agency to inspect infant food and formula that may have frozen in transit from a FEMA storage site. FEMA normally stores these items in climate-controlled warehouses; however, several trailers of infant food and formula were sent to South Carolina and Georgia for disaster support after a winter storm. FEMA shipped the product in refrigerated containers, and the concern was that the products could have frozen. Public Health Command regions North and South will be inspecting the produce to determine the safety of the products.

**The Health Hazard Assessment Program and Toxicology Portfolio** provided Program Executive Office Soldier with a short-suspense information paper on "Use of Antimicrobial Fabric in the Army Physical Fitness Uniform." The paper dealt with APFUs treated with inorganic silver compounds as antimicrobial pesticides. APFU trunks were tested on 134 female Soldiers. Two Soldiers responded positively to the question on health issues as a result of wearing the test APFU trunks for an extended period of time. The Office of the Surgeon

General then recommended a Health Hazard Assessment Program review and related toxicity clearance be prepared once the specific antimicrobial compound is identified.

**The USAPHC Army Institute of Public Health Laboratory Sciences Portfolio** successfully completed reaccreditation by the Commission on Office Laboratory Accreditation, with zero findings. The new COLA accreditation will be valid for two years and covers analysis of depleted uranium in urine, metal fragments from shrapnel wounds, and bioassays for tritium and gamma radiation in urine.

**USAPHC industrial hygienists** will address industrial hygiene deficiencies identified during the Quality Work Environment assessments conducted more than two years ago at a number of Army depots and manufacturing facilities. Bonnie Rathbun, Industrial Hygiene Medical Safety Management Program; Stephan Graham, Industrial Hygiene Field Services; Mark Lucas, PHCR–West; and Glenn Berckman and Cynthia Harrison, PHCR–North, will visit select Army sites in fiscal 2014 including Anniston Army Depot and Munitions Center, Ala.; Crane Army Ammunition Activity, Ind.; Blue Grass Army Depot, Ky.; Tooele Army Depot, Utah; Letterkenny Army Depot and Munitions Center and Tobyhanna Army Depot, Pa.; Sierra Army Depot, Calif.; Corpus Christi Army Depot and Red River Army Depot, Texas; McAlester Army Depot, Okla.; Rock Island Arsenal Joint Manufacturing and Technology Center, Ill.; Watervleit Arsenal, N.Y.; and Pine Bluff Arsenal, Ark.

**Craig Jones, Health Physics Program**, attended the annual meeting of the American National Standards Institute N43 committee March 12 as the Army Office of the Surgeon General representative. The ANSI N43 committee oversees the development of radiation safety standards for non-medical uses of ionizing radiation. At the annual meeting, the committee reviewed the status of standards, made decisions regarding new standards, and voted on other committee business.

**USAPHC health promotion officers** are currently located at 30 Army installations worldwide. HPOs facilitate the installation Community Health Promotion Council chaired by the senior commander. The CHPC elevates and prioritizes public health status, targets and standards; ensures strategic integration of the Army's Ready and Resilient Campaign; and shifts the installation participants' focus from reaction to prevention. For example, the CHPC is an ideal forum to discuss and monitor Performance Triad progress, as the CHPC ensures standardized reporting and analyzes trends across programs and services. HPOs serve as a conduit between local CHPCs and the USAPHC. The USAPHC provides strategic guidance to HPOs to ensure consistent and coordinated efforts at CHPCs worldwide.

**Karen Lewis, Public Health Command Region–Europe** and U.S. Army Europe HPO, served as the subject-matter expert on Army Regulation 600-63, Army Health Promotion, in the area of smoking in on-post housing. Her input during an Army family action planning meeting helped determine which issues from USAREUR will be referred to the Department of Army for consideration. The consensus was to elevate this smoking issue with the recommendation to review all regulations referencing tobacco use and determine common and consistent language. Lewis advised that Community Health Promotion Councils be used to ensure the development and integration of appropriate environmental health programs and policies for units, Soldiers, family members and Army civilians in their communities. Effective strategies include enforcing comprehensive smoke-free policy; implementing mass-media and awareness campaigns; ensuring that options to quit tobacco are accessible; and implementing evidence-based strategies to reduce tobacco use by Soldiers to improve readiness.

