



WELCOME TO THE ALL PAC NEWSLETTER OF THE US PUBLIC HEALTH SERVICE



Greetings my fellow officers, I am CDR Michael Crockett, your PAC Chairs Chair. I would like to introduce you to our new Combined Category Newsletter. One of our highest priorities of the PAC Chairs this year is to seek out new ways to collaborate and mutually benefit all of our categories. One of our most successful means of accomplishing this has been through increased communication. In the spirit of this we have created this newsletter to serve as a voice for those small categories that may lack the sheer manpower to have their own, as well as to increase awareness of all the categories and the wonderful things you all do. With all the challenges we face and the changes that are sure to come, what better time to pull together and help each other with a stronger commitment to serve?

Take a look back through the history of the Corps and you will see one constant throughout our long history. That constant is of course change! It is often said that change is the only constant in life and the Corps is certainly no exception. Why just within the last few years look at the tremendous changes that have taken place from transformation, to the consolidation of many offices into DCCPR, to new systems for billets and COERs. You could even point to the changes in the government's fiscal situation as an example of how things always change. And yet, through all these changes so many things stay the same. As we face the departure of our 18th Surgeon General, VADM Regina Benjamin, I want to encourage you, my fellow officers to focus on these constants.

What constants are there you might ask? There will always be underserved and vulnerable populations within our own country and abroad that need us.

There will always be disasters, whether man-made or natural, demanding the kind of response that only the Commissioned Corps can provide! In fact, we are the only full-time service capable of providing a large scale medical response in the entire world. There will continue to be regulatory needs and opportunities to protect the safety of the people. I was very lucky and honored to have had the opportunity at the recent 2013 Scientific & Training Symposium to have a chance encounter and discussion with former Surgeon General, VADM Richard Carmona. His passion for the Corps was still very evident as he shared his wisdom and leadership. His words left an indelible mark on me when he said "We serve one President, one Surgeon General, and no matter what we have to keep the mission moving forward".

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Welcome Cont'd



Former Surgeon General,
VADM Richard Carmona

We also have our Core Values to guide our path and are unchanging principles that stand the test of time. It is during times of uncertainty and difficulty when we should rededicate ourselves most to our core. Trials and tribulations at their best do force us to recalibrate ourselves and re-examine what matters most. I submit to you that the Corps will always be best served when we as officers strive to emulate: Leadership; Integrity; Excellence; & Service. Speaking of leadership, I also had the distinct honor of speaking with our current Deputy Surgeon General, RADM Boris Lushniak at the Scientific and Training Symposium. It is with great pride that I tell you he is one of the most dynamic, yet humble and real people you will ever meet. The Corps has a long legacy of devoted, passionate leaders and we are poised for that legacy to continue for many years. I encourage you to read about the things going on within the Corps that are beyond your horizons and to dedicate yourself to the Mission!

With Pride,

Mike



Deputy Surgeon General,
RADM Boris Lushniak

Officers Walk and Work Well—at the Same Time!



CDR Lisa Delaney

Perhaps Lao-tzu said it best when he said “A **journey of a thousand miles begins** with a single step.” Officers at the Centers for Disease Control and Prevention’s (CDC) National Institute for Occupational Safety and Health (NIOSH) are putting this truth to the test with the launch of the Healthiest NIOSH Walking Workstation pilot program which began in February 2013. The pilot program allows all NIOSH



employees, including Commissioned Corps officers, to increase their level of physical activity while still maintaining full productivity. The goal of the pilot program is to reduce the level of sedentary work experienced by

NIOSH employees and improve their overall health and quality of life both at work and away from work. This goal supports the Surgeon General’s National Prevention Strategy by promoting the Active Living Priority which specifically identifies supporting workplace policies and programs that increase physical activity as a means to achieve the Active Living Priority.

A growing body of research has demonstrated that prolonged sedentary behavior, largely due to one’s reliance on a computer for work, negatively impacts health independent from risk factors due to a lack of exercise. Thus there are significant health benefits to be gained by incorporating light activity into one’s workday. The walking workstation safely integrates a fully adjustable work-surface (containing a phone, computer and monitor, document holder, and work space) with a low-speed treadmill. Without breaking a sweat and by simply putting on a comfortable pair of shoes, a work-walker can burn calories by walking at a normal pace that is comfortable to the user. According to colleagues, case reports, and early research, many walking workstation users have reported improved energy balance and increased calorie expenditure, improved sleep, more energy throughout the day, improved spine and joint health, and greater balance and core strength. “I like using the walking workstation to catch up on email that has accumulated during the day. Walking improves my energy level when I feel it getting low” reports CAPT Margaret Kitt (Physician). The pilot program allows employees to schedule up to four hours per week in advance. (continued on page 13)

Understanding the TRICARE Pharmacy Program

Contributed by: CDR Aaron P. Middlekauff, US Coast Guard; Edited by: LCDR Josh Devine, TRICARE Management



TRICARE provides one of the most comprehensive pharmacy benefits of any insurance provider. For more convenient service, it has partnered with Express-Scripts, Inc. for home delivery and retail network pharmacy services.

TRICARE prescription drug coverage is available to all TRICARE-eligible beneficiaries who are enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). Beneficiaries include active duty service members and their families, activated National Guard and Reserve Members and their families, as well as retired service members and their families.

There are several convenient ways for you to have prescriptions filled. There are three different Points Of Service (POS). The first is at the Military Treatment Facility (MTF). This is the least expensive option with no out-of-pocket costs. MTFs have similar but varying formularies, so it would be beneficial to inquire about or become familiar with the medications stocked on a particular MTF's formulary in advance of your visit. The second is the TRICARE Mail Order Pharmacy (formerly referred to as TMOP but now called Home Delivery). Patients can register for Home Delivery and request refills quickly online, via mail, or over the phone. The last option is the retail POS available through more than 57,000 network pharmacies in the US and US Territories. The network pharmacy list essentially includes most pharmacies other than Walgreens.

Filling a Prescription

To have a prescription filled, you will need a written prescription and a valid Uniformed Services identification card, known as the Common Access Card (CAC), which serves as proof of insurance. Providers can also call in or fax your prescription to the Home Delivery and retail POS (many MTFs vary with regard to local policy as to whether they accept call-ins or faxed prescriptions, so it would behoove you to check in advance). All prescriptions filled through the MTF, Home Delivery, or at a network pharmacy are checked against your TRICARE prescription history for potential drug interactions.

The TRICARE formulary search tool provides details about prescribed medications, including medications covered by TRICARE's medical benefit, and can be found at the following link: http://pec.ha.osd.mil/formulary_search.php

Vaccines

The TRICARE Pharmacy Program also covers some vaccines for a zero copayment at participating retail network pharmacies. All 50 states and D.C. allow pharmacists to administer vaccines, but state laws vary as to which vaccines may be administered in network pharmacies. You are strongly encouraged to contact your network pharmacy in advance to make sure the vaccine you need is available and in stock.

