

# NAVY AND MARINE CORPS PUBLIC HEALTH CENTER **UPDATE**



**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

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Fall 2013

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## **YOU HURT. WE'LL HELP.**

Withstand. Recover. Grow. This philosophy is deeply rooted in the new "Relax, Relax" Toolkit, recently launched by the Navy and Marine Corps Public Health Center's Health Promotion and Wellness Department. The toolkit is designed to help Sailors and Marines improve mood, performance and promote resilience while providing methods to manage stress.

The "Relax, Relax" Toolkit offers nine sections with relaxation techniques that are applied by listening to audio tracks from various universities, organizations and expert individuals. It features a variety of styles, music and voices to allow the user to select their preference and may be used individually or in combination with other medical treatments.

Begin your relaxation today by visiting:  
<http://www.med.navy.mil/sites/nmcphc/health-promotion/psychological-emotional-wellbeing/relax-relax/pages/index.html>.



Scan the code with your mobile device and link to our homepage!



## From the Commanding Officer's Desk

Summer 2013 has been as busy as any that I can remember. NMCPHC and our field activities continue to break new ground in developing and delivering public health products and services to Naval Forces worldwide. Despite the resource constrained environment that we're operating in, NMPCHC has used a variety of initiatives to get information out to the Fleet and our Medical Treatment Facilities, including social media and video conferencing. While funds for travel have been reduced we have made every effort to maximize availability of our people to support forward deployed Navy and Marine units, and make sure training such as Pest Spraying and Food Service sanitation courses are delivered to whom ever needs them most. In short, our service to the Fleet and Marine Corps remains "job one."

Summer 2013 was also marked by significant change. Specifically, key members of our staff transitioned to new jobs (or retirement) leaving big shoes to fill in key positions within our organization. "Fair Winds and Following Seas" are in order to CAPT Wes Farr (former XO), HMCM Robert Searles III (former CMC), and CDR Denise Gechas, our former Director for Population Health. All three of those individuals demonstrated the highest level of leadership and commitment to the organization and mission of the NMCPHC. That being said, it gives me tremendous pleasure to welcome aboard CAPT Phil Blaine, NMCPHC Executive Officer; HMCM Derek Petrin, NMCPHC CMC; and CDR Amy Drayton, Director for Population Health. I can say without

hesitation that these newest members to the NMCPHC leadership team have hit the ground running and their impact (positively) is being felt command-wide. From our field activities, CAPT Andy Vaughn is leaving NEPMU2 and CDR Jennifer Espirtu, MC, USN is the new OIC as of September 25th. Additionally, CDR Darryl Arfsten became the new CO at the Navy Drug Screening Lab in Jacksonville this summer and CDR Charmagne Beckett reported to the Navy Bloodborne Infection Management Center in Bethesda.

It also gives me great pleasure to announce that the Navy Environmental Preventive Medicine Unit Seven (NEPMU7) will be officially opening in Rota, Spain late this fall, and will provide preventive medicine services to our EUCOM and AFRICOM stakeholders. CAPT Juli Althoff has been selected as the Officer-in-Charge and is currently working hard in Rota with a few of her key NEPMU7 staff members as the building and furnishings are completed. It is anticipated that NEPMU7 will be very busy.

Some key initiatives that we are working on include making improvements to our deployable platforms. Our goal is to make these Forward Deployed Preventive Medicine Units "leaner", faster and more responsive to missions in the future. Our Health Promotion and Wellness and Population Health teams are working closely with the 21st Century Sailor Program developing important services that support this key stakeholder, to include products with fitness, behavioral health, and resilience.



*Capt. Michael J. Macinski  
Commanding Officer, NMCPHC*

## CMC CORNER

Greetings,

It gives me great pleasure to introduce myself as NMCPHC's Command Master Chief. It's truly an honor and privilege for me to be a member of the Navy public health team and more importantly, your CMC. The role of CMC is one that I don't take lightly. As such, I consider myself to be a major advocate for Navy public health. And that means doing my level best to ensure that NMCPHC HQ, our field activities, and all practitioners of Navy public health including the junior-most Hospital Corpsman working to protect Sailors and Marines world-wide are able to carry out their missions unencumbered.

