PH Shop Talk

Volume 5, Issue 1

Jan—Mar 2004

Pubs Corner

- AFPD 48-1, *The Aerospace Medicine Program* is being revised
- AFI 48-101, *Aerospace Medical Operations* is being revised
- AFI 48-105, *Surveillance, Prevention, and Control of Communicable Diseases and Conditions of Public Health or Military Significance* is being coordinated for publication.
- AFI 48-116, *Food Safety Program* was published 17 March 2004.
- AFI 48-123, *Medical Examinations and Standards* is being revised along with the AF Form 422, Physical Profile Serial Report.
- AFI 48-131, *Veterinary Services*, is being coordinated for publication (Joint Instruction).
- AFI 10-246, *Food and Water Protection*, is in final coordination.
- AFI 48-XXX, *Deployment Health Program* is in draft.
- AFOSH STD 48-20, *Hearing Conservation Program*, is in draft coordination.

Inside this issue:

DoDMERB Focus 2

ANG Focus 3

Final Thoughts 8

Your Corporate Board at Work

The Public Health Corporate Board met recently at USAFSAM at Brooks City Base and the following topics were on the agenda.

- There is an update coming to the AFRESS II computer program that will change the program to a web based interface. Contrary to rumors out there, this program will still have reporting capability for occupational injuries.
- The great staff at USAFSAM is compiling and publishing a non- inspectable Public Health guide for running an office. It will be based on the AF Inspection Agency's guide and checklist but will be more in-depth and will have links to the references listed.
- There is a list of Unit Type Codes (UTCs) for Air Staff, MAJCOM staff, and non base level PH personnel. There is an effort to build some predictability for when these people will expect to deploy to cover specific taskings (such as US Army missions and out of cycle AEF taskings etc). The Corporate Board will have recommended priorities for utilizing these UTCs. For instance, if an agency has two PH Officers working special projects, one UTC tasking will be assigned to that agency. The agency then gets to select which officer gets deployed on a particular tasking. Volunteers will get preference if available during their assigned AEF cycle.
- The group provided input to the team that is drafting the changes to AFI 48-101, Aerospace Medical Operations.

The rest of the time was devoted to some strategic planning and prioritizing

Continued on page 8

Aircrew Standards

There was a meeting recently of a group of exceptional individuals who came together to discuss and come up with solid recommendations for medical standards for aircrew and other members of the USAF. This group consisted of experts from the various military services (USAF, US Army, and US Navy) as well as the Federal Aviation Administration (FAA). This group is chartered from the Aerospace Medicine Corporate Board (Flight Surgeons from HQ USAF, AFMSA, MAJCOMS and other various agencies).

Some of the topics they discussed and decided to make recommendations back to the AMCB include: procedures for handling and waiving new medications and new uses of previous medications; procedures for determining study groups for identified medical conditions; waivers for previous malignancies; the rewrite of AFI 48-123 and AFPAM 48-133; a waiver guide update; and several recommendations concerning standards for vision (including color vision and surgical procedures such as CLAPIKS). There was also a demonstration of the Aeromedical Information Management Waiver Tracking System (AIMWTS) and the new Physical Examination Processing Program (PEPP) as potential platforms for Tri-service program integration and data sharing. The recommendations will be forwarded to the AMCB before they are acted on further. Once the results are made public and the new policy is established, then they will be published in a future edition of this newsletter for your information.

DoDMERB is Here to Help

SMSgt Tom Weyer, stationed at the DoD Medical Evaluation Review Board located in the basement of a building at the USAF Academy, recently briefed the Team Aerospace Operational Solutions (TAOS) course of some changes to their program at DoDMERB.

The first items he would like to share with us is the belief that many bases are not sending their non-empanelled patients to Public Health (the Force Health Management section) before the patient departs the clinic. This would prevent the dreaded return trip (of sometimes a few hours and several hundred miles by an angry parent or potential future member). Having these physicals start and END with Public Health will help ensure good quality and the prevention of missed tests. A good quality check of the physical will help everyone involved. SMSgt Weyer has had physicals come into their office with the following errors:

1. No physician signature
2. No applicant signature
3. Blank physician entries
4. Blank applicant history entries
5. Blank location entries (where performed)
6. "N/A" written by the physician in testable areas, where an entry is mandatory
7. Partial completion of the optometry portion
8. Measurements that should be in "mm" that are in "cm". They might guess that the technician meant to say "25 mm", but "25 cm" was written and they can only go by the results written by the technician.

NOTE: All of these items would/should be caught by a quality review check in Public Health.