Prescription Costs

Beginning February 2013, some prescription costs increased for dependents and other non-active duty personnel. Prescription costs are based on the type of prescription and where it is filled. Note: active duty service members receive their medications for free.

Military Pharmacy - \$0 copayment for up to a 90-day supply of most medications.

Home Delivery - You may receive up to a 90-day supply for most prescriptions at the following costs:

- \$0 for generic formulary medications
- \$13 for brand-name formulary medications
- \$43 for non-formulary medications

Network Pharmacy - You may receive up to a 30-day supply of most medications at the following costs:

- \$5 for generic formulary medications
(\$15 for a 90-day supply)
- \$17 for brand-name formulary medications
(\$51 for a 90-day supply)
- \$44 for non-formulary medications
(\$132 for a 90-day supply)

Much of this information was found via the TRICARE website at <http://www.tricare.mil/Prescriptions/>. We included the link as there have been many important questions surrounding this benefit, as well as increased copays that came into effect in February 2013.

National Prevention Strategy — Active Living



BY LCDR DIANNA CARROLL, CAPT
MEREDITH REYNOLDS, AND CAPT
MARK SEATON

Physical activity is one of the most important behaviors that individuals can do to improve and maintain health throughout their life span. Given the importance of regularly engaging in physical activity, the National Prevention Strategy (NPS) includes *Active Living*¹ as one of its seven priority areas citing that “Americans should live, work, and learn in environments that provide safe and accessible options for physical activity, regardless of age, income level, or disability status.”

Not only have scientist officers with the Commissioned Corps of the US Public Health Service (Corps) supported the NPS since its release; the work of scientist officers was instrumental in providing the evidence base for inclusion of *Active Living* as a priority area. For example, one of the key documents cited in the NPS is the *2008 Physical Activity Guidelines for Americans*², the first comprehensive guidelines on physical activity ever to be issued by the Federal government. The *2008 Guidelines* has been an important source of information for policy makers, educators, healthcare providers, and the general public. The recommendations in the *2008 Guidelines* were based on a thorough scientific review that found strong evidence that physically active people have higher levels of fitness and a lower risk of various chronic diseases and disabling conditions than people who are inactive³. Scientist officers served in key roles during the *2008 Guidelines* scientific review and development, including as the coordinator of the Physical Activity Guidelines Steering Committee, advisory committee executive secretary, and as scientific database management staff.

Within the Active Living priority, the NPS outlines five evidence-based recommendations that can significantly improve the public’s health. Scientist officers throughout state and federal governments

are involved in research, surveillance, and programmatic work to support these recommendations and encourage lifestyles that include regular health-enhancing physical activity

Recommendation 1: Encouraging community design and development that supports physical activity

Scientist officers are actively engaged in studies to determine the impact of environmental features on physical activity of children and adults. Using national-level datasets, scientists are estimating the prevalence of walking and biking in the US and identifying key barriers and facilitators to walking or biking for transportation. A scientist officer recently led the development of a Centers for Disease Control and Prevention (CDC) Vital Signs⁴ report highlighting walking as a public health approach to increase physical activity in the US. The report stressed the importance of having safe, convenient places to walk for people of all abilities and ages and was featured prominently in the news media. Over 760 media outlets covered the report, with an estimated publicity value of \$835,000. The American Medical Association issued a public statement⁵ strongly supporting the report’s call to action encouraging environments conducive to walking.

In a related effort, scientist officers are also summarizing the scientific literature on air pollution exposure by different modes of transportation. Results from studies of this type aid in the development of best practices for healthy community and transportation system design. The goal is to provide supportive environments in which people may live an active lifestyle and realize the substantial health benefits of physical activity.

Recommendation 2: Promoting and strengthening school and early learning policies and programs that increase physical activity

Scientist officers help lead the First Lady’s “Let’s Move! Child Care” initiative designed to encourage early care and education providers across the country to meet national policy and practice standards for physical activity. Scientist officers were involved in the development of CDC’s State Indicator Report on Physical Activity, 2010⁶, which provides, in part, assessment of policies implemented to enhance physical education and activity in schools, and physical activity in child care settings. Indicators within the report highlight program areas in which a state has been successful along with areas where more work may be needed.

Additionally, a scientist officer has overseen the national Youth Risk Behavior Surveillance System (YRBSS) which monitors priority health risk behaviors among 9th–12th grade students in public and private schools in the US. This officer served as the lead scientist on the major reporting activity and the release of national, state, and large urban school district YRBSS data. YRBSS data are used by state and local education agencies to improve and target programs aimed at promoting physical activity. For example, in Mississippi, YRBSS data were used to support the Mississippi Healthy Students Act (MHSA; passed in 2007), which recognizes the relationship between healthy students and academic achievement. The MHSA aims to keep students healthy by providing increased amounts of physical activity, health education, and improved school nutrition programs.

Recommendation 3: Facilitating access to safe, accessible, and affordable places for physical activity

The National Park Service recently launched the “Healthy Parks Healthy People US” initiative, the goal of which is to reconnect humans with nature in a way that is beneficial to humans and to the surrounding ecosystem. Led by a scientist officer, the “Safe Adventures” component of the initiative is designed to provide support to parks to mitigate risks to visitors, thereby promoting safe, accessible, and affordable physical activity. (continued on page 5)

National Prevention Strategy — Active Living cont'd

The “Safe Adventures” program identifies opportunities to educate the public on planning and preparation, identifying sources of information (such as park rangers), and adapting to changing circumstances using good judgment during the visitor’s park experience. In just one year, the Safe Adventure Initiative has developed partnerships with the CDC to conduct two epidemiologic investigations in parks to more effectively target their prevention efforts. The National Park Service also launched its Webranger Program that educates millions of children about hiking safety.

A second example of scientist officer involvement in promoting safe environments for physical activity is a CDC-sponsored workshop designed to examine existing and future physical activity guidelines that promote physical activity while minimizing risk from exposure to air pollution. A multidisciplinary panel of international experts examined the state of the science and produced recommendations for CDC on the development of future public health guidance regarding physical activity and exposure to outdoor air pollution. The workshop’s recommendations have been used to develop messages for the public on how to minimize air pollution exposure while being physically active outdoors. For example, a scientist officer was invited to present a summary of evidence and recommendations from the CDC workshop to Canadian health officials for consideration in the development of evidence-based health messages for the Canadian Air Quality Health Index. Additionally, CDC and the Environmental Protection Agency are collaborating on the development of guidance for schools about how to promote and modify outdoor physical activity according to different levels of the Air Quality Index.

Recommendation 4: Supporting workplace policies and programs that increase physical activity

Scientist officers support workplace policies and programs that increase physical activity by providing technical assistance to states, communities, and worksites.

