



# Kansas Environmental Health Association

Fall 2014

Newsletter

## 2013-2014 Officers

President:  
Bronson Farmer, RS

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Food Section Chair:  
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## MESSAGE FROM THE PRESIDENT

*Bronson Farmer, RS, HHS*

Dear KEHA Members,

We are wrapping up another busy summer!! I hope that your summer has been productive and busy but not run you ragged! With the fall looming ahead there are a lot of things going on. Everyone is getting in that end of summer trip, kids are going back to school, and the KEHA Board is busy organizing our Annual Education Conference.

The Fall AEC on September 24—26th is shaping up to be one of the best we have had in quite a while. We have discussions lined up regarding some of the hot topics we have been seeing in the state and anticipate in the Future. We are bringing back and putting together a panel of retired sanitarians who have taken decades worth of knowledge with them into retirement. We are pulling them out of retirement, making them put that Sanitarian hat back on so we can pick their brains and hope to gain a small sliver of the wisdom these folks possess! There is a full school inspection track which is being discussed in more and more circles. It may be time to put together some guidance to our association regarding these inspections. You won't want to miss that! We are also for the first time inviting guests!! We have invited the State of Kansas Child Care surveyors to join us! Since they are also in the business of Environmental Health in some capacity I think it could be mutually beneficial to have them attend our conferences and ultimately become active members. Let's have a great turnout at the Fall AEC and make these invited guests feel welcome and want to return!

I was fortunate to be able to represent KEHA at the National Environmental Health Association AEC this past July in Las Vegas. While I believe that the first priority should be to your state association, you will learn a great deal from interacting with sanitarians from other areas in the country. It can give you an outside perspective on your local program's weaknesses, which you can work on, to successes that you can share. I attended the Affiliate President's meeting, and shared with all the affiliate representatives our Kansas Environmental Health Performance Standards Survey, (KEHPSS) and how we tied that to our EH Summit meeting last fall. At this Summit we presented the KEHPSS results to all of the state and local partners and got feedback as to what EH should look like in Kansas. I received a lot of good feedback from the attendees.

I would like to thank the current KEHA board for the work that they had done over the past year. I know that serving on the board can be a lot of work, but it can also be very rewarding to know that you have a hand in shaping our profession. I would like to end by encouraging those of you who have not served, to consider becoming a KEHA board member. We currently have a vacancy on the board in the Food Section chair, (food service experience helpful but not needed) and every year we have a new 2nd Vice-President. Take a leap and volunteer. I promise you will not regret it!

## KEHA '2014' FALL CONFERENCE PLANNED.....

### Mark Your Calendars:

**September 24th—26th, 2014**

Salina Ambassador Hotel Conference Center  
(formerly The Ramada Inn)  
1616 Crawford Street  
Salina, KS 67401 1-(866)-460-7456





## 2014 KEHA Fall Conference, September 24-26, 2014

Enclosed you will find the agenda, registration information and maps for the upcoming Fall KEHA conference. This year's conference will be held in Salina at the Ramada Inn. Registration forms should be sent to Beth Rowlands by September 12, 2014. Hope to see you all there!