Now for the good news! SMSgt Weyer explained to the audience at TAOS that those bases with a stateside ROTC unit demanding a heavy load of DoDMERB physicals might be obtaining most of their physicals through a contractor. DoDMERB is trying to get units to go to the nearest DoDMERB Subcontracted Physician. The goal is to have about 90 percent or more of the detachment physicals (including remedial examinations) performed through these contract providers. This should help alleviate the burden on the active duty medical treatment facilities. This might not be able to happen at small out of the way bases with small detachments... but please call DoDMERB to see if they can help.

DoDMERB still requires active duty MTFs to perform the non-detachment (high school) related physicals that they send out. However, DoDMERB has subcontracted 65% of these non-detachment related physicals already, and that number will increase throughout the coming year.

MORE BIG NEWS...later this summer DoDMERB will **contract out a high percentage of remedials** for non-empanelled applicants ...this is another way that DoDMERB is reducing our footprint on your base!!! You take no action for this to happen...it'll just happen. The applicants will again have the option to come to you, but DoDMERB will try their best to get them to opt for the contractors. There will remain a few remedial examinations that REQUIRE a military physician to verify the applicant will meet future military needs, but these requests are few and far between.

To summarize the news from DoDMERB:

1. This is a reduction...not elimination of DoDMERB exams.
2. Applicants can choose your base over a subcontracted physician...but we will tell them "the preferred method is to use the contractor".
3. You will still do the 1-3 DODMERBS I send you each week. These are non-detachment, high-school kids. That number will also be reduced throughout the coming year.
4. Remedial examinations will be sharply reduced later this summer, as DoDMERB is setting up a network of specialty subcontractors everywhere they can.

Thanks to SMSgt Tom Weyer for sharing the news with us. If anyone has any questions or concerns with DoDMERB, please call SMSgt Weyer at

DSN 333-7716; Comm (719) 333-7716
FAX Commercial (719) 333-3569
FAX Computer (719) 333-3578
E-mail: thomas.weyer@dodmerb.tma.osd.mil

Air National Guard Public Health Newsletter Items

ANG/SG Public Health Headquarters is located at:
3500 Fetchet Avenue
Andrews AFB, MD 20762-5157

Lt Col Cindy Cogburn, Chief, Public Health
cindy.cogburn@ang.af.mil DSN: 278-7601
MSgt George Silvas, Superintendent, Public Health
george.silvas@ang.af.mil DSN: 278-8556
MSgt Michele Miller, BW Defense Program Manager/
AFCITA Administrator michele.miller@ang.af.mil
DSN: 278-7255 COMM: (301) 836, FAX: 7446

Air National Guard Readiness Center Office Of the Air Surgeon (ANG/SG) Website
https://airguard.ang.af.mil/sg/

Air National Guard Homepage http://www.ang.af.mil/
Air National Guard AD Jobs http://www.ang.af.mil/om/ads/mva_list.htm

AMSUS:

Public Health AMSUS Power Point Presentations are now posted on our Air National Guard Readiness Center Office of the Air Surgeon website https://airguard.ang.af.mil/sg/ Scroll down and click on "Bioenvironmental & Public Health Home (SGOE)" click on "Library" scroll down to "AMSUS 2003 Public Health Briefings" Please note that the "Public Health Doctrine" presentation takes a while to come up, so a little patience is required!

Helpful Training Information:

Current Public Health CFETP (ARC specific) dated 1 September 2002: http://wwwsam.brooks.af.mil/web/eh/cdc/cfetp02.pdf

Public Health Epi/Ento Distance Learning CD-ROM, *"Vectorborne Disease & Principles of Epi" is* available on our website:

- Click on: https://airguard.ang.af.mil/sg/
- Scroll down and click on "Bioenvironmental & Public Health Home (SGOE)"
- Click on "Library"
- Scroll down to "4E Distance Learning Tools"
- Click on "Vector-borne Disease & Principles of Epi"

Training links from Brooks City-Base: http://wwwsam.brooks.af.mil/web/eh/index.html scroll down to "Items of Interest" section. You may point and click on RSV lesson plans, 5-level CDCs (six volumes) and 7-level upgrade training information. The information files in these sections are large; it takes a few seconds to come up. FYI...PH RSV frequency was changed to match the AEF Cycle (each AEF Cycle is 15 months... frequency put at every other cycle).

