



# PH Shop Talk

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## **PUBLICATIONS CORNER**

AFI 48-105 (Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance) is currently being updated by Col Dana Bradshaw (AFMOA)...and is scheduled to be sent to the publisher after MAJCOM coordination in Apr 01.

AFI 48-116 Food Safety Program, is being reviewed by a Sub-Committee of the Public Health Corporate Board for possible revision.

AFI 41-106, Medical Readiness Planning and Training RSVP is under review and revision.

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## Successful TAOS

Team Aerospace Operational Solutions Course for 2001 at USAFSAM was a resounding success! It was an opportunity for old friends and new team members to get together and share experiences and work on solving problems within the Team Aerospace environment. The first day we had combined sessions with many speakers covering several important topics. Col Tom Travis (our Team Aerospace Leader from AFMOA) opened the course with an introduction of the Team Aerospace Council (TAC) at AFMOA. He then explained the current status of the TA Business Plan...which will be

sent out for all to review. There will also be plans published for each MAJCOM and possibly for each base level Team as well. A major part of this plan includes a manpower strategy to help ensure that each Team Aerospace entity has the right manpower to get the job done. Another important part of this plan is the new way we (in TA) will be accounting for our requirements and funding. The new program called Team Aerospace Funding Requirements (TAFR) is built from the ACES program that Civil Engineering has used for some time. Your BEE can help explain this to you if needed. There were other briefings such as a PH, BEE and Flight Medicine update; a briefing on

the readiness vision, a briefing on the IM/IT for TA; a briefing on hub and spoke for AFIERA, and a talk on Population Health from our own Col Van Hook. Day two was an AFSC specific breakout day and days 3 and 4 were short courses covering topics from readiness to population health epidemiology to IM/IT. The last day was a MAJCOM breakout in the morning and a hot wash for the TA leadership to start planning for next year! There were lots of great comments from most everyone...I feel that everyone got a lot out of it and would come back again next year if invited. Thanks to the TAC and the fine people at USAFSAM for putting on a great and useful course. It was a great experience!

## Lt General Carlton Speaks to TAOS

Lt General Carlton gave a great talk to the TAOS students on the first day of class. His talk centered around the reasonability and relevancy of our AFMS and team Aerospace in the years to come. He talked about the changes in our readiness posture going from a larger bulky deployable medical force to a leaner, lighter, smaller medical footprint that is structured in smaller

building blocks that can rapidly build up and reduce as the operation progresses. He stated the importance of public health issues during any deployment and that PH would be on the first plane in and most likely on the last plane out. He told a story of a baby who had difficulties immediately after birth in Kadena AB Japan and that a special critical care team was assembled and launched on the probability that they

would be needed...which resulted in a quick "get the baby and go" operation...the baby is doing great after definitive care at WHMC. This shows the capability of the AFMS and USAF! General Carlton spoke about our peacetime operations and how important optimization is so we can provide the right care at the right time to our most valuable asset...our people! We appreciate his words and astute leadership!

## Readiness Around the Globe

In this issue I will try to provide a better explanation to what is being planned for changes during our re-engineering efforts. I want to remind you that none of these actions are finalized but are currently being worked at multiple levels with a cross-functional team to ensure we are bringing the right people into the discussion so we include all possible problems and solutions. In the readiness arena, there are several issues being discussed. Most are focused on improving our training and core competencies to ensure we bring the right skill set to the table for supporting our commanders. We are working on improving our medical intelligence information gathering (making it more real time through improved

response from AFMIC), improving the airfield and location specific survey database (source to gather medical intelligence), improving training experiences, improving deployment surveillance process, improving food safety and security skills, improving site selection and vulnerability assessment skills, and improving DNBI and pest surveillance during deployments. Some of the areas and issues where the working group feels do not totally belong to Public Health include: personal protective equipment used by deployers, BW/CW antidotes, NBC detection, heat stress and cold stress, and medical waste disposal. The group will be working with the appropriate agencies (such as BEE CE readiness) to attempt to transition these tasks to the appropriate

personnel. The other area that we have been trying to get definitive guidance for a long time is peacetime and wartime decontamination. There is a multifunctional group working this very complex problem at the Air Staff level. This issue is highly visible and there is a large amount of money being put into solving this problem. It is too early to tell what direction this will go or even if PH has a role in this area. No matter who performs this function...we (the AFMS) need to ensure that the military medical response is properly prepared to take care of our people and other resources if contaminated. Due to the politics and numbers of agencies involved...this one may take some time to solve...stay tuned!