# 2014 Fall Conference Program

## Wednesday, September 24

**11:00-1:00 Registration**

**1:00-1:15 Opening Remarks,**  
Bronson Farmer  
KEHA President

**1:15-2:45 History of KEHA**  
Panel

- Bill Towery
- Dennis Foster
- John Davis
- Steve Paige
- Others

**2:45-3:00 Break**

**3:00-4:00 Liability Insurance Update**  
Dennis Foster, NEK

**4:00-5:00 Norovirus Outbreak Response** (Invited)  
Daniel Neises, KDHE

**6:00-? Pork Chop Dinner**

**6:00 Hospitality Suite**

## Thursday, September 25

**8:30-8:45 Opening Remarks**

**8:45-9:45 Pests in the Field**  
Chuck Otte, KSU Extension

**9:45-10:00 Break**

### Main Track

**10:00-11:00 Composting Animal Carcasses**  
Craig Wood

**11:00-12:00 Local Health Department Funding**  
Dennis Kriesel, Kansas  
Assoc. of Counties

### School Track

**10:00-11:00 School Inspections Lyon County**  
Jennifer Skiles, Lyon  
County Health Department

**11:00-12:00 School Inspections Geary and Riley Counties**  
Lisa Davies, Geary  
Steve DeHart, Riley

**12:00-2:00 Awards Lunch and Business Meeting**

### Main Track

**2:00-3:00 Childcare Licensing in Environmental Health**  
Ed Kalas, Shawnee County  
Health Agency

**3:00-3:15 Break**

**3:15-4:00 Local Program Collaboration**  
Panel of Local Childcare  
Program Directors

**4:00-5:00 Mid-America Pediatric Environmental Health Specialty Unit**

Jennifer Lowry, MD,  
Childrens' Mercy Hospital

### School Track

**2:00-3:00 Safe and Healthy Schools**  
Kevin Kennedy, Childrens'  
Mercy Hospital (invited)

**3:00-3:15 Break**

**3:15-4:00 Creating a School Inspection Form in Apple's iAuditor App**  
Eric Bowles, Childrens'  
Mercy Hospital

**6:00 Hospitality Suite**

## Friday, September 26

**8:00-8:05 Opening Remarks**

**8:05-9:00 Common Pesticides**  
Shawn Hackett, KDA

**10:00-10:15 Break**

**9:15-10:15 Pasteurized Milk Ordinance** (Invited)  
George Blush, KDA

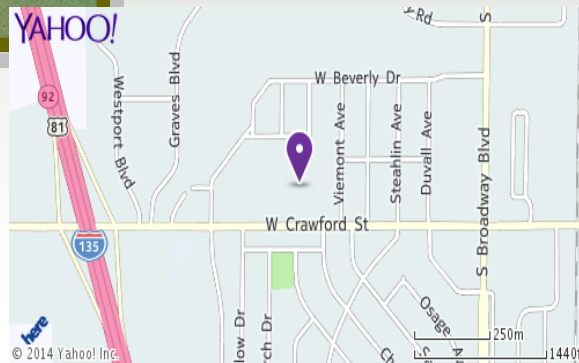
**10:15-11:15 Chikungunya and Dengue Fevers**  
Ann Mayo, Retired

**11:15-12:00 Open Microphone Announcements**

**Adjourn**

## 2014 KEHA Fall Conference Location —Salina Ambassador Hotel Conference Center (formally The Ramada Inn)

Our conference will be located at the Salina Ambassador Hotel Conference Center (formally The Ramada Inn) - 1616 Crawford Street., Salina KS. The Hotel is located near I-135 off Exit 92 and two miles south of I-70 off Exit 252. Please call the Hotel at 1-(856)-460-7456 or 1-(785)-823-1739 to reserve your room for the Conference. The cost for a room is \$59.00 and a block of rooms has been reserved for KEHA members. The hotel has a free continental breakfast and internet, a full service pub and restaurant located on-site.



### SILENT AUCTION INFORMATION

Guess what! It's that time of year again to clean out your drawers, closets, find those hidden treasures that you just don't know what to do with and bring them to the KEHA Fall Conference Silent Auction. We have always had a good selection of items that have been new, home-made, re-gifted and others that were found in shall we say "unusual locations" and brought in to the auction.

The KEHA organization appreciated everyone who has donated something and all of the proceeds go to support the Bill Spaniol Scholarship Fund. Thank you for your support! Keena Privat, Silent Auction

### Regional Public Health Meetings: Dates and Topics Announced by Teri Caudle, Public Health Specialist, Local Public Health Program, Bureau of Community Health Systems, KDHE

Don't miss the opportunity to attend one of the upcoming regional public health meetings aimed to connect local health departments with programs and best practices that will benefit the work you do with your communities. These meetings are designed for the local public health department administrator; however, any staff person interested in a particular topic is welcome to attend. The agenda includes the following: Jennifer VandeVelde, C.H.E.S., Kansas Department of Health & Environment STI/HIV Section Chief will discuss structural changes with STI/HIV Programs to increase efficiency, reduce duplication of efforts and increase Collaboration. Heather Smith, MPH Director of Special Health Services Programs will give an overview of Special Health Services programming efforts and provide updates from the Maternal Child Health Program. Henri Menager, MPH, Senior Epidemiologist, KDHE Bureau of Epidemiology and Public Health Informatics will introduce a new toolkit to assist local health departments in preparing for an extreme heat event. The dates and location are: Oakley - August 14, Garden City - August 15, Beloit - Aug. 17, and Topeka - Sept. 9. Register on KS-TRAIN Course ID# 1051774. If you have ideas for regional meeting topics, please contact Teri Caudle at [tcaudle@kdheks.gov](mailto:tcaudle@kdheks.gov)