I've spent the last 6 years serving the Navy Special Warfare Community as an IDC and have a pretty good sense of the challenges that our operational health care providers experience on a daily basis. More importantly, is understanding how these challenges impact the war-fighter.

Having said that, I can tell you that I've spent the last three months drinking through the proverbial Navy public health "fire-hose." The number of programs and issues, along with the customer focus aimed at the Unified Combatant Commands and Shore Commands.

"Job one" for me as CMC is to be a liaison to improve communication of priorities and tasks, not just in

enlisted matters. We have a dynamic team of civilians, officers and enlisted, that make up our team throughout the enterprise. I will do my utmost to be the best advocate I can be for all members of our team. Responsiveness to your issues is critical. If you've got a public health or preventive medicine issue, let me know. I'll do whatever I can to help ensure that your issues, needs, or problems are addressed in a timely manner.

Lastly, I want to thank CAPT Macinski for giving me the opportunity to serve our team and the Fleet in this capacity. In this ever changing time, I will do my best to head out to all of our activities from Hawaii to Spain. I look forward to meeting all of you soon.



*HMCM (SW/EXW) Derek Petrin  
Command Master Chief, NMCPHC*



*Capt. Phillip Blaine  
Command Executive Officer*



*Capt. Robert Farr  
Command Executive Officer*

## **Passing the Torch... It's all about the "X's" and "O's"**

### **Welcome aboard CAPT Phil Blaine... Fair Winds/Following Seas CAPT Wes Farr**

NMCPHC is pleased to welcome aboard CAPT Philip Blaine, MSC, as the Command's Executive Officer (XO). CAPT Blaine comes to NMCPHC from Naval Branch Health Clinic NAS Whiting Field, FL, where he served as Officer-in-Charge.

CAPT Blaine is a pharmacist by trade, possessing a Doctor of Pharmacy degree as well as a Masters degree in Management. Visit the NMCPHC home page for CAPT Blaine's complete biography: <http://www.med.navy.mil/sites/nmcphc/about-us/leadership/Pages/xo.aspx>.

We also wish "Fair Winds and Following Seas" to CAPT Wes Farr as he returns home to Florida where he will once again grace the halls of the Naval Aerospace Medical Institute, Pensacola. He served three years at the NMCPHC as XO and will be missed!

# The EpiData Center Introduces Geomedicine as a Capability to NMCPHC

By Paul Meddaugh, MPH and Uzo Chukwuma, MPH

Many public health concerns have geographic components that cannot be adequately addressed in a table or graph. The EpiData Center (EDC) is developing new capabilities for displaying important public health information and has added Geographic Information Systems (GIS) to its repertoire of health surveillance tools. Over the coming months, EDC hopes to incorporate more meaningful and informative ways to display data using topography. Below is an example of one such project. "Bringing the GIS capability to public health surveillance will give the Navy another tool for visually expressing the risks of exposure and disease in the beneficiary population," said Dr. Chris Rennix, Department Head for NMCPHC EDC.