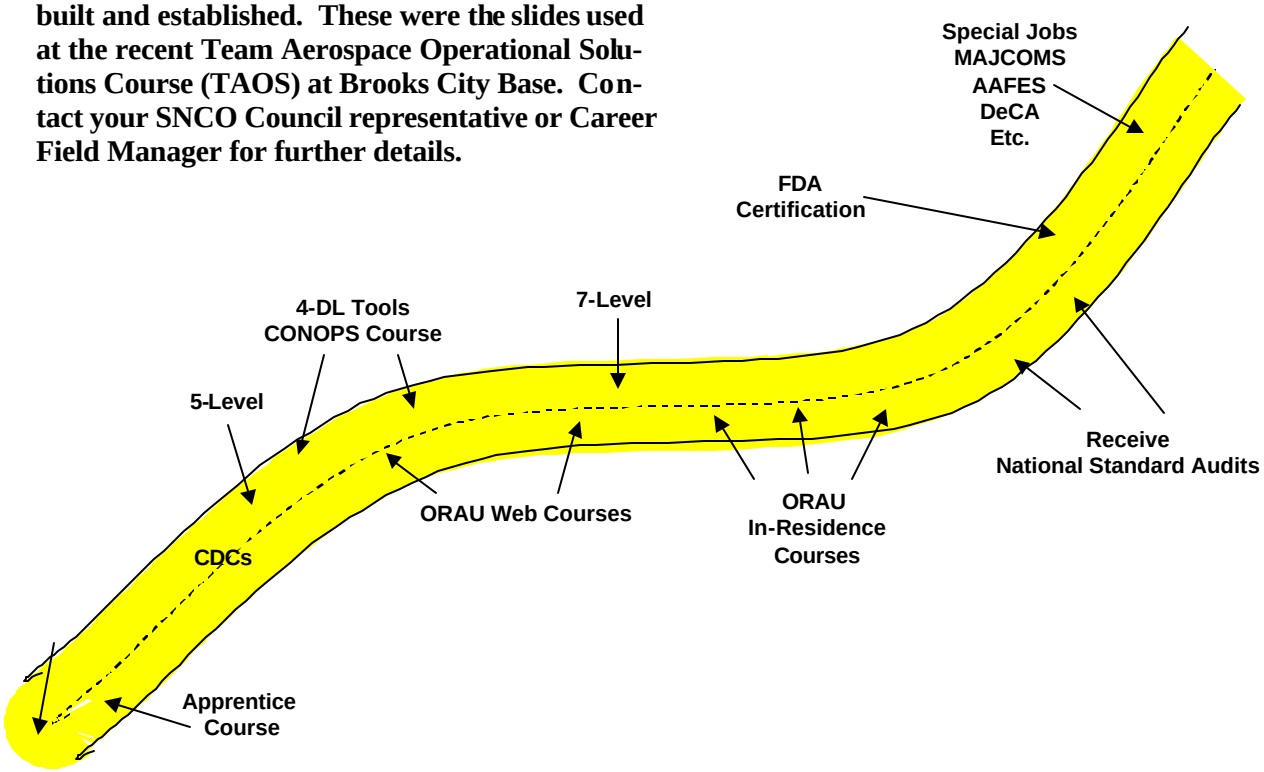
Free Training Opportunity: The Illinois Public Health Preparedness Center (University Of Illinois) website http://www.uic.edu/sph/prepare/ offers **free** Public Health courses that may be of interest to you. I highly recommend you navigate through this site and take advantage of this great opportunity to gain valuable public health training and education.