### County Support for Local Health Departments: 2014

The Kansas Association of Local Health Departments (KALHD) recently released a report by Dennis Kriesel, Senior Policy Analyst, Kansas Association of Counties, on County Support for Local Health Departments: 2014. This report is an examination of county-level support in Kansas for local health departments. It focuses on the details of those counties using a local health fund, as a local health fund allows for a more specific examination of sources of income. However, since all 105 counties provide some level of local health department support, information regarding all counties is also provided. Dennis Kriesel will provide a session about this report at the 2014 KEHA Fall Conference.



# 2014 Fall Conference Registration Form



## Kansas Environmental Health Association 2014 Fall Conference Registration September 24-26, 2014 Salina, KS

**DUE BY September 12, 2014**

**Please return to:**

Beth Rowlands, KEHA Treasurer  
P O Box 1969  
Lawrence, KS 66044-1969  
Phone: 785-842-4600  
Email: [browlands@kdheks.gov](mailto:browlands@kdheks.gov)

**NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Conference Registration:**

KEHA member .....\$120.00 \$ \_\_\_\_\_

KEHA *non-member* .....\$160.00 \$ \_\_\_\_\_

\*please contact Lisa Davies ([ldavies@gcphd.org](mailto:ldavies@gcphd.org)) to determine if membership is current

**Single Day Registration:**

Wednesday (09/24) *Only* .....\$40.00 \$ \_\_\_\_\_

Thursday (09/25) *Only* (Main Track \_\_\_\_/School Track \_\_\_\_)  
\* Please indicate which track you will be attending\* .....\$80.00 \$ \_\_\_\_\_

Friday (09/26) *Only* .....\$40.00 \$ \_\_\_\_\_

Extra Pork Chop Dinner .....\$25.00 \$ \_\_\_\_\_

Extra Awards Luncheon .....\$25.00 \$ \_\_\_\_\_

**2015 KEHA Membership Dues** .....\$20.00 \$ \_\_\_\_\_

**Scholarship Donation** ..... \$ \_\_\_\_\_

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**TOTAL AMOUNT DUE**.....

(Money does NOT have to accompany form.) Invoice will be sent to the address provided.

Please make sure information is complete and include one form for each person attending the conference. This information will be used to update the KEHA Membership list.



## Most Disease Outbreaks from Contaminated Foods Caused by Norovirus

From: <http://fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/default.htm> and CDC guidelines.

In a recent issue of Vital Signs, the Centers for Disease Control and Prevention (CDC) Announced that its data shows most disease outbreak from contaminated foods are caused by norovirus and most of these outbreaks occur in food service settings. CDC researchers analyzed norovirus outbreak data reported by state, local and territorial health departments from 2009 to 2012 through CDC's National Outbreak Reporting System (NORS). Over the four year study, health departments reported 1,008 norovirus outbreaks from contaminated food, most of which occurred in food service settings such as restaurants and catering or banquet facilities. Factors contributing to food contamination were reported in 520 of the outbreaks, with an infected food worker implicated in 364 (70 percent) of them. Of these outbreaks, 54 percent involved food workers touching ready to eat foods with their bare hands. Of 324 outbreaks with a specific food item implicated, more than 90 percent were contaminated during final preparation (such as making a sandwich with raw and already cooked ingredients) and 75 percent were foods eaten raw. Leafy vegetables, fruits and mollusks, such as oysters, were the most common single food categories implicated in these outbreaks. The report provides key recommendations to help the food service industry prevent norovirus outbreaks from contaminated food, underscoring provisions in the Food and Drug Administration model Food Code. (To read more, visit the recent issue of Vital Signs (<http://www.cdc.gov/vitalsigns/norovirus/index.html>)).

## Samuel Crumbine

From <http://www.robinsonlibrary.com/medicine/public/public/crumbine.htm>

Samuel Jay Crumbine was born in Emlenton, Pennsylvania, on September 17, 1862. He was educated in the local schools and worked as a pharmacist's apprentice in Sugar Grove, PA before moving to Spearville, Kansas in 1885, where he became part owner of a drugstore. The money he made from the drugstore helped Crumbine pay tuition at the Cincinnati College of Medicine and Surgery, from which he received his medical degree in 1889. He then established a practice in Dodge City, Kansas.

