



Coast Guard Flag Voice 53

COAST GUARD HEALTH AND SAFETY SUMMIT

On July 19, the Director of Health and Safety (G-WK) hosted an all-day "Summit" with the MLC Commanders, selected senior staff, and me to discuss a range of health, safety, and work-life issues.

Safety is gaining increased visibility in both Coast Guard operations and as DoT's "North Star." In the Coast Guard, safety is expanding beyond the "standards" approach to focus on comprehensive risk management. This is an evolving process, with G-WK joining with G-O and G-M and their respective operational units. G-WK has begun implementing several risk management initiatives, including Team Coordination Training, and currently is developing a Commandant Instruction on Operational Risk Management. The MLCs also realize the transition to a risk management approach will change their focus and expand their need for resources. Working with the MLCs, G-WKS will develop the necessary documentation to seek required resources for the field to increase our focus on safety.

The lead, radon, and asbestos identification and remediation program in Coast Guard-owned housing, unaccompanied personnel housing, and Coast Guard day care centers includes five elements: initial risk assessments and unit notification, remediation, follow-up risk assessments, disclosure to residents, and documentation and tracking. All initial risk assessments should be completed in FY99. G-WK, G-WP, G-S, MLCs (k and s), CEUs, and local housing authorities are actively working together to discover, document, and appropriately manage hazards.

The Summit's primary Work-Life issue was the respective roles and coordination of unit, ISC, MLC, and HQ staff efforts. Participants discussed this program's unique chain of command, i.e., compared to other G-WK programs, the relative absence of MLC involvement. The group concluded the initial step should be clarifying the ISC O-4 Work-Life Supervisor's role and reviewing required training in support of that role. Additionally, the MLCs will review Work-Life issues and present their thoughts about their appropriate role at the next Health and Safety Board of Directors meeting later this fall.

The participants discussed several additional health-related issues.

The Coast Guard anthrax vaccination program, modeled after DoD's (see Flag Voice 44), is a three-phase effort. Phase I is under way, with those being deployed to high-risk areas already receiving vaccine. Phase II, vaccinating those in high-alert units, is scheduled FY 00-02. In Phase III (FY03 and beyond), the total force will be vaccinated. A primary DoD vaccination program requirement is impeccable record-keeping using DoD software and the DEERS system. At present, this requires manual data entry at either headquarters or the MLCs. With improved hardware and software, this function should migrate to the unit level so one electronic entry is required. This will simplify record-keeping at

all levels, increase data accuracy, and enable group data retrieval.

Several TRICARE aspects were also on the agenda. The group was most fortunate to have RADM Thomas Carrato, USPHS, Chief Operating Officer, Military Health Systems Operations, TRICARE Management Activity, present an update on TRICARE's plans to resolve many of the challenges dependents face in receiving affordable health care in areas remote from military treatment facilities. The Coast Guard has specific challenges in Alaska and other areas. DoD is working to implement several initiatives for FY00, all of which specifically address our members stationed in Alaska.

Another TRICARE initiative involves DoD contractors processing medical providers' bills for private-sector, active duty care. Currently, this is in a "demo" stage in several MLCLANT areas, with a nationwide roll-out scheduled for 1 Oct 99. Flag Voice 52 applies. One practical administrative problem has been the checks (about 4% of the total) sent to members rather than providers. **CONSIDER THESE CHECKS REIMBURSEMENT FOR ANY BILLS YOU PAID OR USE THEM TO PAY ANY MEDICAL BILL FOR CARE YOU RECEIVED.**

Also discussed was the need to formally enroll active duty members in TRICARE (see Flag Voice 52). The MLCLANT bill-paying demo has clearly identified that an essential element is for **ALL ACTIVE DUTY MEMBERS TO FORMALLY ENROLL IN TRICARE** to help assure proper bill routing and payment and to minimize instances of members receiving a check for their medical bill. Formal enrollment also improves access to local primary and specialty health care through the TRICARE Health Care Finder. As a new benefit, enrollment provides access to a new pharmacy benefit so members can have local private pharmacies dispense prescriptions. Headquarters and the MLCs have released messages to provide additional details on the enrollment process. It is critical to complete enrollment by 1 October, when the bill-processing program goes nationwide.

The Summit provided an opportunity for frank, direct, even sometimes controversial discussion, leading to consensus. All viewed this as a success and agreed it should become an annual event. In the future, this meeting will become a "W" summit and include G-WP and G-WT issues as well.

Regards, FL Ames

[Flag Voice Contents](#)

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