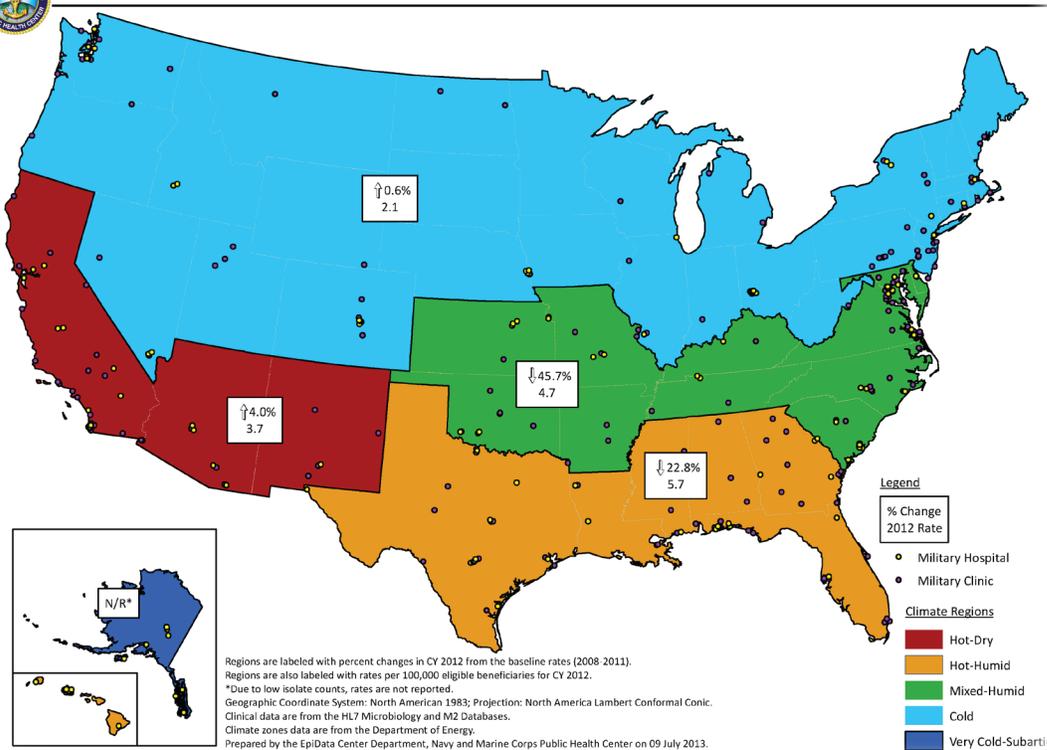
During last year's surveillance of *Acinetobacter* bacteria among military beneficiaries, 378 infections were identified among our Continental United States (CONUS) population. Climate and seasonality are significant factors in the propagation of the organism which prefers hot and humid environments.

Acinetobacter is a bacteria generally found in drinking water, soil, sewage and various types of foods. While typically cases are rare in healthy people and it responds well to antibiotics, its multi drug-resistance has been well documented for this bacterium and is a serious health concern. It has shown the ability to easily develop antibiotic resistance and has been found to be endemic in hospital environments.

The map to the left displays the distribution of *Acinetobacter* infection by climatic region in 2012 and indicates a higher infection rate in mixed-humid and hot-humid climatic regions. These same regions show large percentage decreases in their infection rates compared to the reference rate calculated using data from 2008-2011. Case counts in the sub-arctic region were too low to be considered anything other than variance and therefore, rates were not calculated for that climatic region.

The NMCPHC EpiData Center routinely monitors *Acinetobacter* infection through quarterly and annual updates. Questions related to this article should be sent to [Epi@nmcpnc.med.navy.mil](mailto:Epi@nmcpnc.med.navy.mil).

Percent Change of *Acinetobacter* Infections in CY 2012 from the Baseline Rate (2008-2011), by Region, and Infection Incidence Rate (per 100,000 Eligible Beneficiaries)



# Health Analysis Department Reacts to FDA Black Box Warning

By Jenny Snyder, MPH

## KEY POINTS:

*HA interventions, in conjunction with the FDA alert, significantly reduced the rate of potentially harmful codeine prescriptions among children receiving tonsillectomy and/or adenoidectomy procedures.*

*Statistical modeling demonstrated a cause and effect relationship between the communication interventions and a decrease in codeine prescription fills among these patients.*

*HA has the capabilities to produce additional quality improvement strategies tailored to a variety of clinical issues.*

NMCPHC's Health Analysis Department (HA) provides quality data analysis to Navy Medicine and beyond, focusing on the best ways to improve care and efficiency in the clinical setting. HA leverages their unique capabilities to provide evidence-based analysis and outreach communications to promote safe and effective clinical practices. Efforts such as this support Sailors, Marines and their families, and ultimately enhance operational readiness. Recently, the Department executed a risk communications outreach strategy to protect the lives of children under the care of Military Health System (MHS) providers.