Specifically, scientist officers have enhanced the translation and dissemination of the *2008 Physical Activity Guidelines for Americans* to workplaces through the development of a toolkit that employers can use to create worksite cultures that promote physical activity among employees. Scientist officers have assisted the National Safety Council in developing surveillance tools and educational modules for assessment of and training in worksite wellness by employers. Also, scientist officers have assisted the Office of Personnel Management’s federal worker Health and Wellness Policy Review in the development of recommendations to increase federal worker wellness.

Recommendation 5: Assessing physical activity levels and providing education, counseling, and referrals

Scientist officers are actively engaged in efforts to improve the assessment and monitoring of physical activity within the general population and as part of targeted studies. Scientist officers directly support the inclusion of objective measures of physical activity, sleep, and strength in the current National Health and Nutrition Examination Survey. Recent efforts have significantly improved compliance with wear time of monitoring devices, allowing for more accurate analysis. As National Institutes of Health Extramural Program directors, several scientist officers are supporting advancements in physical activity assessment. Assessment is essential to the ability to evaluate the recommendations included in the NPS.

Conclusion

In summary, scientist officers across Operating Divisions (OPDIVs) support the *Active Living* priority through their unique expertise in research and surveillance. Scientists design and conduct relevant research that informs program development to improve and enhance physical activity across all age groups, and monitor progress toward meeting

national objectives. A few highlights of scientist officer contributions are:

- Served in key roles in the development of the *2008 Physical Activity Guidelines for Americans*, the first comprehensive guidelines on physical activity ever to be issued by the Federal government.
- Led the development of a CDC Vital Signs which was featured prominently in the media and stressed the importance of having safe, convenient places to walk for people of all abilities and ages.
- Oversaw the National Park Service’s Healthy Parks Healthy People initiative, which provides support to mitigate risks to park visitors and promotes safe, accessible, and affordable physical activity.

References

1. Available at National Prevention Strategy, Active Living website <http://www.surgeongeneral.gov/initiatives/prevention/strategy/active-living.pdf>.
2. US Department of Health and Human Services. *2008 Physical Activity Guidelines for Americans*. Washington DC: 2008. Available at <http://www.health.gov/paguidelines/>.
3. Physical Activity Guidelines Advisory Committee. *Physical activity guidelines advisory committee report, 2008*. Washington, DC: US Department of Health and Human Services; 2008. Available at <http://www.health.gov/paguidelines/>.
4. CDC. *Vital Signs: Walking Among Adults — United States, 2005 and 2010. Morbidity and Mortality Weekly Report* 61(31): 595-601, 2012. Available at <http://www.cdc.gov/vitalsigns/Walking/index.html>.
5. Available at <http://www.ama-assn.org/ama/pub/news/news/2012-08-07-cdc-report-walking.page>
6. CDC State Indicator Report on Physical Activity, 2010. Available at <http://www.cdc.gov/physicalactivity/resources/reports.html>

Scientists and the National Prevention Strategy

Mental and Emotional Well-Being



The 2011 National Prevention Strategy (NPS) includes Mental and Emotional Well-Being as one of seven priority areas likely to reduce the burden of the leading causes of preventable death and major illness. The World Health Organization defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”¹ Mental and emotional well-being is an important contributor to one’s overall health. Diminished mental health might not only impact one’s quality of life, but might contribute to disease, injury, and death.

NPS Factors for Promoting Mental and Emotional Well-Being

1. Promoting positive early childhood development, including positive parenting and violence-free homes

Experiences during the early years of life play a critical role in social, emotional, and cognitive development. Programs that promote positive parenting, improve parent-child interactions, and decrease exposure to negative factors (such as substance abuse and violence) can reduce the likelihood of emotional and/or behavioral problems and promote healthy development and well-being in both parents and children.

2. Facilitating social connectedness and community engagement across the lifespan

Social connectedness and community engagement promote mental and emotional well-being and might help prevent depression and suicide. Creating environments that foster social interactions, providing safe and supportive schools, helping older adults maintain independence, and increasing accessibility and opportunities for individuals with disabilities are just a few examples.

3. Providing individuals and families with the support necessary to maintain positive mental well-being

Teaching problem-solving and coping skills for effectively managing stress and other concerns is a key component of promoting mental and emotional well-being. It not only helps individuals manage difficult situations, but can improve social functioning and self-esteem, and empower them to seek help when needed. Establishing

healthy behaviors such as regular physical activity, healthy eating, and good sleep habits, also contribute to well-being.

4. Promoting early identification of mental health needs and access to quality services

Training healthcare providers to identify mental health symptoms is just one step to improving early identification of potential problems. It is also important to educate community members on how to recognize emotional distress and how to obtain help when needed for themselves and others. Maintaining an adequate number of behavioral health providers trained in evidence-based treatments and placing those providers where the population seeks care (e.g., primary care settings) is also crucial to ensuring timely access to quality services.

Scientist Officers Supporting the NPS

Scientists engage in a wide range of programs and activities in their respective agencies that address these four NPS recommendations. The following is a sample of Scientists’ efforts to promote mental and emotional well-being.

Early Childhood Development

To promote positive childhood development, scientist officers from the Centers for Disease Control (CDC) build maternal and child health capacity in local public health agencies/institutions via field placements, as part of the Maternal and Child Health Epidemiology Program.² Scientists in CDC’s Division of Reproductive Health monitor mental disorders among women of reproductive age, an important factor related to child and family well-being, and provide technical assistance to developing countries to conduct needed surveillance. Scientists also develop and disseminate evidence-based educational efforts and programs in the areas of child development, parenting tips, child maltreatment prevention, and violence prevention.³

Social Connectedness and Community Engagement

Scientist officers at the CDC’s National Center for Health Statistics support the statistical needs of Healthy People

2020,⁴ which includes new topic areas addressing the lifespan and social determinants of health. Scientists support the development, communication, monitoring, and implementation of these objectives, including helping to provide evidence-based resources for stakeholders to promote social connectedness and community engagement. CDC also maintains a Social Determinants of Health website that provides resources, publications, definitions, and frequently asked questions collected from various CDC national centers.⁵

Providing Support and Developing Skills

Scientists’ efforts also focus on providing individuals, particularly those in at-risk or vulnerable populations, with skills necessary to maintain mental and emotional well-being through effective coping. A scientist officer assists the team at the Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC), within the Office of the Assistant Secretary of Preparedness and Response’s (ASPR), in providing subject matter expertise, education, and coordination to internal and external partners. ABC’s goals are to promote community resilience and ensure that behavioral health issues and the needs of at-risk individuals are integrated in the public health and medical emergency preparedness, response, and recovery activities of the nation. ABC provides policy guidance on services for at-risk individuals, behavioral health, and community resilience and team members serve as subject matter experts to other ASPR programs. During a disaster response, such as Superstorm Sandy, they provided expertise and technical assistance to the Emergency Management Group and coordination of Emergency Support Function #8 partners.