**The Baltimore Federal Executive Board chose its excellence in federal career award finalists.** PHCR–North employees selected include Ben Pagac, entomologist, silver finalist for outstanding professional in the non-supervisory category; Sgt. Cherrise Smith, medical laboratory support specialist, silver finalist for outstanding non-supervisory paraprofessional, technical, scientific and program support category; and Rebecca Dixon, industrial hygienist, bronze award winner for the rookie employee of the year, technical scientific and program support. The Occupational Health Sciences Portfolio had three finalists: Brad Roberts, electronics engineer, silver finalist for the distinguished public service career category; Paula Steven, industrial hygienist, silver finalist for the outstanding professional non-supervisory category; and Cindy Smith, industrial hygienist, bronze award winner for the volunteer service individual award. The G-6 Information Management bronze finalist is Betty Ann Shorter, information technology specialist, for the outstanding professional administrative management and specialist category. The FEB will honor the winners and finalists from the Central Maryland area at a luncheon May 2 in Baltimore, Md.

**Social worker Christine Riordan and representatives from the Behavioral and Social Health Outcomes Program** provided an interim progress report to the Joint Mortuary Affairs Center. This IPR provided findings from administrative behavioral health data analyses and recommendations to mitigate adverse behavioral health outcomes among mortuary affairs specialists. The BSHOP field study looked at risks for behavioral health encounters and injury in this military occupational specialty. A second IPR is anticipated in the summer of 2014. The next IPR also will include results of a literature review assessing best practices for behavioral health/resilience training for mortuary workers and related populations. A final report, to be ready for review in late summer 2014, will summarize all findings.

**The Environmental Medicine Program** is requesting approval for the one-hour continuing medical education credit training course for the Veterans Administration Airborne Hazards and Open Burn Pit Registry to be mandatory training for targeted providers. The VA was testing the registry with active-duty servicemembers in late March 2014. The current activation date for the registry is expected to be late spring 2014. The EMP is also discussing data feeds and epidemiological needs for the registry information. More information is available at: <http://www.publhealth.va.gov/exposures/burnpits/index.asp>.

**USAPHC Junior Science and Humanities National Symposium judges** include Capt. Jennifer Jackiw, LAB Portfolio biochemist, and Emily Reinke and Valerie Adams, Toxicology Portfolio biologists. The three were chosen to judge on behalf of the Army in Washington, D.C., April 24–26. The national JSHS brings together 240 high school students who qualify for attendance by submitting and presenting original scientific research papers at their regional levels. Awards are presented to the 1st, 2nd and 3rd place winning students chosen by tri-service judges in each of seven Science, Technology, Engineering and Mathematics categories. In addition, Reinke was asked to serve on a panel discussion designed to give JSHS students the opportunity to learn more about future STEM career fields across the DOD.

**Eren Watkins, Epidemiology and Disease Surveillance Portfolio, and Kelsey McCoskey, Occupational Health Sciences Portfolio,** were named U.S. Army Medical Command 2013 Lean Six Sigma award winners. Watkins was awarded practitioner of the year in the green belt category for her project to improve the timeliness and quality of surveillance of suicidal behavior quarterly publications. McCoskey won the award for project of the year in the quality category for her project to reduce the process-cycle time of the ergonomics course planning and execution process. The USAPHC Strategy and Innovation Office has trained more than 50 LSS yellow belts in fiscal year 2014 and continues to train USAPHC employees in all regions.

**USAPHC EHE Portfolio** personnel plan to participate in the Aberdeen Proving Ground, Md., Earth Day event April 25 at the APG youth center. The Waste Management Program will provide a recycling and buying green game and demonstration for students. The Operational Noise Program will have a hands-on activity with sound-level meters. The Water Resources Program plans a display explaining drinking water—where it comes from and how to protect it. The Air Quality Surveillance Program will set up a display featuring manufacturing emissions and sampling. The Entomological Sciences Program will showcase exotic insects, mosquitoes and live Madagascar hissing cockroaches. **PHCR–North staff members** also plan to participate in their local installation Earth Day activities at Fort Meade, Md.