The U.S. Food and Drug Administration (FDA) posted a safety announcement on August 15, 2012 regarding the use of codeine following pediatric tonsillectomy and/or adenoidectomy procedures, due to symptoms of respiratory distress and in some cases patient death. Using data from MHS's Medical Data Repository, the M2 database, HA analyzed prescription rates across beneficiaries of all services to determine the prevalence of this potentially harmful clinical practice. After the FDA alert, data analysis indicated patients were continuing to receive codeine post operatively. Between December 2012 and January 2013, HA quickly responded to these findings with a phased, targeted clinical analysis and outreach strategy to tri-service pediatric specialty leaders communicating the risk of using codeine for children post adenoidectomy/tonsillectomy. The Department's collaboration with the FDA, combined with HA's proactive com-

munication strategy reached the widest possible audience, and subsequent analysis demonstrated a 99 percent decrease in the use of codeine in children post adenoidectomy/tonsillectomy as a result. HA evaluated the impact of their communication strategy using a statistical estimation technique known as piecewise regression, to detect the statistically significant and favorable impact of their efforts. The evaluation study confirms the benefit of using data analysis to improve clinical practices.

The outreach strategy employed by HA drives innovation in the application of clinical health analyses and novel risk communication strategies to improve the delivery and value of healthcare within Navy Medicine and across the Military Health System. Furthermore, the Department's efforts demonstrate the value of rapid-response health data analysis to improve clinical practice efficacy and health outcomes. In the case of pediatric codeine use post adenoidectomy/tonsillectomy, HA shows how the Navy turned on a dime in response to the FDA alert and used sound data analytics and risk communication techniques to protect children's lives.

HA provides expertise and leadership to improve the value of Navy health care and operational force readiness through clinical health analysis, epidemiologic, and evidence-based methods.

For more information, visit: <http://www.med.navy.mil/sites/nmcpHC/health-analysis/Pages/default.aspx>



photo courtesy of Lance Cpl.  
Heather Choate

## The Effects of Caffeine

By Cmdr. Connie Scott, RD

Just about every supermarket and corner store has a special section just for energy supplements. You know the aisle – complete with colorful cans and bottles promising to help you charge through the day. These

energy boosts seem to be available in more forms than ever (candies, soda, coffee, squirts to add to your beverage of choice, or specifically labeled energy drinks), and with labels listing numerous benefits they may seem appealing, but are they putting your health at risk? According to a recent study from the Walter Reed Army Institute of Research, nearly 45% of combat troops consume at least one energy drink daily, while 14% drink three or more energy drinks per day.

Let's look at the evidence: Caffeine in moderation (defined by the American Medical Association as no more than 300 mg per day for adults and 45 mg per day for children) is safe, and can actually improve both mental and physical performance. Research shows that if you consume the right dose of caffeine, you may be able to push farther when exercising, increase alertness and improve concentration. However, the key is sticking to the appropriate amount. Too much caffeine can have adverse effects on your health including irritability, restlessness, decreased quality of sleep and increased heart rate.

Not only do all of these have the potential to lead to additional health risks, too much caffeine can become toxic to your body and cause a heart attack, seizure, coma, kidney or muscle dysfunction, and even death! You should also know that energy drinks currently have no FDA regulation on caffeine limits (unlike cola, which is limited to 71 mg per 12 oz). Several popular energy drinks contain 15 mg of caffeine per ounce. Many of which are sold in 24 ounce cans – that's 360

mg of caffeine in one can, already putting you above the recommended limit of caffeine per day.