Dr. Crumbine was an advocate for public health from the beginning of his career, and always made sure to read the latest research on germs and disease transmission. One of his first successes was to convince Fred Harvey to stop selling milk from open pitchers in his restaurants and railroad dining cars. Soon all restaurants across the state were serving milk in individual bottles.

In 1899, Crumbine was appointed to the Kansas State Board of Health, which at that time had little authority and even less respect. That began to change, however, after Dr. Crumbine used modified quarantine methods and aggressive immunization to squelch an epidemic of smallpox in Pratt in 1902. He became part-time secretary and executive officer of the Board in 1904, and, in 1907, gave up his private practice and moved to Topeka to focus full time on public health work. Under his influence, the Board of Health became a well-funded agency with legal authority.

Having learned that many diseases could be spread by contact with infected surfaces, Crumbine launched a campaign to "Ban the Public Drinking Cup", and banned their use on railroads and in public buildings in 1909. The campaign spurred sales of the newly invented Dixie Cup. He also campaigned against the use of common roller towels, which led to widespread adoption of disposable paper towels in public restrooms.

Knowing that flies and rodents were also responsible for disease transmission, Dr. Crumbine led "Swat the Fly" and "Bat the Rat" campaigns to get citizens and governments to practice pest control. Window and door screens became standard on homes, many communities outlawed manure piles and open cesspools, and people across Kansas began carrying flyswatters. Many people and communities also took steps to get rid of rat-friendly environments.

Although popular belief says that the "Don't Spit on the Sidewalk" campaign was designed to keep proper ladies from stepping on tobacco spit and ruining their dresses, it was actually launched to help stop the spread of tuberculosis, which is easily passed by contact with infected body fluids. Crumbine even convinced several brick makers to cast sidewalk bricks bearing the slogan.

To stem diseases caused by unhealthy water, Dr. Crumbine worked to improve the safety of the state's water supplies by calling for improvements in sewage and wastewater treatment, and in 1914 Kansas ranked fourth nationally in the number of towns with sewage treatment plants.

Dr. Crumbine's "Save the Baby" campaign in 1914 reduce infant mortality by focusing attention on clean milk, clean mother's, visiting nurses, and child welfare. *(to read more about Dr. Crumbine, please refer to the website above).*



## Nepal Enlists Mt. Everest Climbers to Clean Trash Strewn Slopes

*By Nidhi Subbaraman from NBC News.com March 2014*

The world's most iconic mountain is also a notorious trash heap. On Mount Everest, tents, sleeping bags, oxygen cylinders and even the corpses of climbers who never made it down remain, left by the thousands who have taken on the world's highest peak. In a new move to fix their garbage problem, Nepalese tourism authorities said Monday that climbers must bring down 18 pounds of trash when they return. "From now on, a climber is required to bring down eight kilograms of waste, and that excludes their own empty oxygen bottles and human dung," Madhusudhan Burlakoti, joint secretary of Nepal's tourism ministry, told the New York Times. Now, we at least want the climbers to compulsorily bring back their human waste," Mohan Krishna Sapkota, spokesman for country's tourism ministry, told the Wall Street Journal.

"We can even consider barring the climbers who fail to do that." I've seen this garbage," Frits Vrijlandt, president of the International Mountaineering and Climbing Federation (UIAA), who summited the 29,029 foot peak in 2000, told NBC News. "Gas canisters, oxygen bottles, broken tent remains, sleeping bag parts, equipment that people use for carrying them." Tourist traffic to the mountain has increased in recent years, and teams with little climbing experience who are sheared along by international companies may be partly to blame for the waste disposal problem.

"It's not a trip to Disneyland," Vrijlandt said. He said he has heard of an assortment of odd objects being taken up the slopes by rookie climbers, including coffee makers and gear to watch movies inside tents. "I think this new rule is a big step forward, and UIAA really supports preserving and supporting the mountains," Vrijlandt said.

Sherpas get a cash reward for oxygen tanks that they bring down the mountain, which has encouraged the local guides to bring them down off the slopes, even if visitors do not. Local Sherpa groups have also organized cleanup trips up the mountain in the past. In 2010, a group of 31 Sherpas organized an expedition to the "dead zone" above 8,000 meters (26,247 feet) - so called because oxygen levels drop at that height—and collected more than 4,000 pounds of garbage. The problem varies as one ascends from base camp all the way up to South Col, from which many climbers make their final push to the top. Everest BC (base camp) is extremely clean, C2 (Camp 2) has a problem with human waste and South Col has become littered in the past two years after some big efforts to clean it up over the last 10 years, Russell Brice, an experienced mountaineer and owner of Himalayan Experience, said in an email.



