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MCHB-TS-EMS

date

FROM: Commander, U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM), ATTN: MCHB-TS-EMS, Aberdeen Proving Ground, MD 21010-5422

TO: See Distribution

SUBJECT: Minutes of the Joint Environmental Surveillance Working Group (JESWG) Meeting, 14-15 March 2002

1. The meeting of the JESWG was held 14-15 March 2002, at the Navy Environmental Health Center Occupational Health and Preventive Medicine (NEHC OH & PM) Workshop held at the Founder's Inn, Virginia Beach, Virginia. A list of meeting attendees is provided at [Attachment 1](#). The objectives of the meeting were to:
 - a) review status of the JESWG Proponency and Charter;
 - b) review ongoing member actions;
 - c) review status of Joint Chiefs of Staff (JCS) Directives for occupational and environmental health (OEH) Surveillance;
 - d) review status of existing and future information management/information technology (IM/IT) capabilities; and
 - e) develop metrics to evaluate Deployment OEH Surveillance efforts.
2. Meeting overview and opening remarks. Mr. Resta, the JESWG chair, welcomed attendees to the meeting and provided an overview of meeting objectives. Mr. Resta explained that meeting minutes and all slide presentations would be posted on the USACHPPM Web page at <http://chppm-www.apgea.army.mil/desp/pages/jeswg.htm>. CDR Philippi of NEHC made opening remarks.
3. JESWG Proponency and Charter. Mr. Resta led a discussion on the staff study concerning JESWG proponency and under whom the JESWG should be chartered. Mr. Resta indicated that OSD has reorganized its offices and working groups. Mr. Curtis Bowling, Assistant Deputy Under Secretary of Defense for Safety and Occupational Health (ADUSD[I&E]SOH) is expected to meet with Ms. Embry, Deputy Assistant Secretary of Defense for Force Health Protection and Readiness (DASD[FHP&R]) (formerly Health Operations Policy). They are expected to discuss their relative roles in deployment health surveillance. Additionally, the Military and Veterans Health Coordinating Board no longer exists. Mr. Resta advised that he will revise the JESWG Staff Study on proponency and charter and present to the Joint Preventive Medicine Policy Group (JPMPG) for discussion of issues for rechartering ([Action Item 1, Attachment 2](#)). Mr. Resta will request the JPMPG to extend the charter of the JESWG until the end of FY02. Mr. Resta will brief the Staff Study to the JPMPG as soon as possible and plans to request a decision concerning proponency and charter by the first quarter of FY03 ([Action 2](#)).

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4. JCS Update. MAJ Balough, J-4, MRD presented a briefing on the J-4 Staff Memo. Commanders are encouraged to follow memo procedures, even if the current definition of 'deployment' is not met (30 days or greater). The memo provides guidance on the types of components that need to be sampled, but does not specify analytical techniques. Proposed actions resulting from the memo include:
 - developing metrics to measure program performance. Dr. Winkenwerter has tasked Ms. Embry with developing compliance metrics for implementation of the JCS memo. The JESWG Chair requested Mr. Shaughnessey, Deployment Health Support Program (DHSP), to recommend to Ms. Embry that the JESWG be directed to define appropriate metrics for OEHS activities ([Action 3](#)).
 - individual Services developing implementation plans, policies, and equipment technology.
 - Services, Combatant Commands, the JCS, and OSD validating performance measures of compliance.

5. Air Combat Command (ACC) Operational OEH Update and Briefing on the Global Expeditionary Medical System (GEMS) System. LtCols Dooley and Humphrey, ACC, presented a briefing on Air Force occupation and environmental health activities and the Air Force's GEMS. Important points of the briefing included:
 - There is centralized control, decentralized execution of OEH within the Air Force.
 - OEH is a process-based evaluation feeding into the operational risk management (ORM) assessment and performs the actions outlined in the JCS memo.
 - The scope of business processes bridge across ESOH.
 - GEMS is an IM/IT deployed system that includes:
 - PEM - patient encounter module
 - TEM - epidemiological analysis
 - TOM - occupational and environmental [environmental baseline survey (EBS)]
 - It also contains the Command Core System (CCS) and Preventive Health Assessment & Individual Medical Readiness (PIMR).
 - Difficulty still exists in attempting to link personal exposure records with the individual's medical record.
 - The status of CCS at fixed facilities is:
 - Deployment completed December 2000, full operational capability expected by December 2002
 - Air Force preparing to merge CCS with environmental ACES system
 - They are also prepared to integrate with safety SAS and logistics IMDS
 - CENTAF deployment exposure data is consolidated at HQ ACC and at IERA and is available for transmittal to USACHPPM DESP to meet the JCS memo requirements.
 - The GEMS patient encounter and environmental baseline survey (EBS) Theater Occupational module are undergoing demonstration phase testing. The IH module is ready for Beta testing.

