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During my time in the US Public Health Service JrCOSTEP program, I worked for the Indian Health Service (IHS) while stationed at the Rosebud Service Unit in Rosebud, South Dakota. My assignment was to assist Mr. Charles Mack, IHS Sanitarian, with his responsibilities while gaining experience in injury prevention, establishment surveys, and writing survey reports. I feel that I received a good career experience.



Mr. Mack and I conducted many home and community building inspections. Home inspections were usually more memorable, as they were more heartbreaking. For example, the floor of one home was covered in dog excrement and there was so much clutter in the living room that furniture was difficult to distinguish. I became acquainted with frustrations of home renters living in moldy conditions with very little power to change the circumstances leading to the mold and have very few options of relocating. Later in the summer, I conducted a home mold inspection and a community building survey on my own.

We also conducted surveys of a food commodity building, a convenience store/restaurant, and two deep-look surveys of casino/hotel complexes. I also assisted a Tribal EPA staff member in testing homes for lead-based paint. This experience exposed me to many homes in poor condition due to a variety of issues related to deferred maintenance and/or poor housekeeping practices. The deep look surveys at two tribal casino properties were very in-depth, covering so many areas that I only participated in about half of the work that they required. For example, I helped inspect the kitchen and the grounds at both locations. However, I assisted with the inspection of the office area, casino gaming floor, and a casino-managed gas station at one site and evaluated maintenance equipment at the other site. I did not gain experience in assessing casino/hotel roof HVAC systems or hotel safety/sanitation at either location.

Most importantly, I learned the necessary attitude required while conducting an inspection. At the beginning of the summer, I assumed inspections would be rigorous and that our office would enforce regulations that would require operators to enact positive changes. However, IHS utilizes an entirely different approach to achieve positive changes. Our office does not have any enforcement authority: we are simply a health and safety resource to the Rosebud Tribe and to facility operators. Mr. Mack taught me that we cannot barge into an establishment and start giving orders for how things should be. He noted that that attitude will not earn the respect of the establishment's directors/operators and will only increase their defensiveness. It is much more effective to enter politely and to explain your purpose: to assist them in making their establishment a healthier and safer place for employees and consumers. This survey method goes a long way to ultimately protect the business and the public; nevertheless, it takes time and tact on the part of the surveyor. Building a good relationship with establishments may require allowing lesser violations

go for a year or two until its operator/director trusts your judgment; only then is it effective to be nitpicky.

Injury prevention research occupied the majority of my time. For the past two years, Mr. Mack has pulled thousands of Service Unit medical records to compile information about severe injuries on the Rosebud Reservation. Injury details are entered in the Severe Injury Surveillance System (SISS). The past two years of research have revealed that motor vehicle crashes (MVC) are the number one cause of death and account for the highest funds expenditure. I compiled the data for the third year of surveillance this summer. Mr. Mack uses this data to help promote the passage of a primary seat belt law on the reservation. The research encouraged me to become an activist for wearing seatbelts. While traveling with people on the reservation and conducting seat belt surveys, I realized just how few individuals wear seatbelts (most seatbelt surveys show roughly a 96% noncompliance) even though most acknowledge the advantages of wearing one.

Part of injury prevention is collaborating with public health representatives to monitor and reduce the number of animal bites. The reservation has an average of over 88 bites per year, largely due to a stray dog population and irresponsible owners who do not properly care for and monitor their pets. I personally experienced the latter cause when a dog bit my leg at the beginning of July: even though the owners knew the dog was aggressive, they allowed it to run free. Rabies monitoring is hampered by the fact that there is not a place to keep animals. This is unfortunate as it makes it much more difficult to monitor strays animals or the animal of an uncooperative owner. With so many bites per year, I believe it that it would be very beneficial for the tribe to eventually establish an animal control office with quarantine facilities.

I did have the opportunity to participate in a program to reduce the number of strays on the reservation. Routinely, a free animal clinic sets up to spay and neuter cats and dogs and to administer rabies vaccines. I managed the dog recovery unit for a total of nine hours over the course of two days. The spay and neuter clinics are not the responsibility of OEH&E and Mr. Mack has been advised to stop working it, so I am glad that he allowed me to participate in the process. I truly enjoyed the experience.

I do wish that I had become acquainted with the Life Safety Code earlier in the summer and had worked with the FDA Food Code a few more times as to gain experience using these important research tools. Also, even though compiling injury surveillance data provided me with a strong dose of the research aspect of public health, it was tedious work and I do envy the intern next year who will get to focus more on the political and monitoring aspects of the primary seat belt law.

Overall, I had a very good experience working at the Rosebud Service Unit this summer. I encountered things I never expected, both negatively and positively. As a result of my COSTEP experience I feel more comfortable conducting a survey of an establishment, knowing more of what issues to look for and what questions to ask. The most interesting part of the COSTEP experience for me was becoming more familiar with the cultural and social aspects of reservation culture, which will greatly aid me if I encounter IHS again in my career. Even though I wish I had gained a broader experience in environmental health, I know there is only so much one can expect to do in three months. I enjoyed exploring this career path and believe I could easily work for the Commission Corps of the US Public Health Service in the future.