**Sharon Beamer, USAPHC Army Hearing Program audiologist,** received the Military Audiology Association Doug Ohlin Founder’s Award in mid-March. The award is presented to a current MAA member for overall excellence as a notable contributor to the advancement of professional issues related to audiology, hearing conservation or hearing science. With the recent death of Dr. Doug Ohlin, the award was renamed in his honor. This year was the first time the award was presented in his name. Ohlin was a strong advocate for hearing health in the military and led the Army Hearing Program (formerly Hearing Conservation Program) for several years.

**Sgt. 1st Class Jason Sweeney and Spc. Thomas Laswell, USAPHC Headquarters, Headquarters Company, and 1st Lt. Christine Argueza, PHCR–North,** earned the Expert Field Medical Badge competing March 28–April 2 at Fort Dix, N.J. The EFMB is one of the most difficult Army skill badges to earn. The test includes a written test, land navigation, road march, tests in tactical combat casualty care and medical and casualty evacuation, warrior skills, and communication tasks. Fourteen Soldiers from USAPHC headquarters and PHCR–North participated in this event. ▲

## FDA teaches milk safety class

**JANE GERVASONI**  
EDITOR



The U.S. Army Public Health Command Veterinary Services Portfolio worked with the Food and Drug Administration to present a specially designed course on milk pasteurization at Aberdeen Proving Ground, Md., in March.

Although the FDA puts on courses around the country on this and similar topics, often attended by Army food safety officers, veterinary food inspectors and veterinarians, this class combined two courses and incorporated the needs of those who expect to deploy to locations outside the U.S. It covered both milk plant sanitation and inspection of milk pasteurization systems.

“In the U.S., the FDA handles the inspections of farms and milk production facilities,” explained Chief Warrant Officer 5 Christopher Finch, USAPHC senior food inspector. “Outside of the U.S., Army veterinarians, food safety officers and food inspection specialists have the mission to assess the safety of milk and milk products from farm to table for the military.”

Attendees also included the personnel from the Maryland Department of Health and Mental Hygiene, the Pennsylvania Department of Agriculture, dairy employees from Pennsylvania, as well as local Army veterinarians and food safety and security specialists.

“We worked for more than a year to set up this class,” said Finch. “This was a win-win event for all of us. We were able to provide a facility for the training, which saved money for the FDA, and as a result, many of our veterinary corps officers were able to take the training.”

The FDA sent three regional milk specialists to teach the course and an instructional systems specialist to ensure that the combined FDA class met all objectives for continuing education credits.

“We teach these courses to federal, state and local regulators who conduct milk plant inspections,” explained Judi Fleming, FDA instructional systems specialist. “We look forward to a continuing relationship with the Army to train their people.”



*During the milk safety class, the Food and Drug Administration instructors displayed various valves and connectors used in milk processing plants. Inspectors are taught how the FDA performs equipment testing and differences in equipment or processes that would affect the safety of the final products. (FDA photo)*

At the end of the class, attendees had seen first-hand the processes and equipment involved with milk pasteurization during a mock-assessment of a local milk-production facility.

“This class was an important step in ensuring our personnel have the skills necessary to evaluate and report the sanitary status of milk plants. It’s a perishable skill and something that is vital when performing food protection audits in foreign countries,” explained Finch.

“This has to be done right,” he said. “Department of Defense Soldiers and civilians, from deployed forces in the Middle East to elementary and middle school children in Korea, depend on us to ensure the availability of safe and healthy milk and milk products.” ▲

# ARMY FIRST-AID KITS INCLUDE NEW EYE SHIELD



**CHANEL S. WEAVER**  
PUBLIC AFFAIRS OFFICE



**S**oldiers whose eyes are injured during combat have a better chance of returning to duty with their vision intact due to some revisions in the Army's first-aid kit.

The rigid eye shield was added as a component to the Army's "Individual First-Aid Kit II," which was distributed to the first Army units in the fall of 2013.

When properly worn, the shield can protect a servicemember's eye from further damage after an initial eye injury is sustained during combat operations.

"We've learned a lot about eye injuries in the field over the past decade," said Lt. Col. Jeffrey Autrey, program manager of the Tri-Service Vision Conservation and Readiness Program at the U.S. Army Public Health Command. "We know more about the common causes, prevention measures and effective techniques for treatment."