Scientist officers also conduct Applied Suicide Intervention Skills Training (ASIST) two-day workshops teaching community members and leaders, medical providers, and behavioral health providers how to identify and help those who might be at risk for suicide. The goals are to turn denial, avoidance, and stigmatization regarding suicide into vigilance, understanding, and help to prevent suicide.⁶ Today there are 5,000 registered trainers, who have delivered ASIST to over one million caregivers around the world.⁷

Scientist officers participating in Community Health and Service Missions (CHASM) (Continued on page 7)

Scientists and the National Prevention Strategy Cont'd

address health disparities and provide essential services for vulnerable and underserved populations (continued on page 6) while, at the same time, increasing the disaster response capability of the country's public health work force and emergency responders. Scientist officers have participated in multiple CHASM activities designed to improve the capacity of local communities to address behavioral health concerns ranging from suicide to childhood obesity. In addition, they provided Psychological First Aid training to emergency response personnel, medical providers, and community leaders.

Early Identification and Access

Many scientist officers are engaged in Department of Defense (DoD) initiatives to improve early identification of mental health concerns and access to care. Through the DoD's Deployment Mental Health Assessment program, scientist officers identify individuals with mental health conditions, such as Posttraumatic Stress Disorder (PTSD), who would benefit from additional care and treatment.⁸ Scientist officers also promote early identification of mental health needs and access to quality services in the military through the Deployment Health Clinical Center's Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil) program. During the past year, the RESPECT-Mil program conducted more than 1 million screenings for PTSD and depressive disorders to improve psychological health care in primary care settings. RESPECT-Mil is now transitioning into a Patient Centered Medical Home - Behavioral Health Team model that includes integration of behavioral health providers into primary care settings to provide consultation, assessments, and intervention. Scientists also work with returning and injured Service members to provide individual and/or group support and counseling for mental health concerns. Finally, scientist officers at the DoD conduct research to design and test preventive mental health interventions, ensuring that individuals have the effective tools necessary to maintain positive mental and emotional well-being.

Conclusion

USPHS scientist officers are actively involved in developing and implementing programs and services in support of the NPS. The diverse skills of scientist officers enable them to have an impact on mental

health and well-being at the population, community, and individual level. The shared scientific backgrounds of these Scientists promotes the use and continued testing of identification techniques, assessments, and interventions that are evidence-based, ensuring that the very best methods are used to support the NPS and to target the leading causes of preventable death and major illness.

BY THE PSYCHOLOGIST PROFESSIONAL ADVISORY GROUP (PSYPAG)

PsyPAG would like to acknowledge the following for their contribution to this article: LCDR William "Tony" Satterfield, CDR Anne Dobbmeyer, CDR Jeff Goodie, CDR Nicole Frazer, LCDR Meghan Corso, CAPT John Golden, and the authors of the Scientist Category National Prevention Strategy White Paper.

References

World Health Organization. Mental Health: A State of Well-Being. October 2011. http://www.who.int/features/factfiles/mental_health/en/index.html. Accessed on October 21, 2011

Maternal and Child Health Epidemiology Program. Centers for Disease Control and Prevention website. <http://www.cdc.gov/reproductivehealth/MCHEpi/index.htm>. Accessed October 21, 2011.

Parent Information. Centers for Disease Control and Prevention website. <http://www.cdc.gov/parents/index.html>. Accessed October 21, 2011.

General Health Status. HealthyPeople.gov website. <http://healthypeople.gov/2020/about/GenHealthAbout.aspx>. Accessed October 25, 2011.

Social Determinants of Health. Centers for Disease Control and Prevention website. <http://www.cdc.gov/socialdeterminants/>. Accessed October 26, 2011.

1. Programs: Research and Evaluations. LivingWorks website. <http://www.livingworks.net/page/Research%20and%20Evaluations>. Accessed November 18, 2011.

ASIST: The benefits live on. LivingWorks website. <http://www.livingworks.net/page/ASIST:%20The%20benefits%20live%20on>. Accessed October 26, 2011.

Mental Health Assessments. Psychological Health Strategic Operations website. <http://psychhealth.fhpr.osd.mil/program-areas/mentalhealth/program-description.aspx>. Accessed October 25, 2011.

SOCOs:

1. ASIST

Scientist officers conduct Applied Suicide Intervention Skills Training (ASIST) that teach community members and leaders, medical providers, and behavioral health providers how to identify and help someone who may be at risk for suicide. Today there are 5,000 registered trainers, who have delivered ASIST to over one million caregivers around the world.

2. RESPECT-Mil

Scientist officers work in the DoD's Re-Engineering Systems of Primary Care Treatment in the Military program (RESPECT-Mil), where patients are screened for PTSD and depressive disorders to improve psychological health care in primary care settings. More than 1 million screenings were conducted during the past year.

3. ABC

Scientists assist the team at the Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC), within the Office of the Assistant Secretary of Preparedness and Response's (ASPR), in promoting community resilience and ensure that behavioral health issues and the needs of at-risk individuals are integrated in the public health and medical emergency preparedness, response, and recovery activities of the nation.

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A Scientist Officer's Experience with Military Lodging



By CAPT Diana Bensyl

Editorial Note: this article was previously published in The Signal, the newsletter of the Atlanta Commissioned Officers Association.



My husband and I had heard of military lodging, but did not know where locations were, if Corps officers were allowed, or if it was going to be more trouble than it was worth to stay on a military base. For these reasons, we had never attempted to use this benefit; but now that has all changed! We recently stayed four nights at Barking Sands Beach Cottages at the Pacific Missile Range Facility on the island of Kauai in Hawaii. Here's how we made it happen.

As a commercial airline pilot, my husband flies with many pilots who were prior military. Thus, they know a lot about uniformed service benefits and programs. On one flight, my husband was speaking to his co-pilot about my job in the Corps. He told him that I was eligible for uniformed service benefits. Later in the conversation, he mentioned that we had some time off coming up and were looking for ideas on places to go. His co-pilot extolled the virtues of the military lodging in Hawaii. He had stayed at all of the facilities on Oahu and Kauai, but his favorite was Barking Sands on Kauai. He told my husband how easy it was to make a reservation, how nice the cottages were, and how inexpensive it was to rent gear from the Morale, Welfare, and Recreation (MWR) Office.

Once on the ground, the pilot e-mailed my husband a link to the Barking Sands website. We heard that most facilities are fully booked 6–9 months in advance. We felt it was a long shot, but worth trying. We called and, amazingly, even though it was only four weeks out, we were able to book accommodations for four nights. We paid a 50% non-refundable deposit. The O-6 rate was \$90 per night. There were no taxes, hidden fees, or other surprise charges that so often end up on hotel bills. Our total bill was \$360 for a cottage that easily sleeps at least 8 people. It had a full bathroom, kitchen, 2 bedrooms, cable TV, Wi-Fi, a grill, and an outside shower for washing off sand.