Trash is also a target for local tour companies, which have marketed eco-friendly tours. For example, Asian Trekking, one of the hundreds of companies in Nepal that take tourists up the mountain, is organizing an "eco-expedition" this year. It will involve "bringing old garbage, in addition to our own, and all human waste produced on the mountain down to base camp for proper disposal," the company explains in its program guide. While locations at Everest base camp have a latrine policy, teams above that level break makeshift pits in the glacier ice to dispose of waste. "We had a tent over a hole," Jon Kedrowski, a mountaineering guide who climbed the mountain in 2012, told NBC News. During his climb, Kedrowski studied how human waste affected water supply to base camp villages. Sampling water at two locations, Gorakshap and Lobauche, he found bacterial levels that were "100 times the EPA's legal limit for E. Coli in those areas." Kedrowski says that the human waste is likely the more serious problem. "That's probably more important than the trash, to be honest with you," he told NBC News. "It's more of a human health hazard."

### SAVE THE DATE!!! 2014 FALL KEHA CONFERENCE

Craig Wood will be speaking to the KEHA Env. Health group about carcass disposal through composting on Thursday, September 25th. Great speaker and useful information!

The following is from the US Government Peace Corps Manual for its volunteers who work in the Amazon Jungle.

It tells what to do in case you are attacked by an anaconda. This is what the manual said:

If you are attacked by an anaconda, do not run. The snake is faster than you are. 2. Lie flat on the ground. Put your arms tight against your sides, your legs against one another. 3. Tuck your chin in. 4. The snake will come and begin to nudge and climb over your body. 5. DO NOT PANIC. 6. After the snake has examined you, it will begin to swallow you from the feet and - always from the end. Permit the snake to swallow your feet and ankles. DO NOT PANIC. 7. The snake will now begin to suck your legs into its body. You must lie perfectly still. This will take a long time. 8. When the snake has reached your knees slowly and with as little movement as possible, reach down, take your knife and very gently slide it into the side of the snake's mouth between the edge of its mouth and your leg, then suddenly rip upwards, severing the snake's head. 9. Be sure you have your knife. 10. Be sure your knife is sharp.

## Kansas Helps Build EHTER-Ops Course

Submitted by Jerry McNamar, Administrator-Health Officer, Barber County Public & Environmental Dept.

The National Center for Domestic Preparedness at Anniston, AL announces the newest course offering for Environmental Health Specialists, EHTER—Ops/MGT-309.

The Environmental Health Training in Emergency Response Operation course is a free 4 day course which provides participants with the Specialist-level knowledge and skills needed to respond to incidents of natural or human-caused disaster and to use appropriate protocols and equipment to achieve mission objectives. The majority of the 4 day course is conducted through hands-on operational practice or response to simulated events. The course also includes training at the COBRA Training Facility where participants engage in scenario-based exercises that require critical thinking skills related to the selection and use of (CBRNE) detection and sampling instruments.

Below are some, but not all, of the critical skill sets learned during this training program.

- Prepare as a team to respond to suspected water supply contamination. Determine remediation options for chemical and bacterial water supply contamination.
- Calculate health and safety requirements for the displaced population and estimated length of stay using the CDC Environmental Health Assessment Form for Shelters. Recommend equipment and upgrades needed to create a healthy and safe environment for proposed shelter population.
- Assess food sources for emergency mass feeding operations and food handling of providers. Identify potential for foodborne illness.
- Identify non-structural building-related safety and health hazards. Communicate complex environmental health information to audiences including media and members of the public.

Kansas EHTER Responder Jerry McNamar from Barber County Public Health was one of nine specialists who helped create this Ops level course. Kansas Environmental Health Association and Kansas Homeland Security co-sponsored the original EHTER Awareness course in April 2007. Now KEHA Members who have completed the original Awareness course may attend the Ops Course for hands-on advanced training. Training at the FEMA CDP Training Facility is federally funded at not cost to locals including air-fare, lodging, meals and training.