Supporting the US Army PM

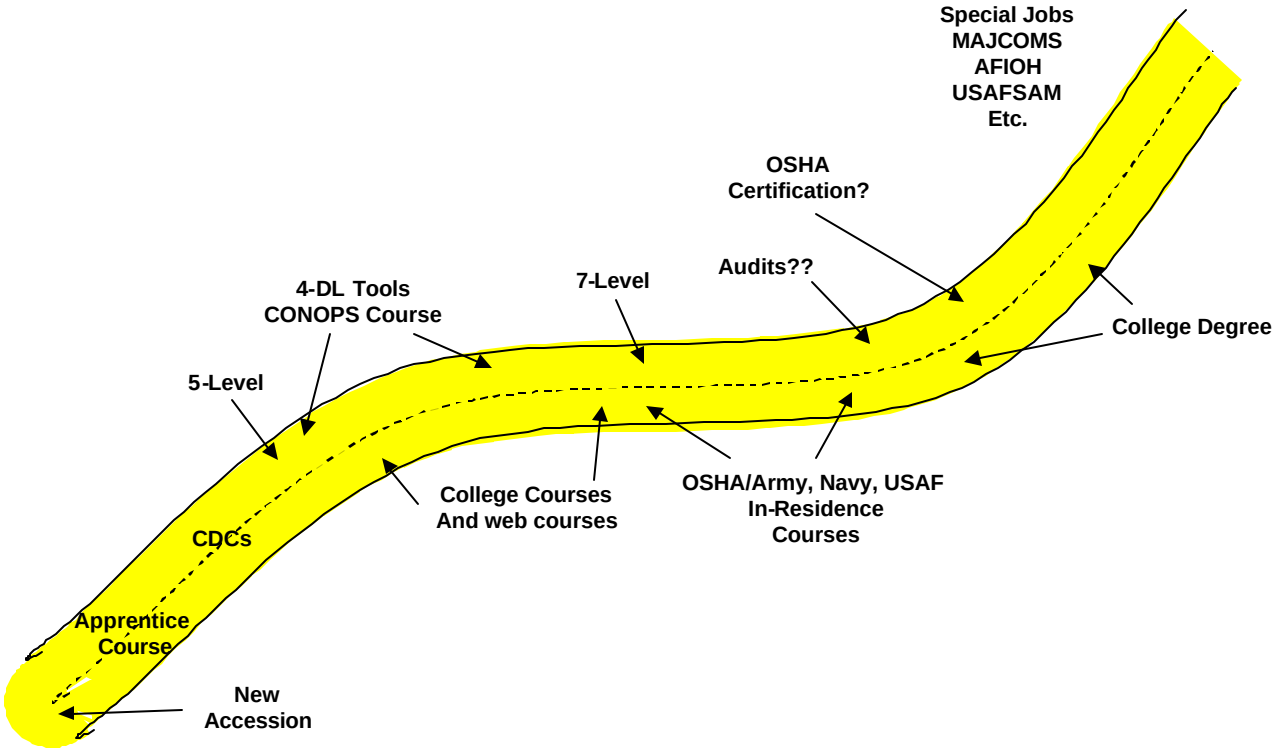
Recently, the world situation and the number of taskings the military services must support has resulted in the US Army requesting assistance from the USAF Public Health professionals to support some preventive medicine missions around the world. We have already sent a few Public Health personnel to support some of these missions. The USAF leadership will utilize the current AEF cycle to support these taskings. However, there will be several A-type Unit Type Code teams that will be brought into this tasking cycle. The A-type UTCs are commonly referred to as the overflow or extra people put onto the team to handle the surge capacity when called upon. There will most likely be more of these types of deployments to come in the future. It is important for all of us to be able to work with the other services in an interoperability environment. We most likely will not replace each other...but we must be able to work and operate in each other's environments. The PH Corporate Board will discuss this situation at the next meeting in late March.

The following four pages show the DRAFT enlisted pathways that are in the process of being built and established. These were the slides used at the recent Team Aerospace Operational Solutions Course (TAOS) at Brooks City Base. Contact your SNCO Council representative or Career Field Manager for further details.