TYPE	CAFFEINE mg
Coffee	65-120
Tea	20-90
Cola	20-40
Energy Drink	6-30

But caffeine's not the only offender inside those cans. Many energy drinks contain non-regulated ingredients that can be harmful to your health. For example: **Tyrosine or Phenylalanine** interacts with many medications, **Yohimbe** interacts with anti-depressants, **Kola Nut and Guarana** both are sources of caffeine, **Citrus Aurantium (Bitter Orange)** contains synephrine which has stimulant properties, and **Ma Huang** is a source of ephedra. Products containing ephedra were pulled off the market since they are associated with significant adverse events that can cause death.

Keep in mind the ingredients listed here may not cause problems alone, but when consumed together they have the potential to cause serious harm. The next time you are feeling like you need a boost to meet the demands of the day, read the label and do the math. Consider how much caffeine is safe, and think about getting your energy from other caffeinated drinks or simply filling up on natural foods and beverages – their labels may be less colorful, but they'll carry less potential harm.

*continued on page 7*

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## Congrats to the Blue H 2012 Award Winners – Time to Get Ready for 2013

*By NMCPHC Public Affairs*



The Winners of the 2012 Blue-H Navy Surgeon General's (SG) Health Promotion and Wellness Award

were officially recognized by Vice Admiral Nathan for their outstanding contributions in health, wellness and fitness activities and policies in Navy workplaces and U.S. Marine Corps (USMC) SEMPER FIT Centers. Exactly 271 organizations were recognized in 2012, up 10.6 percent from 2011, indicating an increase in the Navy awareness of the Blue H Award.

Award recipients are recognized in three different Navy and Marine Corps environments - Fleet, Medical and Semper Fit Centers.

Fleet - This version is for all Navy commands other than military treatment facilities (MTF) and recognizes excellence in workplace

primary prevention policies, activities and outcomes such as the health status of the crew or staff, and execution of evidence-based and best practice activities.

Medical - This version is for active duty MTFs and recognizes excellence in clinical primary prevention, community health promotion and medical staff health.

"We are proud to recognize these Navy workplaces and Marine Corps SEMPER FIT Centers for their commitment to healthy living," said Cmdr. Connie Scott, Health Promotion and Wellness Department Head, NMCPHC. "This demonstrates the commitment of many commands to force health and readiness and sets the standard for other organizations."

Semper Fit Health Promotion Program - This version recognizes excellence in community-level primary prevention activities for Marines, including alcohol abuse prevention, injury prevention, nutrition, physical activity, psychological health, sexual health and tobacco cessation, conducted by USMC Semper Fit Centers. A detailed report including the awarded organizations, average scores and a summary of customer feedback is available in the Blue H - Navy Surgeon General's Health Promotion and Wellness Award: Results for CY2012.

For more information on Blue H and 2013 submissions, visit the Blue H homepage at: <http://www.med.navy.mil/sites/nmcpHC/health-promotion/Pages/blue-h.aspx>.

# PTSD Incidence in the Department of the Navy 2002-2012

By Tina Luse, MPH

Post-Traumatic Stress Disorder (PTSD) occurs as a result of exposure to a catastrophic or combat-related event, or an experience that may cause an individual to have intense fear, pain, injury or feeling of helplessness. PTSD is a common behavioral health condition affecting military readiness and the lives of military service members and their families.

From 2002 to 2012 there were a total of 26,641 incident cases of PTSD for Active Duty (AD) service members, 43.9 percent were among Sailors and 56.1 percent were among Marines. The incidence rates seen from 2002 to 2012 increased steadily in both service branches, except for a decrease in 2009 and 2011 among Marines.

The yearly average PTSD incidence rate for USMC from 2002 to 2012 was 766.6 per 100,000 Marines with the highest rate occurring in 2008 (1,086 per 100,000 Marines).

The yearly average PTSD incidence rate for USN from 2002 to 2012 was 330.8 per 100,000 Sailors with the highest rate occurring in 2012 (477 per 100,000 Sailors).

PTSD was identified in approximately one percent of current USN AD service members and two percent of current USMC AD service members.