For further information visit <https://cdp.dhs.gov/training/courses/ehter%20ops>

## Job Opening

### Johnson County Department of Health and Environment Child Care Sanitarian

The Johnson County Dept. of Health & Environment is currently recruiting for a Child Care Sanitarian. The Child Care Sanitarian will primarily conduct and/or assist with child care visits to include initials, renewals, complaints and compliance checks, and will process licensing amendments and exceptions received from child care facilities. This position will be the lead surveyor on visits/investigations involving problematic septic systems, private wells, private swimming pools, and/or playgrounds. The Sanitarian will also be the lead surveyor on visits/investigations involving lead, food safety and other environmental health and safety concerns as visits may need to be coordinated with other entities. This position will conduct classes, consultations, and workshops on licensing regulations and other environmental health/safety issues. From approximately late September until March, the Sanitarian's primary duty will be to conduct school inspections.

Qualifications: A Bachelor's degree in Environmental Health or similar degree; Registered Sanitarian credential (or eligible to site for the exam—exam would need to be taken and passed within first 6 months of employment); and 2 years experience in child care licensing, environmental, and/or similar regulatory public health area are required. Criminal history check, driving record check, and a valid driver's license are also required.

Location: Sunset Drive Office Building - Olathe, KS 66061 US (Primary)

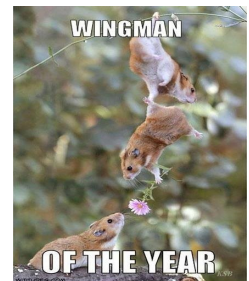
Position Grade: 16.16 Non-exempt

Pay Range: \$21.02 - \$29.91

Employment Category Fulltime: Regular (40 hrs, Full Benefits)

Work Schedule: 8 am to 5 pm - Monday - Friday

To apply for the position, please visit the Johnson Co. HR website: <https://jcogov.hua.hrsmart.com/hrsmart/ats/Posting/view/1408>



## "A Basic Primer in Critical Thinking."

Submitted by Guy Grabill, RS

Has anyone watched the recent revival of "Cosmos" hosted by Neil DeGrasse Tyson? I sure hope so. Older members should remember the original series hosted by the late Dr. Carl Sagan and shown on PBS back in 1980s. Dr. Sagan (and now Dr. Tyson) was able to convey scientific concepts which inspired and enlightened the audience.

As Sanitarians and Environmental Scientists we are called upon to employ many skills to protect public health and the environment. To be effective may require the political adeptness of a lobbyist, the empathy of a Social Worker, and a willingness of a boxer to take a (mental) beating.

As fine as these qualities are and are needed to perform our jobs, I submit, that at heart we are scientists.

We employ the scientific method every day of our career. A Sanitarian is a person trained in the Sanitary Sciences: Biology, Chemistry, Geology, Physics and Math. A Sanitarian operates as an inspector or health official in the public sector or private industry, reviewing programs and enforcing local health law to protect public health.

Some of you may have been fortunate to attend schools in which opportunities for debate and logic were encouraged in the pursuit of scientific knowledge. Despite this, in our need to get through the day, all of us are prone to allow our critical thinking skills to atrophy.

With this in mind I wish to submit to you a presentation by the late Dr. Sagan which he called a "Baloney Detection Kit". Various versions of the Baloney Detection kit can be found on the net but it was first presented in Dr. Sagan's book of essays entitled "The Demon Haunted World". Some of the essays may seem somewhat dated but the central theme of the need for critical thinking is timeless. This is a great, brief

refresher course or primer in critical thinking.

## CARL SAGAN'S BALONEY DETECTION KIT

Based on the book The Demon Haunted World by Carl Sagan

The following are suggested as tools for testing arguments and detecting fallacious or fraudulent arguments:

Whenever possible there must be independent confirmation of facts.

Encourage substantive debate on evidence by knowledgeable proponents of all points of view.

Arguments from authority carry little weight (in science there are no "authorities").

Spin more than one hypothesis- don't simply run with the first idea that caught your fancy.

Try not to get overly attached to a hypothesis just because it's yours.

Quantify, whenever possible.

If there is a chain of argument every link in the chain must work.

"Occam's razor"- if there are two hypotheses that explain the data equally well choose the simpler.

Ask whether the hypothesis can, at least in principle, be falsified (shown to be false by some unambiguous test). In other words, is it testable? Can others duplicate the experiment and get the same result.