In the past, servicemembers may have treated eye injuries by wrapping the head with a bandage and applying pressure to the wounded eye.

But this method of preserving the eye is not optimal eye care, according to Autrey.

"A person's eye can become further damaged if too much pressure is applied," he said.

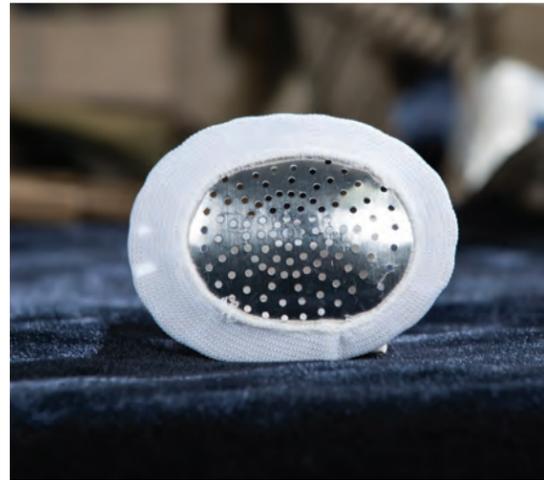
That's why Army first-aid kits are now including the eye shields.

"If a servicemember's eye is injured during combat, the rigid eye shield should be placed over the injured eye and secured with tape," said Cmdr. Kevin McGowan, Navy program manager in the TSCVRP who assists Autrey with surveillance of eye injuries to military members.

"This action will ensure that no other foreign debris comes into contact with the eye, and will preserve the eye until a medical expert can give it further attention."

According to data from the Armed Forces Health Surveillance Center, during the years 2001 to 2010, between 5 and 22 percent of all Department of Defense injuries were a result of ocular trauma.

"It's a worthy investment to add the eye shields to first-aid kits," said Autrey.



*The new rigid eye shield is now part of the individual first-aid kit that was distributed to troops in the fall. When properly worn, the shields can protect the eye from further damage after an initial eye injury is sustained. (Photos by Graham Snodgrass, U.S. Army Public Health Command)*



**Research still shows that most eye injuries can be prevented by wearing eye protection from the Authorized Protective Eyewear List.**

— Lt. Col. Jeffrey Autrey  
USAPHC optometrist



*(TOP) Navy Cmdr. Kevin McGowan models the correct placement of the rigid eye shield.*

*(BOTTOM) If a servicemember's eye is injured during combat, the rigid eye shield should be placed over the injured eye, and secured with tape, until a medical expert can give it attention.*



The USAPHC's TSVCRP incorporated instructions on how to use the new eye shield in its recent two-day Vision Conservation and Readiness Course.

Autrey said the new eye shields are meant as a supplement to current Military Combat Eye Protection, not as a substitute for the MCEP.

"Research still shows that most eye injuries can be prevented by wearing eye protection from the Authorized Protective Eyewear List," said Autrey.

Autrey said that it has been rewarding to collaborate with the DOD on getting the word out about the new eye shields being incorporated into Army first-aid kits. He knows that that the shields will be of utmost importance to troops who are deployed downrange.

"Of all the body's senses, most people value their sense of sight the most," said Autrey. "That's why we're not only looking for innovative ways to preserve life and limb, but specifically, eyesight."

The eye shields should be a part of all DOD joint-service first-aid kits by the fall of 2014. ▲

*For more information on protecting the eye from eye injuries visit these Web sites: USAPHC, <http://phc.amedd.army.mil/topics/workplace-health/vcr/Pages/default.aspx>; DOD Vision Center of Excellence, <http://vce.health.mil/>; and Authorized Protective Eyewear List, <https://peo-soldier.army.mil/equipment/eyewear/>.*



# ERGONOMICS MEETS MUNITIONS — KEEPING WORKERS SAFE

JANE GERVASONI  
EDITOR

**A** QUALITY WORK ENVIRONMENT is a collaborative effort to keep workers safe and healthy. In a facility like the Anniston (Ala.) Munitions Center, many factors influence the work environment and can be modified to improve worker well-being.

U.S. Army Public Health Command ergonomists went to Anniston, Ala., in January to survey facilities, evaluate work processes, and provide training to local industrial hygienists and safety personnel—all to help enhance the working environment at the facility.