The EpiData Center (EDC) Department at the NMCPHC identifies and tracks cases of PTSD in the USMC and USN. The EDC reports the first time service members are identified with a case of PTSD (incident case) and incidence rates per 100,000 AD (including recruits) service members.

For more information, contact EDC [epi@nmcpHC.med.navy.mil](mailto:epi@nmcpHC.med.navy.mil).

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Photo courtesy of Lance  
Cpl. Daniel Booth



Photo courtesy of MCSA  
Benjamin Crossley



Photos courtesy of Left: MC2 David Danals, Center: Lance Cpl Jacqueline M. Perez rivera, Right: MC2 Michael Russell

## Social Media Update: A Total Fit Force

By NMCPHC Public Affairs

In our last newsletter, we discussed building our presence on social media sites such as Facebook and Twitter to raise awareness of NMCPHC services and reach more Sailors and Marines worldwide. Our strategy includes holding live virtual events, and in May we did just that to promote Physical Fitness Month with the “Total Force Fit” Facebook Live Chat.

During the event, we focused on the Health Promotion and Wellness sub-campaign topics of active living, healthy eating and tobacco-free living. Our subject matter experts Dr. Mark Long, Ms. Sally Vickers and Ms. Dawn Whiting partnered with the Real Warriors Campaign, Military Health, Quit Tobacco – Make Everyone Proud, Human Performance Resource Center and Operation Live Well to answer questions and share tips on healthy

living – right on our Facebook wall! We are pleased to report that this inaugural virtual event was a smashing success! Thanks to the great collaborative effort of the organizations listed above, “Total Force Fit” reached 5,406 Facebook users in seven countries where service members are stationed or deployed. This tells us that Facebook is an effective way to provide these service members with public health information and resources that can help them maintain readiness at all times.

Another big win from “Total Force Fit” is the NMCPHC Facebook page gained 27 new fans on the day of the event, and we haven’t stopped growing since! At last count, we have garnered 637 fans; nearly doubling the number we had at this time last quarter! This means we are reaching even more Sailors,

Marines and their families with vital public health information that promotes healthy lifestyles. Of course, we have to give a shout out to our fans for the support we have received that makes this kind of growth possible. All of the “Likes” and “Shares” really do help spread the word!

Moving forward, we will continue to host and participate in live virtual events so stay tuned to our Facebook page for more details.

Does your command have something to share or content you’d like to see? Let us know at [NMCPHC-PAO@med.navy.mil](mailto:NMCPHC-PAO@med.navy.mil).

 **LIKE us on facebook!**

# A Day in the Life of an Industrial Hygienist

By Jena Brunson, MPH, CIH and Gillian Galgan, MPH

It's 0630 Tuesday morning and another fine Navy day working in Naval Medical Center Portsmouth's Industrial Hygiene Department. After reviewing and responding to emails, checking my voicemail, and organizing my thoughts, I get ready to head out in the field. Gillian is simultaneously preparing for field work in her office. We are both working on an industrial hygiene survey of a Landing Helicopter Dock (LHD) class ship. We finished the walk through portion of the survey last week, meaning that all tasks and associated stressors have been identified for each shop on the ship. We completed our assessments of personnel exposures for most tasks such as watchstanding, welding, brush and roller painting the exterior of the ship, and operating ground support equipment, but there is still a task or two that requires exposure monitoring in order to fully evaluate the exposure.

I can hear Gillian across the hall in the lab calibrating what sounds to be a high flow pump or two. I walk across the hall and see that she has her Comprehensive Industrial Hygiene Laboratory (CIHL) sampling guide open and is looking at the prescribed air sampling protocols for aluminum, chromium, copper, and manganese. She is confirming

that she will use a Mixed Cellulose Ester Filter (MCEF) attached to her pump, and that the pump should be running at a flow rate of two liters per minute (LPM) to monitor personnel grinding aluminum today. We both give each other the thumbs up as I grab my velometer, needed to measure the exhaust ventilation in the ship's JP-5 pump room – it's time to head to the pier to get our field work started!