### Additional issues are

Conduct control experiments-especially "double blind" experiments where the person taking measurements is not aware of the test and control subjects.

Check for confounding factors-separate the variables.

### Common fallacies of logic and rhetoric

*Ad hominem*-attacking the arguer and not the argument.

Argument from "authority".

Arguments from adverse consequences (putting pressure on the decision maker by pointing out dire consequences of an "unfavorable" decision).

Appeal to ignorance (absence of evidence is not evidence of absence).

Special pleading (typically referring to god's will).

Begging the question (assuming an answer in the way the question is phrased).

Observational selection (counting the hits and forgetting the misses).

Statistics of small numbers (such as drawing conclusions from inadequate sample sizes).

Misunderstanding the nature of statistics (*Congressman Schmoe expressing astonishments and alarm on discovering that fully half of all Americans have below average intelligence!*)

(continued to Page 8)



### “A Basic Primer in Critical Thinking” (Continued from page 8)

Inconsistency (e.g. military expenditures based on worst case scenarios but scientific projections on environmental danger thriftily ignored because they are not “proved”).

*Non Sequitur*- “it does not follow”- the logic falls down.

*Post hoc, ergo propter hoc* – “I happened after so it was caused by” – confusion of cause and effect.

Meaningless question (What happens when an irresistible force meets an immovable object?)

Excluded middle - considering only the two extremes in a range of possibilities (making the “other side” look worse than it really is).

Short- term vs. long- term- a subset of excluded middle (“why pursue fundamental science when we have so huge a budget deficit?”).

Slippery slope- a subset of excluded middle-unwarranted extrapolation of the effects (give an inch and they will take a mile).

Confusion of correlation and causation.

Straw man-caricaturing (or stereotyping) a position to make it easier to attack.

Suppressed evidence or half-truths.

Weasel word-for example, use of euphemisms for war such as “police action” to get around limitations on

Presidential powers. *“An important art of politicians is to find new names for institutions which under old names have become odious to the public”.*

I may not always be consistent in my daily practice of critical thinking but Dr. Sagans’ “Baloney Detection Kit” helps to keep me focused.

Guy Crabill R.S., KEHA Environmental Chair

Franklin County Environmental Health

### GSK seeks approval for malaria vaccine: A huge first

Published by the American Council on Science and Health

After thirty years of research, the British drug company GlaxoSmithKline announced that is seeking the approval of the European Medicines Agency (EMA) for its anti-malaria vaccine, known as RTS,S.

In October 2013, the company announced the results of its vaccine trial in infants 6 to 12 weeks old, and older babies 5 to 17 months old at their first vaccination. After 18 months of follow-up, the younger group experienced a 27 percent decrease in cases of clinical malaria compared to like-aged infants who had received a placebo vaccination. Babies who received their first vaccination at 5 to 17 months of age experienced 48 percent fewer cases than same-aged infants injected with the placebo. Glaxo estimated that for the older babies, the vaccination prevented an average of 941 cases of clinical malaria for every 1000 children vaccinated. For the younger group, the vaccine prevented 444 cases for every 1000 vaccinations. Since over 600,000 Africans—mostly children under five years old - die from malaria every year, this vaccine could potentially have a huge impact on public health.



The vaccine trials were conducted at eleven research centers in seven African countries, and over 15,000 children participated. One of the principal investigators, Halidou Tito from Burkina Faso, commented “Many millions of malaria cases fill the wards of our hospitals. Progress is being made with bed nets and other measures, but we need more tools to battle this terrible disease.”

Longer—term studies indicated that the vaccine efficacy waned over time, with efficacy being 65 percent six months after Vaccination, but only about 17 percent after four years.

ACSH’s Dr. Gilbert Ross had this to say: “While this vaccine will not, but itself end the scourge of malaria in Africa, in Combination with other measures it has the potential to significantly lessen the disease’s impact on the African population. At least there is a glimmer of light at the end of the malaria tunnel. Kudos to GlaxoSmithKline for continuing their research efforts to provide hope for African children and parents.”

### SAVE THE DATE!!!

**History of KEHA** - You will be amazed and enlightened by the knowledge and wisdom of our retired sanitarian panel. They will be making their presentation on Wednesday, September 24th at 1:00 p.m. at our FALL AEC.

DON’T MISS IT!!!

LEGENDS REVISITED.

WOW!

HOW COOL IS THAT!!!