By looking at the tools; physical activities, such as bending or lifting, that affect the body; and environmental factors such as noise and lighting that might affect hearing, vision or comfort, ergonomists can suggest modifications that enhance worker health.

While John Pentikis, USAPHC Army Institute of Public Health ergonomist and team leader taught ergonomics principles to the industrial hygienists and safety office personnel, ergonomists Kevin Purcell, AIPH, and Tricia Salzar, Public Health Command Region-South, assessed industrial and administrative areas around the munitions center.

“These types of missions help installation personnel learn the ergonomic principles needed to run their own basic program at the installation level,” explained Pentikis. “By combining assessments with training, the installation gets a chance to see how we (ergonomists) go through a facility reviewing processes and determining areas of concern.”

“It was great that I was able to be part of this assessment since the facility is located in my area of responsibility,” said Salzar. “I began to develop a relationship with the individuals at the installation, which helps them feel more comfortable asking questions and getting help when needed,” she said. “They also know they can call me for assistance as they develop their local ergonomics program.”

A worksite assessment provides the “ergonomic big picture” of the workplace and is an integral part of an installation’s ergonomics program, according to Purcell. An assessment involves observations and discussions with supervisors and employees to determine the



types of work done in the facility and any specific concerns they may have.

“In the case of Anniston,” said Purcell, “we looked at a wide range of facilities including offices, inventory buildings, inspection areas, receiving and shipping facilities, a wood shop, and unpacking areas.”

Each area offered unique ergonomic challenges to employees and opportunities to recommend improvements.

Much of the work done at Anniston involves unpacking, moving and disposing of unused and outdated military shells, rockets, missiles and similar explosive material.

Because of the concerns about static electricity, grounded metal plates are placed in work areas, according to Purcell. The metal plates create a hard work surface, in turn creating an ergonomic hazard that needs to be mitigated.

“One of our suggestions was to replace the metal plates with grounded rubber mats so that workers would not have to stand on the unyielding metal plates,” he explained. “The use of anti-fatigue mats would be a less expensive, ‘quick fix’ for those who stand in place much of the day.”

“I think these types of quick fixes go a long way towards fostering support for

*Employees in the munitions center administrative area are constantly looking up at monitors. USAPHC ergonomists recommended that employees have sit-stand work stations to vary their positions during the work day. (Photos by Tricia Salzar, PHCR-South)*

larger more expensive projects. In addition, by modifying a small portion of the task we can hopefully reduce the stress and strain on the employee, which in turn usually makes them wonderful advocates for ergonomics,” explained Salzar.

“We make suggestions to make the workplace fit the worker,” said Purcell. “We talk with the people who do the work to get an understanding of how they do their work.”

Much of the work at Anniston begins at the loading docks. Containers of materiel to be destroyed are shipped in Army trailers that have rollers, but Purcell noted that the loading docks were at a bad angle that did not facilitate easy loading and off-loading of the trucks.

The ergonomic team’s suggestions for improvement included pouring a new concrete pad to better facilitate loading and unloading and the use of a winch on a fork lift instead of manually pulling heavy containers from the trucks.

Workers had their own suggestions to improve other processes. They included putting wheels on tables used to move rockets and other large projectiles and the fabrication of special stands that are sized to fit their jobs.

“Ergonomics, safety and good business practices overlap when we look at the processes at an installation,” said Purcell. “Most of the time they all go hand-in-hand to protect the workers and increase production.

“We were very impressed with the ingenuity of the workers in the facilities who had modified equipment or the environment to make their work easier and safer,” said Purcell. “When we complimented their changes, we explained how they had applied ergonomic principles to their work environment.”

“We left the munitions center having provided ergonomic training to both management and line-workers and as well as information on how to establish their own ergonomics program,” according to Pentikis.

“The ergonomic training was very informative for the industrial hygiene, safety and others who attended,” said Anthony Burdell, deputy to the commander at Anniston.