## Food Safety and Sanitation News

The food safety and sanitation working group members have had numerous discussions on how to best ensure food safety both at home and while deployed. Let me make this very clear...WE ARE NOT GETTING AWAY FROM FOOD SAFETY! If anything...we will strengthen our role in food safety not reduce it. The current discussion centers around our involvement in the commissary. While we are not going to move back into the commissary on a full time

basis...we probably should have a daily presence in there (and in all major facilities on base) to conduct walk through evaluations. It is my opinion that we should spend up to an hour or so (depending on the problems found there) walking through to check customer complaints, receiving vendor food quality history reports (checking for major problems with specific vendors), a general look at perishable foods (FF&V, meats and dairy) to see if the quality is accept-

able and general sanitation of the overall facility. If we find a problem we can annotate it on a AF Form 977...but I would suspect that most of the time we would not find any problems and thus no documentation would be necessary. Our people should be either on a beeper or available to respond to identified problems at any of the facilities on base. The group is also looking into increasing our training opportunities for our wartime food safety/security skills.

## The Occupational World

This is one of the areas where the most change will most likely occur. However, it will take some time to identify what exactly will change. Col (S) Judith Holl is the lead for the team and is working very hard to ensure we (the AFMS) are making the right decisions concerning Occupational Health. Some of the ideas and areas they are looking at changing include pregnancy profiles, occupational health education, shop visits, examination scheduling etc.

Those areas where we are the "go between" or jobs where we have very little to no value added are the prime targets of change. The process must be completely identified, problems and special circumstances identified, and all agencies or offices involved identified and brought to the table for discussion. If any changes are to take place...all parties should agree that the newly identified process makes sense and then a transition plan laid out.

From my understanding, we will keep the biological exposure occupational shop education (mostly the HEHP program including needle sticks, etc)...since we have more expertise in the biological arena. By the time you get this newsletter you should have received a letter from AFMOA explaining some things in occupational health that we can reduce our workload such as in performance of shop visits. If you have further questions please call in on the worldwide TC.

# Epidemiological Surveillance

You should have received the Jumpstart manual with the PH milestones to achieve in the early phases of this area. You should have received a data disk from the Population Health Support Directorate (PHSD) and you should have spent some time reviewing the data to determine what the data shows and tells about your base and population. You should also be getting familiar with some of the computer tools (such as Microsoft Access, Microsoft Excel or Business Objects or similar programs) necessary to review your data. You may have heard that Business Objects is go-

ing away. The ADS database will likely be going away (which is what Business Objects is used to look at)...but do not worry...when CHCS II comes to town it is my understanding that it will allow Business Objects to be used to review the database. Your efforts to learn it now will not be wasted. Also, by learning this program and Access...you are increasing your skills at analyzing data and your epidemiological skills as well. These skills can be transferred to many other programs as the way you look at data is much the same (only the mechanical buttons to push may be slightly different). You should have established

working relationships with the HCI, GPM, Health Promotion, Population Health Working Group and a few PCO teams by now. You should be analyzing your immunization data and be learning all about PIMR (because that data analysis will be coming). This area will be increasing our workload from our traditional TB and STD and Occupational Health illness rate data to eventually being a robust epidemiological capability helping the AFMS make evidence based decisions for interventions and preventions. We are a critical member of the team that can help make the AFMS optimization a success.

## USAFSAM Review—New Subject Matter Experts Appointed

Here are the newly appointed watch dogs or Subject Matter Experts from USAFSAM who will be watching the world for updates in each of our programs. They will watch for changes to regulatory guidelines (CFRs, CDC, FDA, USDA, etc) and let us know what changes have been published. These will be publicized through

the USAFSAM Launch (on the USAFSAM web site) and forwarded out to all MAJCOMS. MAJCOMS should then forward to each base as needed. NOTE: There will most likely be a lag time between the publication of guidelines from these other agencies and the time a policy letter or guidance is published from USAF or MAJCOM. You should

keep in mind that unless it is public law...you must get approval from higher headquarters (MAJCOM) prior to making any changes to your program. Some of the releases may be information only while others may be new public law. Below is a list of those folks at USAFSAM who have been appointed as Subject Matter Experts to keep an eye on new changes out there!