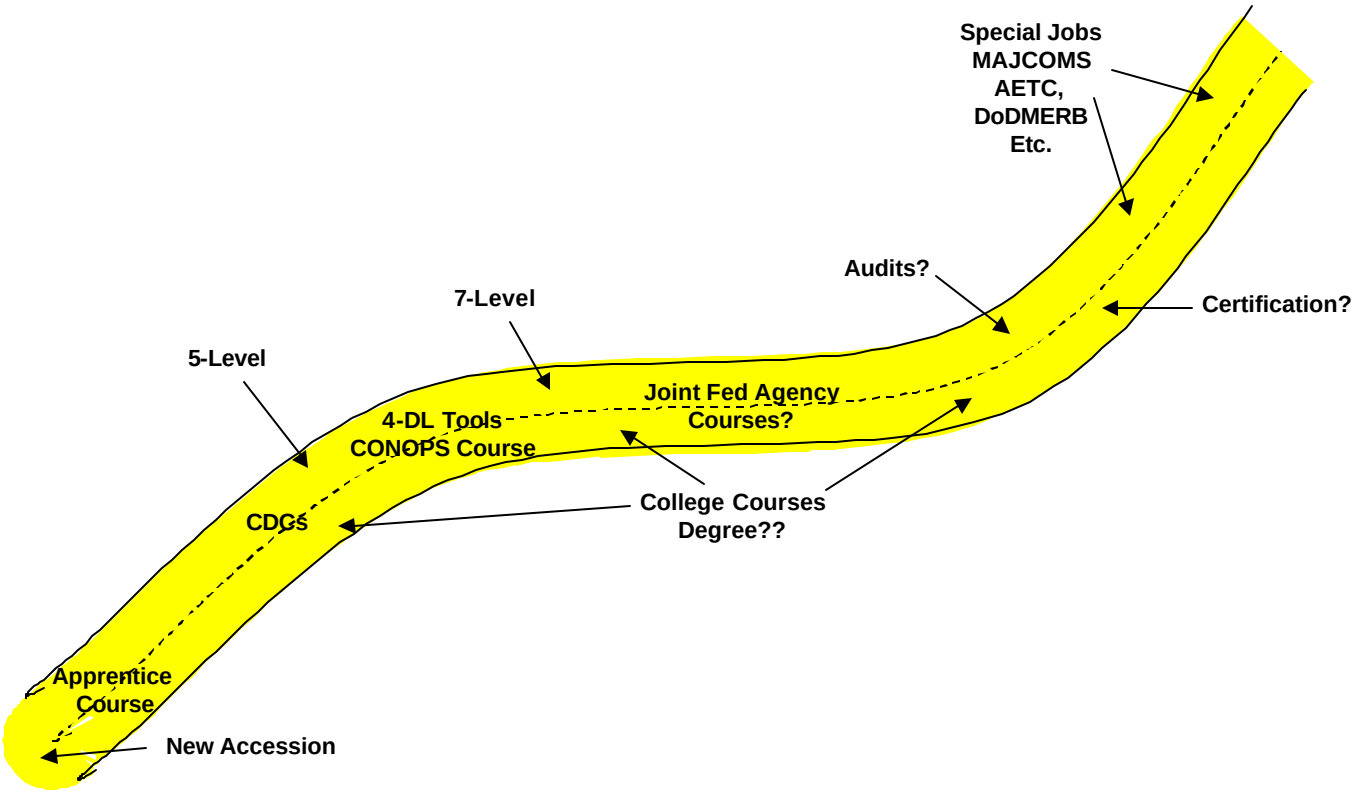
Pathways: Food



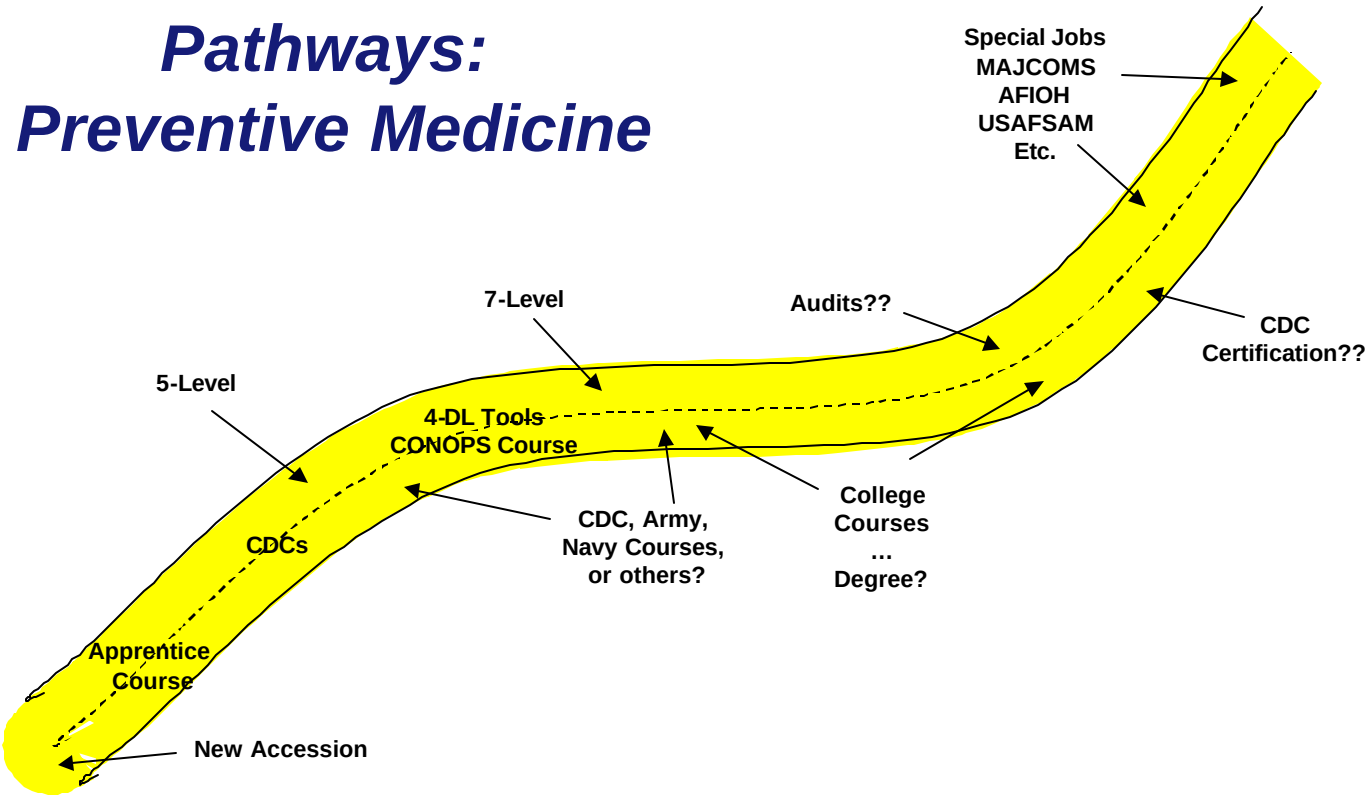
Pathways: Occupational Health



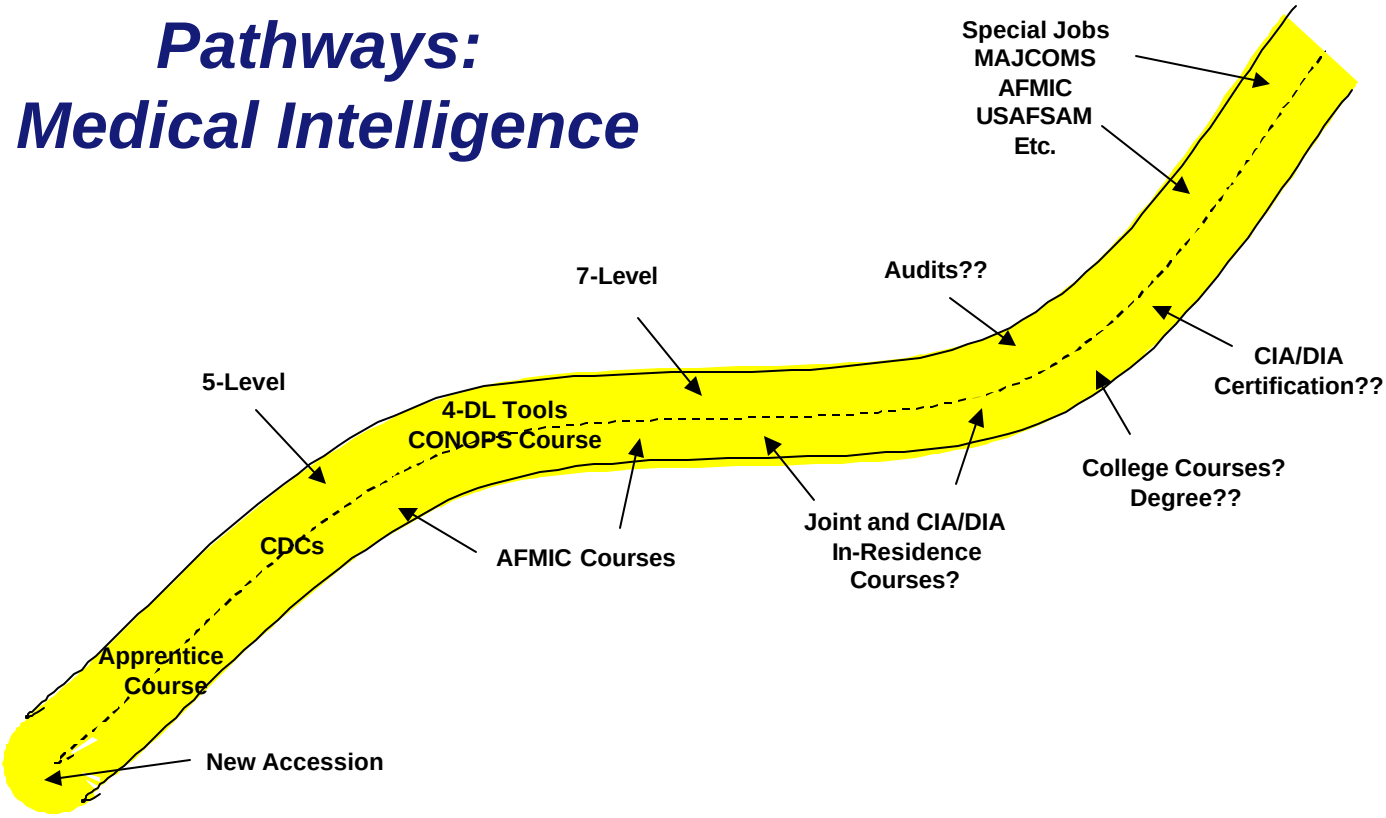
Pathways: Medical Standards



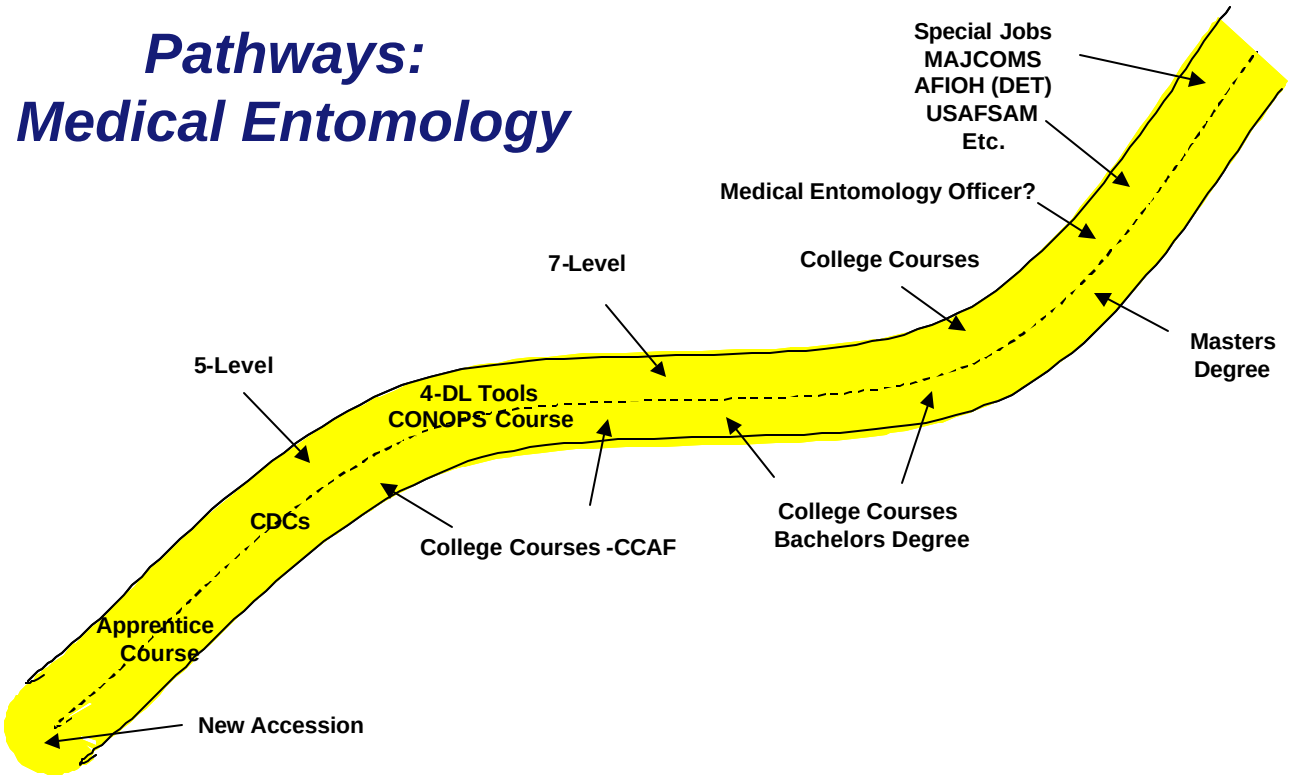
Pathways: Preventive Medicine



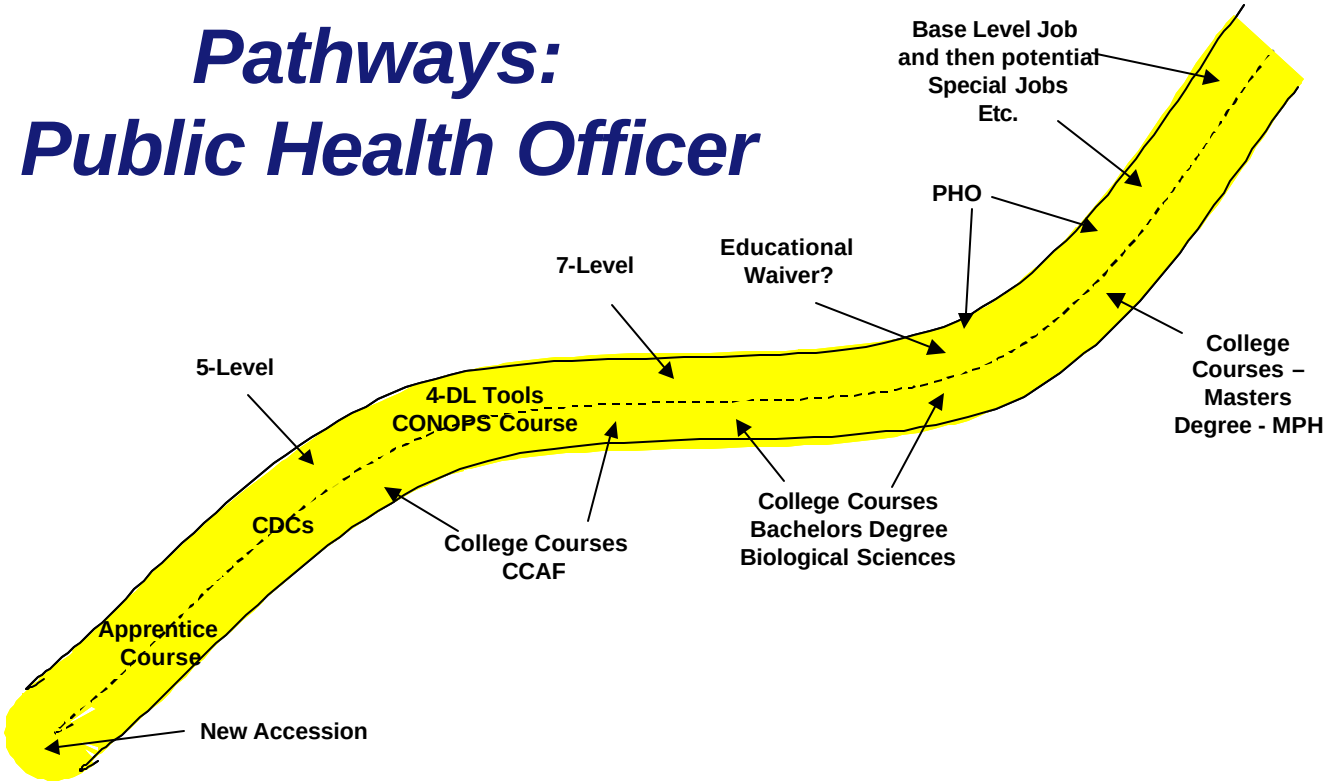
Pathways: Medical Intelligence



Pathways: Medical Entomology



Pathways: Public Health Officer



In order to properly build this pathway for the enlisted force, we first have to establish degree requirements with the desired concentrations to ensure those selected will be set up for success. Here are the draft requirements for this pathway:

- **Bachelors Degree with strong concentration in biological sciences**
- **Any degree other than Veterinary Medicine or Nursing with an MPH requires an educational waiver from BSC Associate Corp Chief for Public Health**
- **All enlisted must have at least 5 years experience working in Public Health programs**
- **Packages reviewed by CFM (for recommendation)**

- **If enlisted members get an MPH (with a strong concentration in undergraduate studies in biological sciences) they will be highly competitive for any PHO slot available (make sure the college is listed on the CEPH list…Council on Education for Public Health)**

USAF Public Health

Continued from Page 1