We bought groceries and gasoline for our rental car at the Navy Exchange (NEX). We also rented snorkel gear and a double kayak at the MWR office. The price to rent a snorkel was \$2 and a double kayak is \$25. Kayaks come with a dry bag, 2 life vests, 2 paddles, 2 seat cushions with backs, and straps, as well as pads to put the kayak safely on the roof of a rental car. Everyone at the facility was extremely helpful and pleasant. Gear was due back before 5 PM the next day. So if the equipment is rented by 9 AM on Monday, it is not due back until 5 PM on Tuesday, which allows 2 days of use. In contrast, the military discount rate is \$71 for a 5-hour rental at a Wailua River rental company.. Yes,

it would have been easier to rent at the river rather than driving around with a kayak twice the size of the rental car, but the \$50 savings for one day of use or ~\$120 savings over two days allowed us to spend more money on hula skirts, Hawaiian shirts, and drinks that come in coconut shells.

A special perk of being married to a pilot is that I get free standby air travel anywhere my husband's airline flies. For this reason, I've never had to try Space A travel. I imagine it's very similar to airline employee standby travel and requires a high degree of spontaneity and flexibility. Flying standby, whether Space A or for a commercial airline, is iffy when using military lodging. If you don't get on the flight and arrive in time, you don't get back the money you have already paid. If you are willing to purchase airline tickets, then using military lodging is a way to get good housing at a much lower rate and without all the fees of a hotel or rental unit. I did find the following helpful info on the website: "Military travellers not on official orders (including retirees) may be lodged on a space available basis. Reservation requests for Space "A" travellers are being accepted 14 days prior to arrival for a maximum of 7 days, provided space is available. The reservation may be extended for one additional week if subsequent occupancy projections allow." <http://www.greatlifehawaii.com/index.php/housing-3/navy-gateway-inns-and-suites>

There are caveats for each location that might make it unworkable for you or your family. For instance, at Barking Sands, you cannot swim on the beach. It's too dangerous. That was okay with us though, as that applies to a lot of Kauai. Also, Barking Sands is remote and not near the tourist areas. We actually liked that, but it did mean a rental car was a must. For each location, you should ask questions and do some internet research to make sure the location is suitable for what you want to do on your trip.

I also recently stayed at Navy lodging in Annapolis, MD, during the Annapolis Sailboat Show. Though this hotel is quite basic, it met our needs and was less expensive than lodging in the city. Service was, again, friendly and helpful. By showing my CAC card, I was able to park for free on the Naval Academy campus and walk to the pier for the boat show. Campus parking was closer and saved us the \$20 fee that was charged throughout the city. I highly recommend the military lodging facilities and the MWR and plan to use them again and again.

Photo of Barking Sands Beach Cottages: http://www.navymwr.org/images/barking_sands_cottages.jpg

<http://get.dodlodging.net/property/Barking-Sands-Beach-Cottages>



The 100th Anniversary of US Public Health Service Engineers



By the Chief Engineer Officer, Sven E. Rodenbeck, Sc.D., P.E., BCEE, Rear Admiral US Public Health Service, Assistant Surgeon General

In 1913, the US Public Health Service (PHS) expanded its capabilities so as to help solve the technical problems associated with contaminated water by hiring the first Sanitary Engineer into the Service. Mr. Harry P. Letton was that engineer, and he worked at the Chicago Marine Hospital to improve the quality of the drinking water used on interstate carriers. Six additional Sanitary Engineers were employed that year at the PHS Ohio River Investigation Station: Ralph E. Tarbett, John K. Hoskins (who became our first PHS Chief Engineer in 1943), Harold W. Streeter, Leslie C. Frank, Harry B. Hommon, and Harry R. Crohursts. They formed the nucleus of sanitary engineers that provided the leadership that resulted in the expansion of the PHS mission to address environmental public health concerns over the next ten decades. Initially they were brought in as civilians, and some of them later obtained their commission in the PHS Commissioned Corps (1918).

In 1914, the work of these early PHS engineers led to the first national Drinking Water Standard. This standard was later revised in 1925, 1941, 1946, and 1962. When established in 1970, the US Environmental Protection Agency assumed responsibility for the national drinking water standard. To this day, the nitrate drinking water standard is as it was proposed by PHS.

Those early PHS engineers also launched major campaigns to eliminate standing water in and around populated areas. The resulting reduction in mosquito populations and subsequent decrease in malaria cases heralded the single greatest decrease in morbidity and mortality in US history.

Since then, engineers have become involved with the development of new techniques, methods, and devices to improve our environment and assure our workplaces, food, healthcare facilities, and medical devices are safe. Engineers help to ensure our Nation's most valued treasure – the health of the American people – remains secure.

So we proudly remember the 100th Anniversary of PHS engineers as we continue to advance, protect, and promote the health and safety of our Nation. PHS engineers operate in disciplines ranging from traditional chemical, civil, electrical, and mechanical, to the evolving biomedical, computer, and environmental specialties. Contributions from PHS engineers include:

- Preventing and controlling the spread of disease by designing and installing water treatment and delivery systems and wastewater collection, treatment, and disposal systems that are sustainable for underserved populations.
- Researching and evaluating occupational hazards so as to improve workers' health and safety.
- Evaluating the safety of medical devices and electronic products, and inspecting domestic and international facilities where these products are manufactured.
- Reducing environmental impacts from industrial, man-made, and natural events.
- Supporting the Family Smoking Prevention and Tobacco Control Act by setting performance standards and regulating tobacco products and manufacturers.
- Providing guidance on designing, constructing, and operating "healthy and sustainable" buildings.
- Providing facilities management, planning, and construction services for health care delivery facilities and laboratory research complexes.
- Identifying, assessing, and evaluating the health risks associated with hazardous waste sites, unplanned releases of hazardous substances, and environmental contamination or pollution, and thereby preventing or reducing further exposure and resulting illnesses.
- Maintaining a mobile engineering force to respond to natural and man-made disasters.
- Promoting and empowering individuals, tribes, and communities in public health activities.

Link to centennial video:

http://www.usphsengineers.org/attachments/centennial/PHS_Centennial.avi



Fitness Secrets of an Admiral

Train Like an Admiral

By Juliette Toure

Photos by CDR Kun Shen, assisted by LCDR Trang Tran

We all know that Admiral Giberson is passionate about many things – expanding the profession of pharmacy, the mission of the United States Public Health Service, and building a stronger Corps. Anyone who has seen him do the APFT at a COF Symposium also knows that he is passionate about fitness. In a candid interview, we were able to get a glimpse into his personal perspective on fitness...