After parking what seems to be a mile away, Gillian and I begin our stroll to the ship. Forklifts are operating, generators are running, shipyard workers are scattered around the deck of ships, various service lines are meandering down the pier, and the flag is about to go up for colors. We make our way to the quarterdeck and check in, where the person Gillian is to monitor is waiting for her and an escort is waiting to take me to the JP-5 pump rooms. As Gillian splits goes in one direction, I go in another, following my escort through several passageways and into a scuttle, down a ladder, and I keep going down as the JP-5 odor becomes slightly more noticeable. Once at the bottom, I gaze around



Photos courtesy of Top: MC1 David McKee,  
Bottom: MCSA Benjamin Crossley

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## A Day in the Life of an Industrial Hygienist

*continued*

the room to determine where the exhaust ventilation ducts are, finding that some are below the deck and behind pipes while others are overhead. After crouching, bending, stretching, and sweating to reach the ducts, I have the measurements that I came for. Following a few calculations later in the office, I will be able to determine the air changes per hour in the space, compare the air changes to guidance documents, and report my findings back to the ship.

I head back up several decks and over a few passageways where I see Gillian standing at a distance observing grinding operations. Her personnel are hard at work grinding on aluminum metal with the high flow pumps attached to their belts. She observes intently, watching every move that they make in order to document a detailed time course of events on her sample sheet. The operation does not appear to produce a great amount of metal particulates in the air, but the sample results will

determine whether personnel are overexposed to the various metals. She then puts in her ear plugs, walks closer to the operation, and takes a sound pressure level reading. Looks like the operation is noise hazardous, producing sound pressure levels in excess of 85 dBA, but luckily personnel are already wearing their hearing protection in addition to the required safety glasses. As the operation wraps up, Gillian gathers her industrial hygiene equipment, collects information from the workers, and then walks toward me with a smile on her face. It is 1200 and it appears that our field work is complete and the time for an afternoon of paperwork has arrived. After a quick drive back to the office, Gillian begins processing sample sheets and preparing the samples for the lab while I commence diagramming the JP-5 pump rooms and performing calculations.

Another successful day in the IH world, assessing worksites and protecting workers!

# Navy Entomology Center of Excellence

By Lt. Marcus McDonough and Lt. Jennifer Wright



Top: LT Marcus McDonough works with *Ae. aegypti* mosquitoes on a project that aims to test novel equipment and pesticide combination for use in the control of human disease vectoring mosquitoes.

Bottom: HM1 Luis Santana performs the larval dipping technique as a means of monitoring local mosquito populations.

The Navy Entomology Center of Excellence (NECE) is the only Department of Defense (DoD) activity dedicated to world-wide operational entomology support. NECE is composed of four departments: Testing and Evaluation, Training, Operational Assessment and Fleet Support, each with their own unique roles yet united in their mission to protect the deployed war fighter from human disease transmitted by blood feeding insects through the development and evaluation of control/management techniques.

The Testing and Evaluation Department is the largest and most diverse department at NECE with a mission to evaluate novel pesticides, pesticide dispersal equipment and application methods for use within the DoD. This is accomplished through extensive durability testing, technical analysis and field trials using state of the art equipment and a team of diverse experts in the field of pest management. “We work extensively with manufacturers of insecticide spray products meet our [DoD] needs in the field. They take our

recommendations based on testing performed at NECE and implement them into the design of their machines,” said Engineman First Class Jeremy Anderson, Lead Petty Officer, Testing and Evaluation. “Our department also is actively involved in collaborations worldwide in the pursuit of novel pesticides and control techniques that can directly support the deployed war fighter.”