6. Deployment OEH Surveillance Metrics Development. Dr. Bratt, LMI, presented a briefing on potential process-based development of metrics. These metrics could be used to assess the effectiveness of OEHS processes and procedures. The JESWG believes that metrics

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must be developed at all organizational levels to ensure that responsible parties perform OEHS functions correctly, efficiently, and in a timely manner with the goal of protecting the health of the soldier. Mr. Seibert, LMI, will develop a metrics template, provide examples of metrics, and submit them to the JESWG members ([Action 4](#)). The JESWG members will then review the JCS memo and submit suggested metric categories and definitions in the template format to LMI. LMI will inventory the suggested metrics and present to the JESWG for necessary action ([Action 5](#)).

7. OEHS Biomarker Study Update. Maj Lisa May, Uniformed Services University of the Health Sciences (USUHS), provided an update on the OEHS biomarker study she is performing for her doctoral dissertation. This ongoing study involves performance of baseline, deployment, and post-deployment specimen analyses for a suite of target chemicals on a deploying unit.
8. Environmental Site Assessment for Military Deployments. Mr. Steve Sorgen, NEHC presented a briefing on the requirement for environmental site assessments for deployments. The Services must avoid any perception that deployments incur environmental liability. The use of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) type preliminary assessments are not considered adequate since they only consider contamination that may escape from the designated site. The Navy proposes to use the ASTM phase I/II assessment model to develop a Service-specific ASTM standard for deployment environmental site assessments. The JESWG Chair requested a point of contact with the ASTM committee for the JESWG to stay current on ASTM activities. Maj Chulick indicated he would be the Air Force point of contact on the ASTM committee.
9. Navy SAMS Version 9.0. LCDR Bowers, Judy Shuck, and Tom Freese, Space and Naval Warfare Systems Center (SPAWARSYSCEN), [Shipboard Non-Tactical Automated Data Processing (SNAP) Automated Medical System (SAMS)], provided an update briefing on the status of the SAMS to include the following points:
 - Version 9.0 is just completing development.
 - SAMS will be a module in TMIP block 1.
 - SAMS is currently deployed at 1300 sites to include every Navy ship or organization. It is also deployed at every medical treatment facility for immunization tracking. It is being deployed to the U.S. Coast Guard and to Navy SEAL corpsmen.
 - The medical module tracks immunizations and medical encounters.
 - The environmental health module tracks potable water, pest control, and shipboard heat stress.
 - The radiation protection module tracks radiation exposures using BUMED and NAVSEA 08 protocols.
 - The population health module is under development.
 - SAMS will not be sending OEH data to a central repository.
10. NEHC Operational Update [Preventive Medicine Mobile Medical Readiness Augmentation Teams (PM-MMARTs)]. CAPT Jim Beddard, Director, Plans and Operations, NEHC provided a presentation on the PM-MMARTs teams organization, equipment, and

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capabilities. Currently there are four 12-person teams available to deploy and support Joint Task Forces. Six teams will be available in FY04. The teams have a preventive medicine module for testing water; a microbiology module for biological identification; a chemical/radiological module for detection and analysis; and, a disease vector control module. The JESWG members expressed the need for a joint task list for the Service teams to ensure similar capabilities and functionality across the Services. LTC Steve Jones will head a JESWG sub-working group to perform an OEHS Tri-Service capability analysis using the OEHS White Paper as a guideline ([Action 6](#)).

11. Theater Medical Information Program (TMIP) Update. Mr. Gary Corrick, TMA/IMD/Theater provided an update briefing on the TMIP. TMIP is a ‘system of systems’ that is integrated across OSD Health Affairs and Services’ current stovepipe systems. The medical systems functionalities will be integrated so that we do in war as we do in peace, and use systems developed for the day-to-day mission. Not all functionalities of all systems will be exported to the theater. As the medical component of the Global Combat Support System (GCSS), the TMIP provides the following values for the warfighter:
 - it enables new doctrine to minimize the medical footprint in theater,
 - it has the ability to ‘flex’ with warfighters to enhance joint operation
 - it is a seamless transition from peace to war (same system used in garrison as in deployments),
 - it optimizes patient movement while providing total asset visibility (patient and logistics),
 - it reduces time and resources for mobilization, deployment, employment, and redeployment,
 - it allows medical and environmental surveillance to prevent casualties and maintain a healthy force,
 - it enhances healthcare delivery for operational forces, and
 - it improves medical intelligence gathering and potential threat mitigation on Chem/Bio threats and attacks.

12. DOD — Deployment Health Support Directorate (DHSD) Update. Mr. William Shaughnessey, DHSD (formerly the Office of the Special Assistant for Gulf War Illnesses), provided an update on DHSD actions. They are currently organized under Tri-Care Management Activity (TMA).