How do you fit fitness into your already-packed schedule?

My goal is to workout intensely and efficiently. I simply don't have time for an hour workout. I usually workout for 30 minutes early or late in the day. I try to get to work as early as possible and get a workout in since the evening is reserved for the little family time I do have. When I'm involved in my son's sports, I usually try to help coach and do all the conditioning drills with the kids, like sprints or dynamic warm-up drills. It's actually tough as they get older and it gives me a decent workout. Have to be creative.

What about when you are on travel?

I probably get a better workout on travel. I try to be innovative with travel workouts. In the hotel room there are always chairs and enough space on the floor to do a variety of body weight exercises. If the hotel has a gym and I get time go (key element), it is a bonus. I simply don't allow myself too many excuses to not stay active. My goal is to try to do something (anything) every day of the work week., even if it is one long set of push-ups, pull-ups or a core exercise. It only takes 5 minutes and keeps my metabolism going, maintains my fitness & strength.

Why is fitness so important to you, personally?

Like everyone else, I want to look decent (ha...). Actually, the REAL reason is so I can stay healthy and live an active, happy life for as long as I can. I want to be able to be active into my oldest age. Plus, I enjoy it. It relieves some stress and simply makes you feel good.

What's your workout routine?

The word 'routine' is exactly what I try to avoid. I do something cardio about 3 times a week and something to maintain strength the days I don't have time to do both. The cardio can be as simple as a 2-mile run, a modified 'workout of the day' from CrossFit, or even something I make up by combining a few exercises to try to keep my metabolism high. Burpee pull-ups, jump rope, lunge squats and push-ups are my favorite exercises to hit everything as fast as possible and suck the air out of me quickly. You should try them...

Has your fitness regime changed over time?

Absolutely. I used to be more concerned about muscle size and strength. Now I try to stay lean, healthy, and be more conscious of what I eat.

Fitness Secrets Cont'd

Can you explain the break-through technique?

A 'break-through' is when you seriously want to quit an exercise and don't. I was told most high-level athletes can have 5 or so break-throughs during an intense routine. I try to average three. When I get to the point of wanting to quit, I think specifically about something that really influences my inner drive. Could be family, could be a prescribed goal, or as simple as not letting others down. If we are all supposed to be role models of health, then that is great motivation. Music also motivates me, e.g., I do the side-bridge to a song that lasts at least 5 minutes. So when the song ends, I know I made the time. I hate watching the clock.

What are some of your favorite songs to workout to?

All genres. I listen to Top 40, rock, country, etc. Just depends on what fires me up. I've listened to Fort Minor, Bob Marley, Pitbull, Mumford and Sons, Skynyrd, and Zac Brown Band all in the same workout.

How are you going to prepare for the APFT at the next COA? What level are you shooting for?

Same workout as always, just with more focus on those specific events as we get closer to COA/COF. I am nursing an ankle issue, so I have to tone down the run. Just jogging out the run this year - only Level 2. However, I'll maintain level 4 with the push-ups and side-bridge.



What techniques do you have for getting to the next APFT level – for pushups? – for side bridge? – for the run?

I tend to do a normal workout (whatever it is), then one long set of an exercise of choice. Each workout, I challenge myself to always do more than the previous time. It helps to listen to music and rep it out.

Have you ever had a serious injury (or a few)?

I have had some unique hobbies across my career – competitive sports and contact sports. So, I've had my fair share of injuries. For now, it just takes an extended timeline for the minor injuries to heal. I still think I can do anything, but my body disagrees.

What are your future fitness goals? Or events you've participated in?

I wanted to complete the Tough Mudder last year. We had 70 trained officers ready to go and the course flooded so they canceled it. I will complete a Tough Mudder – electrodes and all. Besides that, eating healthy is a goal. Want to eat more organic and stay away from my vice – desserts!

One last thing. RADM Lushniak and I (and many other senior leadership at Headquarters) have embraced the challenge of maintaining fitness and health. It has been inspiring to see much of the Corps follow suit. We are certainly pushing the APFT as the only fitness component for Basic Readiness. We want all of our officers accountable (i.e., measurable fitness) and basic ready for our deployments and missions - which the APFT exemplifies. However, we also encourage and lead an active lifestyle – similar to what the President's Challenge embodies. I actually had a student say to me recently that they were a little intimidated since everyone looked to be in such great shape in our Corps. Now that's a first, but something I'd like to continue. Officers are role models. In our Corps, officers should also be role models who exemplify a healthy and fit lifestyle. I believe it is our responsibility. So, if anyone wants a one-on-one workout with me at HQ, I have an open door. Hopefully you're an early riser!

**Challenge yourself to aim higher, exceed your personal best, and
Break-through to a new level of fitness, no matter your circumstances.**

Why I believe Higher Education Has Helped Me Become a Better Public Health Officer



By CDR Gettie Audain, HRSA

Continuous education is life-long and has made me a better public health nurse and officer. The drive and methods to obtain education is a personal one. My deepest inspiration as a nurse is my Haitian mother's lifetime work as a Nurse Midwife in Haiti and in America. Early in my career, I enjoyed the rewards of one-on-one patient care in addition to a special interest in community health. I am grateful for my training from the historically acclaimed (1920-1997), Jackson Memorial Hospital School of Nursing and recipient of their advice to pursue many specialties and higher education.

As a nurse since 1988, a career path range covered (a) several specialty clinical areas, (b) public health nursing and (c) international disaster relief deployments as a Commander for USPHS. Public health shaped my experiences. My career has been purpose-driven in caring for a culturally diverse population in urban settings with HIV/infectious diseases. I found community-based delivery a critical component to prevention.

An academic influence to my career began in a teaching hospital. During the 1980's nursing shortage, JMH School of Nursing in Miami, FL was highly selective and challenging with a 99% nursing board pass rate. I matriculated to a Bachelors of Science in Nursing at Florida International University.

The challenges of balancing home, work, & PHS led me to earn a Master of Public Health degree on-line from Walden University, Minneapolis, Minnesota. The MPH provided the skills necessary to pursue a doctoral degree. In 2009 I applied to Nova Southeastern University (NSU) Doctor of Health Science program, a new and interdisciplinary program approach for experienced practitioners in health care disciplines seeking to positively impact universal health care reform.

The doctoral road was not easy. Nearly every weekend was spent in the library. Interruptions happened such as

the Haiti 2010 Earthquake and my deployment to the disaster zones. NSU professors accommodated me throughout each challenge. Greater diverse nurse competency results from experience of more than 3 years of doctoral training, PHS service since 2001, over 9 humanitarian disaster responses, including the first combined PHS and National Red Cross response to Hurricane Isabel. Each challenge and response shaped my leadership, responsibility, compassion, and courage. My personal knowledge, medical skills, diplomacy, linguistic, and cultural competence were focused. As a result, I chose a concentration of global health at NSU.