The USAFSAM Launch is for all of Team Aerospace members. However, here we will highlight just the Public Health team members at USAFSAM. On the **Admin Team:** Lt Col Linda Chambers (DSN 240-3174), Maj Armando Rosales (DSN 240-3734), and SSgt Keith Morgan (DSN 240-1954). The **Communicable Disease and Epidemiological Team:** Lt Col Michelle Marshall (DSN 240-3410) Maj Alice Chapman (DSN 240-3181), Capt Juan Ubiera (DSN 240-1953), and SSgt Annette Reid (DSN 240-1955).

**Occupational Health Team:** Maj Meg Haynes (DSN 240-3215), Capt Philip Kemp (DSN 240-1951), and SSgt Alvin Johnson (DSN 240-1949). **Food Safety Team:** Maj Jay Fuller (DSN 240-1946), SSgt Renee Patterson (DSN 240-1950), and SSgt Cory McClusky (DSN 240-1948). **Readiness Team:** Maj Armando Rosales (DSN 240-3734), Capt Matt Wyatt (DSN 240-3730), Capt Robert Gholson (DSN 240-3739), TSgt Wes Walker (DSN 240-1950), SSgt Elizabeth Beck (DSN 240-1955), and SrA

Earl Thomas (DSN 240-3724). **CDC Writer/Webmaster:** SSgt Robb Gudgel (DSN 240-3731). **Great Support Team for all the previous listed teams:** Ms Verna Hansen (DSN 240-2059), Mr. Leo Garza (DSN 240-2058), Chief Rich Hollins (DSN 240-3766) and Col Thomas Stedman (DSN 240-2269).

The web site that these Launches can be found is <http://wwwsam.brooks.af.mil/> under USAFSAM Launches.

## USAF PUBLIC HEALTH



World-wide Teleconference with CMSgt Strout is scheduled for 5 Apr 01 0800 hours Central Time and 1500 hours Central Time at DSN 576-0511.

## USAF Public Health

*A Public Health Family Publication*

*We are on the web...  
<http://wwwsam.brooks.af.mil/eh/>*

I will be trying to have monthly teleconferences that are open to anyone wanting to discuss issues concerning Public Health. However, these teleconferences are NOT for discussing assignments for those who want to move from one location to another because they are not happy where they are. If you want to have input with your CFM (and on occasion we will have Col Van Hook join us) to discuss what is happening in our career field...this is the golden opportunity to talk...the next teleconference will have **two meetings on 5 April 2001** the first is scheduled for **0800-0930 hours Central Time** (0900-1030 hours Eastern and 0600-0730 hours Pacific Time) and the **second** is scheduled for 1500-1630 hours Central Time (1600-1730 hours Eastern and 1300-1430 hours Pacific time)...feel free to join us if you can...I realize this is difficult for those overseas to dial in...I will try to change the time from month to month to allow others to have their time...and say! The number is DSN 576-0511 and the number of folks dialing in may be limited...thanks...Chief Strout

## Final Thoughts...

During the last world-wide teleconference there seemed to be several folks who had the impression that Public Health is giving up all of our current jobs and becoming bean counters. NO, this is not happening. We are only trying to get rid of non-value added tasks and to shift portions of our current tasks that make sense for someone else to perform. I have heard several times over the last 20 plus years how we monitor or manage the world and are responsible for almost everything without having any of the authority to ensure it gets done right. Public Health people have a long history of getting the job done right the first time...and commanders love that about us...they can always count on us getting the mission done. We have done it right so many times that we have had mis-

sion creep (taking on more and more tasks because we can do it right). Remember, no good deed goes unpunished. That is kind of how we got to where we are today. Now we are trying to get out of the patient treatment tasks, get away from redundant tasks (that others are also doing, such as shop visits), and those tasks where we are the admin (go between) office and do not have any particular value in the process. We still have a very important missions in food safety and security, facility sanitation, communicable disease control, medical intelligence and deployment surveillance, medical entomology, occupational health (more limited role but an important one none the less) and epidemiology in all of our populations. We are trying to ensure what we do in peacetime is the same mis-

sion we perform in wartime. This makes being wartime mission ready much easier. Remember, if you have ideas to share or questions to ask about during this reengineering effort, please ask either the SNCO Council members, the PH Corporate Board members, or Col Van Hook or I at anytime. You can also address your concerns during the world-wide teleconferences. There will be growing pains with this change... but together we can minimize the negative impact on you "our people". I challenge each person to focus on the positive aspects of these changes and to take part in helping mold our future. Be part of the solution and not the problem. Any time we face change, it is critical that supervisors take extra special care of our people...we need to help each other make the transition!