which topics to work on. The group decided that it would devote time and energy to the following top four topics this coming year:

- The Corporate Board had the fortunate opportunity of asking a group of students attending the Medical Standards Bridge Course to provide some feedback on what the top three concerns or successes of the 4N/4F/4E merger. The class eagerly provided some very valuable insight and feedback. Most of the comments were centered around the interaction between Public Health and the rest of the medical group affected by the merger (i.e. PCM teams, flight medicine, immunizations, and squadron and group leadership, etc.) There have been several surveys sent out by a few MAJCOMS to gather some data showing how the merger is working and what can we do to improve on this new process. The Corporate Board will continue to gather information and then spend a significant amount of energy to ensure the processes are working properly. This will be done in several ways. First, a major complaint is unclear guidance on who is supposed to perform which task or group of tasks. Second, the guidance will be written into an AFI for more formal accountability. This might take a longer period of time to coordinate and get published as there are many functional communities involved with this merger.

- Another part of the merger is the Clinical Care Follow-up procedures for "private health" issues. This can be considered part of the merger, but really it was supposed to be transitioned to the PCM teams back when Primary Care Optimization first came into existence. An effort will be made to find ways to help transition these processes to the appropriate responsible authority.
- Another topic causing consternation for Public Health at base level is the philosophy of centralization versus decentralization (PHA clinics, immunizations, occupational health examinations, etc)

There were many other topics that were discussed and they will continue to be discussed at future video teleconferenced Corporate Board meetings (held monthly). A sampling of these topics include new hearing protection for the F-22 Rapture aircraft (in which ear canal moldings are poured and plugs with communication capability are constructed and individually fit for all ground crew and will Public Health become part of this process and to what extent. There are efforts being made to contract this work out. Other topics include officer assignments with the new Force Development initiative, recruiting of PH Officers, enlisted pathway development, advanced degrees for PH officers and where to assign them afterwards, utilizing the Functional Users Group (for our computer systems) appropriately (to vet system changes and make recommendations to the PHCB for prioritization and continuation of the stop doing stupid stuff effort as well as designing the future of Public Health.

The Public Health Corporate Board works for you out in the field (those who carry out the PH mission). You are encouraged to forward comments, requests and issues of concern through your chain up to your MA-

Final Thoughts–

There are many things happening within and around our career field. We are all very busy getting our missions accomplished. With all of the crisis management going on...do not forget to ensure our people get properly trained on all aspects of our mission. Supervisors and trainers MUST take the time to build and operate an effective training program and then DOCUMENT the training efforts correctly in the members Career Field Education and Training Plan (CFETP). In my travels to many bases, I found that there are many high quality training programs (with great instruction)...but the documentation for that training is sometimes poor or non-existent. Please ensure that your program is working well and is documented appropriately. Make sure that your training includes ALL areas within our specialty (with the local spin added in).

If you have questions concerning the documentation of the training records or training programs in general, please contact your local training manager for assistance. AFI 36-2201 (volumes 1-6) cover the entire training program.