In Haiti I saw the lack of resources and self-care in a disaster. I realized then the importance of effective local public health education, and practicing prevention before a disaster. Several members returned with dengue infections. In response I chose dengue prevention education via Power Point for medical missions as a model community project and doctoral capstone paper. The presentation uses plain language for community and mission trip training. My desire for an e-Learning tool came true when a church mission group sponsored my project. My vision is that the tool be translated and shared with other global medical or community missions, and eventually used to reduce dengue transmission among travelers. I desire to continue to reach global populations and believe this is true public health on an emotional, spiritual, psychological, technical, and professional level.



Officers Walk and Work Well Continued

Eight officers, representing two-thirds of the officers in the NIOSH Atlanta office, are enrolled in the pilot program and walk routinely. Since the initiation of the pilot program in February, officers have logged a total of 131 hours on the walking workstation making up 45% of the total miles logged for the program. Depending on walking speed and body weight, some users can burn up to 200 calories per hour. Most users average 2–4 hours per week on the walking workstation. Others are more aggressive walkers, like CAPT April Shaw (Dietician). She reports “In one session I had a conference call, held a short in-person meeting, and worked on a project online.” CDR Lisa Delaney (Environmental Health) describes one of the ways in which she benefits from participation in the program: “I like to maximize my time on the treadmill by setting it to a speed of 2 mph. I typically burn about 130 calories.”

The idea behind the walking workstation began when CDR John Halpin (Physician) began searching for ways to maintain a certain level of physical activity despite a busy schedule, which did not always permit for adequate opportunities to exercise at the gym. Through his research, he learned about the walking workstation concept. The Veterans Health Administration’s offices and various call-centers have successfully and safely installed walking workstations. They reported significant user satisfaction along with increased health and well-being among their workers. With this information, CDR Halpin began to create a prototype as a proof of concept that this activity could be safe and allow for continued productivity. He successfully pitched the idea to the NIOSH Total Worker Health™ program, which focuses on improving health protection and health promotion opportunities for its own workforce, and the walking workstation pilot program was developed. The CDC Office of Safety, Health, and Environment worked with NIOSH to conduct a risk

analysis of the pilot program for safety, ergonomics, and other programmatic elements including impact to surrounding offices. The NIOSH goal is for the unit to be in near-continuous use throughout the day. Creative incentives are planned to encourage employees to initiate or increase their participation. Although the Atlanta-based pilot program is still underway, the NIOSH Total Worker Health™ program considers it to be a success and hopes to expand the program to other locations in the future.



Added Sugars: Weighing the Evidence



CDR Blakeley Fitzpatrick, MPH, RD, CSSD

Dietitian Category

Added sugars are sugars, syrups, and other caloric sweeteners that are added to foods for their sweetening properties. Some examples include: brown sugar, corn sweetener, corn syrup, dextrose, fructose, fruit juice concentrates, glucose, high-fructose corn syrup, honey, invert sugar, lactose, maltose, malt syrup, molasses, raw sugar, turbinado sugar, trehalose, and sucrose. Naturally occurring sugars such as those in fruit or milk and artificial sweeteners such as sucralose and aspartame are not considered to be added sugars. Major sources of added sugars in the diets of the U.S. population include sugar-sweetened beverages (SSB) (35.7%), grain-based desserts (12.9%), fruit drinks (10.5%), dairy desserts (6.5%), and candy (6.1%) (1).

Added sugars have become particularly newsworthy in the past few years resulting in many media reports warning against their consumption and blaming them for the increase in diseases and health-related conditions such as obesity, heart disease, and diabetes. Could added sugars really be so harmful? Here is what the evidence shows:

- Approximately 16% of the total caloric intake of children and adolescents comes from added sugars (2), and approximately 13% of adults' total caloric intake comes from added sugars (3). The *Dietary Guidelines for Americans, 2010* recommends limiting total intake of calories from both solid fats (fats that are solid at room temperature) and added sugars to 5–15% of calories per day (1).
- The Institute of Medicine committee on the Dietary Reference Intakes for macronutrients concluded that there is no clear and consistent association between increased intake of added sugars and body mass index. They also concluded that “although added sugars are not chemically different from nat-

urally occurring sugars, many foods and beverages that are major sources of added sugars have lower macronutrient densities compared with foods and beverages that are major sources of naturally occurring sugars” (4).

- Consumption of all sugars (both naturally occurring and added sugars) is associated with tooth decay (4).
- The 2010 Dietary Guidelines Advisory Committee concluded that there is strong evidence that increased intake of SSB is associated with greater adiposity (body fat) in children. They also concluded that, in adults, a moderate body of evidence suggests that added sugars, including SSB, are no more likely to cause weight gain than any other source of calories, that a moderate body of evidence suggests that greater consumption of SSB is associated with increased body weight in adults, and that limited evidence shows that intake of SSB is linked to a higher caloric intake in adults (5).
- There is a growing body of evidence that was not evaluated for the previously mentioned consensus reports on the association between consumption of total added sugars and SSB and body weight, obesity, heart disease and stroke, type 2 diabetes, and metabolic syndrome.

In addition, several professional organizations have issued statements or position papers about added sugars:

- It is the position of the Academy of Nutrition and Dietetics that consumers can safely enjoy a range of nutritive and nonnutritive sweeteners when consumed within an eating plan that is guided by current federal nutrition recommendations, such as the Dietary Guidelines for Americans and the Dietary Reference Intakes, as well as individual health goals and personal preference (6).

(Continued on page 15)

Added Sugars Cont'd

- The American Heart Association recommends that Americans should strive to reduce their intakes of added sugars. Further, most American women should not exceed 100 calories per day from added sugars and most American men should not exceed more than 150 calories per day from added sugar(7).
- The American Academy of Pediatrics recommends that parents reduce the amount of added sugars, including SSB and juices, in the foods that they provide for their children (8).

Take away messages:

- In general, foods high in added sugars, especially SSB, tend to contribute calories to the diet without providing meaningful amounts of beneficial nutrients.
- Foods high in added sugars can displace foods low in added sugars and high in beneficial nutrients in the diet making it difficult to stay within calorie needs while getting all of the nutrients that you need in a day.

Focus on getting a variety of fruits, vegetables, whole grains, low-fat protein foods, and dairy products and limit the amount of foods that you consume that are high in added sugars, especially SSB.