13. Joint Medical Field Water Subgroup Status Update. CPT Tom Timmes, USACHPPM, Field Water Program, provided an update on field water actions. The subgroup is currently working on:
 - developing priorities for addressing chemicals of concern for drinking water,
 - developing a draft DoDI for water vulnerability assessments,
 - assessing EPA’s protocol for developing public water supplies,
 - completion of multi-service review of TB-MED 577, Field Water Guide, and
 - assessing the use of TG-230 for application of ORM when field water standards cannot be met.

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Mr. Resta suggested that after the National Research Council, Committee on Toxicology review of TG-230, the document should be briefed to the Joint Water Resources Management Action Group (JWRMAG) for Tri-Service adoption.

14. USACHPPM Update. Mr. Resta provided the following information:

- All PM centers are advised to obtain Secret Internet Protocol Router Network (SIPRNet) and STU-3 capability to facilitate secure communication.
- The USACHPPM has posted products to their web site on the SIPRNet to include a standard health threat briefing being used by the National Guard to assist local unit deployments.
- The staying healthy guides are unclassified and are posted on the public web site.
- The USACHPPM pushed equipment sets and trained Army, Navy, and Army special operations forces (SOF) units in equipment use in the last 12 months.
- The completion rate for ORM assessments of base camps has improved significantly in the last two years.
- A need remains for Army PM to improve their use of Armed Force Medical Intelligence Center (AFMIC) intelligence products.

15. Meeting Wrap-up and Adjournment. Mr. Resta reviewed the action items and provided emphasis for actions that require completion before the next JESWG meeting. Two holdover actions from the last JESWG meeting require action.

a) The sections, goals, and objectives of the OEHS Action Plan require JESWG review and a designation of who will take responsibility for actions. The JESWG Chair requested the membership review the action plan at the task level and respond with recommended changes. In addition, the JESWG Chair requested the membership individually prioritize the tasks. The priority categories are '1' (high), '2' (medium), and '3' (low). Responses are due by 1 August 2002 ([Action 7](#)).

b) Mr Resta will brief the OEHS White paper to the JPMPG, request approval of the document, and ask that the document be transmitted to appropriate organizations for information and use. ([Action 8](#)).

The next JESWG meeting is tentatively scheduled August 2002 at the Force Health Protection Conference, Baltimore, Maryland. The meeting adjourned 12:00 hours, 15 March 2002.

Distribution:

E-mail to JESWG attendees

John J. Resta
Director
Health Risk Management

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Attachment 1 JESWG Meeting Attendees, 14-15 March 2002

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Attachment 2 JESWG Action Items

- Action 1, JESWG Staff Study on Proponency and Charter — Revise to reflect current organization changes and update as necessary.
 - LMI will revise the Staff Study and submit to Mr. Resta. Mr. Resta will present to JPMPG.
 - Action person – Dr. Bratt, Mr. Legg, Staff Study revision; LMI, Mr. Resta, USACHPPM, Present to JPMPG for discussion of issues.
 - Suspense – As soon as possible to facilitate review by JESWG membership and presentation to the JPMPG.

- Action 2, JESWG Staff Study on Proponency and Charter — Present final Staff Study for decision in first quarter FY03.
 - JESWG Chair will present final Staff Study to JPMPG and appropriate working groups and Agencies for decision.
 - Action persons – JESWG Chair.
 - Suspense – First quarter FY03.

- Action 3, Mr. Shaughnessey, DHSP to recommend to Ms. Embry that the JESWG be directed to define metrics for OEHS activities.
 - Mr. Shaughnessey to brief Ms. Embry on JESWG actions and capabilities based on minutes from this JESWG meeting.
 - Action persons – Mr. Shaughnessey, briefing; LMI, prepare minutes.
 - Suspense – As soon as possible.

- Action 4, Deployment Health Surveillance Metrics.
 - LMI to develop metric matrix template and examples and send to JESWG members.
 - Action person - Mr. Seibert, LMI.
 - Suspense – TBD.

- Action 5, Deployment Health Surveillance Metrics.
 - The JESWG members will review the JCS memo and provide suggested metrics categories and definitions in the matrix format.
 - LMI will inventory the suggested metrics.
 - Action persons – JESWG members, LMI.
 - Suspense – TBD.

- Action 6, Tri-Service OEHS capability.
 - The JESWG sub-working group reviews and determines tri-Service OEHS capability using OEHS White Paper as a guide.
 - Action persons – LTC Jones and sub-working group.
 - Suspense – Next JESWG meeting (August 2002).

- Action 7, OEHS Action Plan.

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- The JESWG members must review the OEHS Action plan at the task level and provide comments with recommended changes. The review must also include their individual prioritization of tasks (1 (high), 2 (medium), and 3 (low)) in the designated priority column of the plan.
 - Action persons – JESWG Members.
 - Suspense – 1 August 02.
- Action 8, OEHS White Paper.
- JESWG Chair will present to JPMPG for approval and ask that the document be transmitted to appropriate organizations for information and use..
 - Action person – Mr. Resta, USACHPPM, Present to JPMPG.
 - Suspense – TBD.