

MILITARY AND LOCAL PUBLIC HEALTH: WORKING TOGETHER

Sheryl A. Bedno, MD, MPH
Chief, Preventive Medicine
Womack Army Medical Center
Fort Bragg, NC
30 April 2015

Disclaimer

The views expressed are those of the author and should not be construed to represent the positions of the Department of the Army or Department of Defense.

Military and local public health: working together

- ▣ Wake AHEC requires all speakers to disclose any relevant financial conflicts of interest.
- ▣ Sheryl A. Bedno has no relevant financial conflicts of interest to disclose.

Fort Bragg Public Health

- ▣ HQ, including Chief, Preventive Medicine
 - Chief serves as Public Health Emergency Officer
- ▣ Army Hearing Program
- ▣ Army Wellness Center
- ▣ Environmental Health
- ▣ Epidemiology & Disease Control
- ▣ Health Physics
- ▣ Industrial Hygiene
- ▣ Occupational Health
- ▣ Public Health Nursing

Epidemiology & Disease Control: Interface with LHD

- ▣ Local and state reporting requirements
- ▣ Referral for non-beneficiaries (e.g., civilians)
- ▣ Contact tracing
- ▣ Training & education

Public Health/Emergency Roles within Military System

- ▣ Department of Defense Instruction (DoDI 6200.03) Public Health Emergency Management Within DoD
- ▣ Defines roles for PHEO and MEM
- ▣ Public Health Emergency Officer (PHEO)
 - Key role in coordinating between the installation and local civilian public health community
- ▣ Military Treatment Facility Emergency Manager (MEM)

DoD and Local Public Health Preparedness

- ▣ Department of Defense Instruction 6055.17
 - Emergency Management: coordination with local partners
- ▣ NACCHO Collaboration Guide (2013)
 - Initiative: LHD & DoD working together
- ▣ Executive Order 13527
 - Federal government needs to work with state & local PH

Study on Local & Military PH

- ▣ In progress qualitative study (Lee, 2015)
- ▣ Purpose to identify strengths, weaknesses, opportunities, and challenges in collaboration between local health depts and military
- ▣ Interviews were conducted with public health leaders in and around Fort Bragg
- ▣ Themes related to the interviews were evaluated

Current Collaboration

- ▣ Disease Reporting
- ▣ Emergency Response & Outbreaks
- ▣ Contact tracing
- ▣ Working Groups (e.g. local Emergency Planning Committees)

Challenges

- ▣ Reactive collaboration
 - Tends to be focused on emergencies versus all of the other public health activities
- ▣ Funding
 - Limited resources for training or conference travel
- ▣ DoD Access
 - Gate access is an additional hurdle for LHD personnel
- ▣ Military turn-over
 - Difficult to keep up with who we are

Thoughts on Future Collaboration

- ▣ More public health DoD/LHD training & exercises
- ▣ Periodic conference calls to discuss mutually significant topics:
 - HIV/STI's
 - Other reportable diseases
 - Immunizations/vaccine waivers
 - Emerging infectious diseases
- ▣ Student/resident projects or research

Acknowledgments

- ▣ LTC Julie Lee, Army Public Health Nurse
- ▣ Ms. Marsha Lunt, Emergency Manager,
WAMC
- ▣ Ms. Tracy Pope, Epidemiology Nurse,
Department of Preventive Medicine, WAMC