References

1. U.S.Department of Agriculture and U.S.Department of Health and Human Services. "Dietary Guidelines for Americans, 2010. 7th Edition," Washington, DC: U.S. Government Printing Office, 2010. <http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm>.
2. Ervin, R. B., Kit, B. K., Carroll, M. D., and Ogden, C. L. "Consumption of Added Sugars Among U.S. Children and Adolescents, 2005-2008, NCHS Data Brief No. 87," Hyattsville, MD: National Center for Health Statistics; March,2012.
3. Ervin, R. B. and Ogden C.L. "Consumption of Added Sugars Among U.S. Adults, 2005-2010, NCHS Data Brief No. 122," Hyattsville, MD: National Center for Health Statistics; May,2013.
4. Institute of Medicine (IOM) of the National Academies. "Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids (Macronutrients), Chapter 6: Dietary Carbohydrates: Sugars and Starches," Washington, DC: National Academies Press; 2002.
5. U.S.Department of Agriculture and U.S.Department of Health and Human Services. "Report of the Dietary Guidelines Advisory Committee on the *Dietary Guidelines for Americans, 2010*," Washington, DC: U.S. Government Printing Office, 2010. <http://www.cnpp.usda.gov/DGAs2010-DGACReport.htm>.
6. Fitch C., Keim K.S. Position of the Academy of Nutrition and Dietetics: Use of Nutritive and Nonnutritive Sweeteners. *Journal of the Academy of Nutrition and Dietetics*. 2012;112:739-758.
7. Johnson R.K., Appel L.J., Brands M., et al. Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation*. 2009;120:1011-1020.
8. Gidding S.S., Dennison B.A., Birch L.L., et al. Dietary recommendations for children and ado-

RMSF Rodeo Spay and Neuter Clinic--June 2012



*Submitted by LCDR Nelva Bryant
(CDC)*

As one of a handful of PHS officers impacted by Branch reorganization, I was looking for new opportunities at CDC when I learned about the Rocky Mountain Spotted Fever (RMSF) Rodeo Project. It was a pilot project headed by the Centers for Disease Control and Prevention (CDC) Rickettsial Zoonoses Branch's Epidemiology group led by CAPT Jenni McQuiston, DVM, MS. A fellow PHS Veterinarian (CDR Heather Bair-Brake) suggested that I contact CAPT McQuiston, so I sent an email and attached my CV, in the hopes of finding an opportunity. In a matter of 15 minutes, CAPT McQuiston responded that my background would be perfect for a project on which she was working. She needed a RMSF Rodeo Neighborhood Pilot Project Manager. I was selected to serve as the RMSF Rodeo Neighborhood Pilot Project Manager. In that capacity, I provided organization, logistical support, and management. The experience culminated with a month-long TDY in Arizona.

The project focused on preventing the spread of RMSF on an Indian Reservation in AZ. In this part of the country RMSF is being transmitted by the brown dog tick which, unlike other ticks, lives its entire life on dogs and in the environment around people's houses. On many reservations, numerous free-roaming dogs, sparsely available preventive veterinary services, a lack of viable tick prevention methods, and unique environmental conditions have resulted in large tick populations, helping this zoonotic disease in making its mark. On this particular reservation, RMSF was responsible for the deaths of approximately 18 people since 2003. Unfortunately, a significant portion of those preventable deaths occurred in children.

In the past, methods to prevent the spread of RMSF on this reservation were not very effective. Short-lasting tick collars and yearly pesticide treatments were not controlling the spread of the disease. Additionally, because of the lack of preventive veterinary care (spaying/neutering), waves and waves of puppies continued to be born, amplifying the spread of the disease.

The RMSF Rodeo Pilot Project methodology was designed to hit all aspects that promote the spread of the disease....and hit them hard. A single neighborhood on the reservation was targeted (based upon a higher number of deaths) and each participating household was given the following: free collars and licenses for every dog to assist in identifying the dogs; free long-lasting tick collars for each dog; free tie-out stakes and cables to prevent their dogs from roaming; free spaying/neutering of all dogs to curtail the growth of the dog population; and free monthly pesticide treatment of houses and yards for 4 months during peak tick season.

My main focus was on the logistical preparation for the spaying/neutering. One of the challenges of this project was setting up and stocking a veterinary clinic, including an operating suite, for spay and neuter procedures. Our veterinary surgical services were provided by veterinary students (4-5 students for 2-week blocks) from Virginia Maryland Regional College of Veterinary Medicine (VMRCVM), and the veterinary technical services and transportation of dogs were provided by graduate students from North Dakota State University. I also had the assistance of a faculty instructor from VMRCVM. We routinely worked with a crew of 11-12 people facilitating the transport, well-visits, spay/neuter procedures, and recovery of dogs in the program.

We were given an empty facility and transformed it into a veterinary clinic. We utilized gas anesthesia to perform spays and neuters and completed 166 surgeries (91 spays/75 neuters) successfully, with no deaths and only a few minor complications. We provided 169 rabies vaccinations, 175 DHLPP ("distemper") vaccinations, 61 deworming treatments, 35 treatments for dogs with mange, and also dispensed doxycycline to 11 dogs suspected of having a tick-borne disease.

The results....well, it is too early to evaluate the impact of the spaying/neutering. A dog census will be tak-

en in 2013. Although the number of dogs sterilized was low in comparison to the total dog population, I believe our efforts will cause a decrease in the future dog population. There will be fewer dogs, fewer ticks, and hopefully fewer cases of human RMSF on the reservation. It should also be noted that the tribe has provided spay/neuter services more often and in great quantities since the RMSF Rodeo, so decreases in the pet population should be attributed to this effort as well.

Thus far, the tick prevention methods of the RMSF Rodeo Project have been working. A significant difference has been noted in the dogs from our chosen neighborhood in comparison to the other dogs on the reservation, regarding their tick counts. The majority of dogs with the 8 month tick prevention collar and monthly yard treatment had none or fewer than 20 ticks noted, while dogs that were from outside the chosen neighborhood often had more than 20 ticks per dog.

We worked very hard and experienced many challenges (including power outages and water shortages), but we did it! I am so thankful for this opportunity and for the ability to connect with so many wonderful people. Knowing that your efforts are helping save lives is a very rewarding feeling, and I hope to continue working on similar public health projects in the future.



LCDR Nelva Bryant (front row, 2nd from left) with the RMSF Rodeo Spay/Neuter Team. For such a small team, we did something really big! We were able to provide needed preventive veterinary medical services to a deserving community and prevent the spread of Rocky Mountain Spotted Fever.

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Upcoming Events

- December 31, 2014—phase out of ODUs
- PAC Meetings:
 - Scientists—7/02/13 at 1300 EST
 - Nurses—7/17/13 at 1300 EST
 - Physicians—7/17/13 at 1300 EST
 - Engineers—7/17/13 at 1400 EST
 - Pharmacists—8/01/13 at 1400 EST
 - Health Services—8/02/13
 - Environmental Health—8/13/13 at 1300 EST
 - Veterinarians—9/26/13 at 1400 EST
- National Environmental Health Association
Annual Conference 7/09-11 for more info go to
<http://www.neha.org/index.shtml#self>

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