“During the ergonomic survey the auditors also provided ergonomic information to our workforce to include how office equipment should be set up for each individual,” according to Burdell. “They also instructed ANMC team members how to get ergonomic information from the Public Health Command Web site. The visit was very beneficial for the ANMC Team.” ▲

*Want to know more about ergonomics? Visit the USAPHC ergonomics Web site at: <http://phc.amedd.army.mil/topics/workplacehealth/ergo/Pages/default.aspx>.*

“Ergonomics, safety and good business practices overlap when we look at the processes at an installation. ... Most of the time they all go hand-in-hand to protect the workers and increase production.”

— Kevin Purcell  
USAPHC ergonomist



Workers at Anniston (Ala.) Munition Center reach into cardboard boxes to pack units for disposal. USAPHC ergonomist recommendations included trimming the boxes to table height to minimize the distance employees need to reach.



**M**ilitary families value their electronic health record system and are grateful that they no longer have to take paper copies of their health records with them each time they move. Now the U.S. Army Public Health Command is training veterinary personnel on a similar system for government-owned animals and privately-owned animals belonging to military families.

The new system is called the Remote Online Veterinary Record or ROVR for short. The system will offer Army veterinary service personnel worldwide new methods for recording and maintaining veterinary clinical information about the animals they treat.

“ROVR is a secure, Web-based application that provides the means to electronically record, store, retrieve and transmit the elements of veterinary clinical encounters at all levels of care,” according to Col. Erik Topping, deputy commander for veterinary services at the USAPHC. “It is a state-of-the-art means to collect, manage, analyze and report data and information rapidly and accurately to all levels of the Department of Defense.”

The Army provides veterinary health services for all components of the DOD and to other governmental agencies, with complete veterinary medical and surgical care for all government-owned animals including

those belonging to agencies such as the Secret Service, Border Patrol, Customs Service and the Transportation Security Administration.

Currently veterinary personnel document their clinical findings and other statistical data using hard copy records, spreadsheets and other databases. These methods lack the ability to encrypt data, don’t allow access by all veterinary personnel, and are generally hard to manage, according to Michael Tackett,

U.S. Army Medical Information Technology Center Veterinary Services Systems Management program manager.

“The DOD veterinary services community operates in approximately 144 sites worldwide,” explained Tackett. “The new system will be capable of encrypting data and providing worldwide access for veterinary service personnel in theater or garrison.”

ROVR was designed to address many of the concerns of the veterinary community and is being trained and fielded throughout the USAPHC regional commands across the world through April.

“Access to this system is based on a user’s common access card,” explained Lt. Col. Kay Burkman, veterinary staff officer at Joint Base San Antonio, Texas. “ROVR will create patient records that can be transferred and shared, with access worldwide using the CAC.”

Burkman has been involved with this project since it was first conceived in 2005. She has spent the last 2 1/2 years working primarily on program development, beta testing and devising training.

“Every clinic is different, so we tailor our training to meet the needs of those using the system,” she explained. “A facility exclusively treating government-owned animals will have slightly different needs than one that treats primarily privately-owned animals.

“In February, we trained veterinary treatment facility personnel from Aberdeen Proving Ground (Md.) and Carlisle Barracks (Pa.) on how to use this system,” Burkman explained. “We have already trained veterinary personnel at more than 100 VTFs including Joint Base San Antonio, and veterinary personnel have been very enthusiastic about ROVR’s capabilities.”

The system has a lot of benefits for VTF users as well as pet owners according to Burkman. ROVR even has more functionality than the current electronic health system for military beneficiaries, she said.

One of the biggest benefits to pet owners is that the information stored in the system can be transferred to any other military VTF around the world. This will make a difference for those who take pets with them when they have a permanent change of station.

The same is true for military working dogs and other government-owned animals such as the caisson horses used at Fort Belvoir, Va. Information on the animals’ past and present health will be available to any veterinary provider with a CAC.

“ROVR provides the functionalities necessary to consolidate the 144 independent veterinary treatment facilities into a global practice with the capability to provide standardized, evidence-based veterinary care to any animal, anywhere,” Burkman explained.

In addition, ROVR will be able to help track animal disease trends, clinic inventory, manage appointments, provide billing statements, track drug interactions, generate rabies and veterinary health certificates, and support clinical documentation of patient records.