NECE is a joint DoD training facility capable of training civilian, contractor and military personnel from all branches of the military. The Training Department is responsible for taking all of the research performed at NECE and integrating it into course curricula ensuring that cutting edge technology and new pest control techniques are being passed to the fleet. The course with the largest enrollment is the DoD Pesticide Applicator Certification, held twice a year. Completion of this course certifies that DoD personnel are able to safely and effectively apply pesticides on

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## Navy Entomology Center of Excellence

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DoD installations. “In addition to Pesticide Applicator Certification, we provide several other classes including Shipboard Pest Management, Operational Entomology Training, and Medical Entomology and Pest Management Technology,” said Lt. j.g. Matthew Yans of the Training Department. These classes teach students to safely and effectively manage pest on ships and submarines, preparing preventive medicine personnel to establish a public health pest management program where none exists, and acquaints reserve personnel with the biology and management of medically important arthropods and the epidemiology of diseases transmitted, respectively.

The Operational Assessment Department actively identifies gaps and shortfalls in disease vector surveillance equipment and control capabilities and identifies ways to remedy these problems. “We are constantly trying to identify pest management products [equipment

and pesticides] that will improve the control of disease vectors and nuisance pests,” said Lt. Cmdr. Jinaki Gourdine, Department Head, Operational Assessment.

The Fleet Support Department is the boots-on-the-ground department of NECE offering many services to all branches of the Armed Forces as well as the Coast Guard including site assist visits, consultations, uniform sprays and any other help the fleet may require involving pest control. “In Fleet Support we are always on call and ready to assist the Fleet needs. Most often this means providing answers to questions about pests and visiting ships and installations to provide hands on support but we are here to help however we can,” said Hospital Corpsman First Class, Luis Santana, Lead Petty Officer, Fleet Support.

Fleet Support is also responsible for disseminating new and critical information to the fleet such as newly available pesticides and

pesticide dispersal equipment or vector borne diseases of concern, like West Nile virus. “Additionally, we provide medical entomology information and vector threat assessment to deploying units,” said Santana.

Each of these departments work together to ensure the protection of deployed war fighters against blood feeding insects that vector human and animal diseases. From investigating novel protection methods to responding to calls from the Fleet, NECE offers the Navy world class protection from the devastating effects of arthropod-borne diseases.

For more information about NECE or the services provided by each department, visit NECE’s website at <http://www.med.navy.mil/sites/nmcphc/nece/Pages/default.aspx> or call 904-542-242.

**NMCPHC Recognizes  
our Newest  
Chief Petty Officers.  
Congratulations!**

- NECE:**  
HMC Jason Mark Francona
- NDC:**  
HMC Kiyana Nicole Hickson
- NEPMU-2:**  
HMC Daniel Adam Estigoy
- NEPMU-2:**  
HMC Jennifer Lain Nolen
- NEPMU-5:**  
HMC Karl Paul Youngquist
- NEPMU-5:**  
HMC Rosemary Feliciano
- NEPMU-6:**  
HMC Travis Shea Longacre

**CDC Awards Lt. Dunford of  
NMCPHC the Global Health  
Honor Award**

*By Hugh Cox, Public Affairs Officer*



*Lt. Dunford receiving award at Centers for Disease Control, Center for Global Health Honor (CGH) Awards and Recognition Ceremony, 10 July 2013. CGH Director Tom Kenyon (left), Lt. Dunford, and Division of Parasitic Diseases and Malaria Deputy Director Leo Weakland.*

Lt. James Dunford, Centers for Disease Control and Prevention (CDC), Navy and Marine Corps Public Health Center Detachment, was recently recognized by CDC for his efforts developing an instructional video to track insecticide resistance as well as leading federal interagency projects related to controlling disease transmitting insects. He received the 2012 Excellence in Partnering award from the CDC, Center for Global Health. The award recognizes exceptional contributions of public health partner organizations that have advanced the mission of CDC and Agency for Toxic Substances and Disease Registry (ATSDR). Lt. Dunford was also invited to present a poster summarizing his work on August 20th at the 61st Annual CDC and ATSDR Honor Awards Ceremony entitled Strengthening Public Health Entomology through Partnering.