*Veterinarian Carol Bossone gives Maria Schnople’s dog, Daisy, a routine check-up at the Aberdeen Proving Ground, Md., veterinary clinic. Information on the dog’s health will be entered in the ROVR system and can be accessed by other Army veterinarians if Schnople and her dog move to another military installation. (Photo by Rachel Ponder, APG News)*



Although the USAPHC is hosting the training, many veterinary services personnel, the DOD Veterinary Services Activity, the Defense Health Agency and DOD’s Health Affairs contributed to the design of the system and are involved in the management of the system. These organizations, animals and owners will benefit from the information available in the system, according to Torring.

“The entire program including development, testing and fielding has been a huge team effort,” said Tackett. “This is a partnership that will improve patient care by automating medical records and providing worldwide access from any CAC-enabled government computer.”

ROVR still has some growing to do, but so far, design defects have been minimal and will be fixed once the system is fielded.

At Aberdeen Proving Ground, the veterinary clinic staff, which received training in February, is already using the new system in the VTF.

“Change is always challenging,” said Carol Bossone, veterinarian at the clinic, “but this system seems to offer functionality that we have not had before. I am hopeful that the end result will be a valuable tool that is versatile, flexible and seamless.” ▲

## Lost and found—tenacity and technology lead dog home

**JANE GERVASONI**  
EDITOR

**D**ue to the kindness of a stranger and some smart sleuthing by a U.S. Army Public Health Command veterinarian, Bear, a black Australian shepherd dog, is back home with an Army veteran and his family.

After business hours on Feb. 25, the staff duty officer at the USAPHC received a call from Andrea Bonner, a concerned animal lover, about a dog found in Matthews, N.C. The dog had followed her son home from his bus stop.

Bonner took the dog to a local emergency veterinarian to ensure it was healthy and to determine if she could find the owner. The dog’s rabies tag indicated he had been vaccinated at the Vilseck (Germany) veterinary treatment facility.

Although the dog had an implanted radio-frequency identification microchip, the owner had not completed the registration information. It looked like there was no way to locate the owner.

But Bonner didn’t give up.

Since the rabies tag came from overseas, she began an intensive Internet search. She called two local county animal control offices and posted the dog on Facebook and other Web sites. She also searched for the codes on the rabies tag, which led her to the veterinary facility in Germany, but it was closed for the week.

“After a lot of detective work, I called the Army Public Health Command and spoke with Capt. Ryan Lindell, who took all my information and promised to call me back,” Bonner said. “Thursday morning, Col. Robert Vogelsang from the Public Health Command called me with the contact information for Bear’s owner.”

Vogelsang, himself a veterinarian, called the veterinary treatment facility in Germany to get the owner’s name from Bear’s medical records. He then located a phone number using the Army Knowledge Online Web site.

“While Bear was with us, he was a sweet dog, but he had some anxiety issues,” Bonner explained. “After talking with his owners, I found out that Bear was rescued from abuse in Germany and travelled to Fort Bragg, and then to Matthews, so I could understand his issues.”

## FOUND DOG



**SEARCHING FOR OWNER**  
Please help find owners of rescued Australian shepherd dog

Contact Andrea (955) 555-4444  
Contact Andrea (955) 555-4444

(Photo courtesy of Andrea Bonner)

After his visit with the Bonner family, Bear was returned to his owners who live only one mile away. He was lucky that Bonner and the USAPHC were able to find them.

Without his microchip, though, he might never have made it home.

“Most installations make microchipping a requirement, so if you do live on post it isn’t an option. If you live on a post in a foreign country, the Public Health Command veterinary treatment facility usually provides the service,” said Vogelsang, “but if the owners don’t register their pets with the microchip company, then the microchip does not usually help in finding the animal.”

Happy ending aside, Bear’s story emphasizes the need for pet owners to have their pets microchipped and to complete the chip registration process. ▲



## Sexual Assault Awareness Month observed



*U.S. Army Public Health Command took the lead at Aberdeen Proving Ground's Sexual Assault Awareness Month opening event April 3.*

*In keeping with this year's theme, "Speak up! A voice unheard is an Army defeated," USAPHC Commander Maj. Gen. Dean G. Sienko emphasized, "We at APG ... will give survivors the best-in-class advocacy, care, support and protection."*

*After the run, employees signed the Sexual Assault Awareness Month proclamation, and then joined together to form a ribbon to symbolize their support of sexual assault survivors.*