## What is Chagas Disease (spread by kissing bugs)?

Published by USA Today Network : <http://www.usatoday.com/story/news/nation-now/2014/08/04/kissing-bug-disease-chagas/13576845/>

The disease is caused by a protozoan parasite called *Trypanosoma cruzi*. In the United States, 300,000 people are infected with the disease, according to the CDC. Many people never develop Chagas-related symptoms but about 20—30% of those infected with develop “debilitating and sometimes life-threatening medical problems over the course of their lives”, the CDC says.

What are the symptoms? The disease can be asymptomatic or produce mild symptoms after a few weeks or even months after infection, including fever or swelling around where the parasite entered the skin. People may also be susceptible to allergic reactions. “The first bite may only leave a small welt and is rarely dangerous,” reports *The Arizona Republic*. “On subsequent bites, however, an allergy can develop and cause a wide variety of symptoms that include flushed skin, hives, rashes, wheezing, nausea and vomiting.” In the most severe cases, although rare, the infection can cause inflammation of the heart of brain, according to the CDC. Complications include abnormal heartbeats, a dilated heart or a dilated esophagus or colon, “leading to difficulties eating or passing stool,” according to the CDC.

Who is most susceptible to infection? People from Latin America have a greater change of getting the disease. An estimated 8 million people have Chagas in Mexico, Central America and South America. There have only been 23 cases of someone contracting Chagas in the USA since 1955, Montgomery said. Almost all people with the disease in the USA have been infected outside of the country. But there is evidence people in the USA are getting infected beyond the reported numbers, said Dr. Peter Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine. Hotez is researching Chagas transmission in Texas and finding “anecdotal cases,” he said. The disease causes 21,000 deaths a year in Mexico, Central and South America, according to a 2010 University of Arizona study. Hotez and colleagues have estimated the cost of Chagas in the USA and Canada total \$864 million per year, according to a 2013 report.

Where are kissing bugs found in the USA? Bugs have been found in the southern half of the USA, according to the CDC. Some recent findings:

- Arizona: A 2010 University of Arizona report estimates that 40% of the state’s kissing bugs carry a parasite strain related to the Chagas disease but rarely transmit the disease to humans. The Arizona Dept. of Health Services reported one Chagas disease—related death in 2013, reports the Arizona Republic.
- Arkansas: A woman in Arkansas found a bug in her home and posted it on social media. “It was big, it was ugly, it was the size of a dime,” said Terry Summers of Jonesboro, Ark., in an interview with THV-TV in Little Rock.
- Texas: A study in 2013 by Texas A & M researchers found 8.8% of dogs at seven shelters in Texas have the parasite. Humans cannot get the disease from dogs, but the study shows that dogs are exposed to “bugs carrying parasites in their Environment,” Montgomery said.

How is the parasite transmitted? “Kissing bugs” get their name from their preference to bite around people’s eyes and mouths. But it’s not the bite that transmits the parasite - it’s in the bugs’ feces. People can also become infected through an organ transplant from an unscreened organ donor or eating uncooked food that contains infected bugs’ feces, according to the CDC. Blood donations have been screened for Chagas since 2007, which has eliminated the risk of transmission that way.

Can Chagas be prevented? There is no vaccine for Chagas disease. Two drugs are available for treatment. These drugs have not been approved by the FDA, but the CDC makes them available under protocols to physicians who are caring for a Chagas patients, Montgomery said. Also, the best way to avoid Chagas is to avoid the kissing bug. They are found in “houses made from materials such as mud, adobe, straw, and palm thatch,” the CDC states. The agency recommends avoiding sleeping in these types of shelters, keeping woodpiles away from houses and using insect repellent.

## WORDS OF WISDOM

Submitted by Marilyn Eccles, RS - Sanitation Office r - Coffey County Health Dept.

Some of you remember Don Bechtel, a loving, caring and intelligent gentleman sanitarian, who worked with the Food & Drug Section at KDHE. He gave a presentation many years ago at a KEHA conference that this audience member had kept notes from. I don’t know where Don got these words of wisdom but I am so glad he shared them with the group. I have kept these words of wisdom on a note card above my computer at work and refer to them often. These words have given me help and guidance during many tough decisions at work for quite awhile. May they help you also.

**Don’t fear problems - Keep Calm**  
**Study the problem - Get the facts straight**  
**Concentrate only on problem - Simple Solution**  
**Proceed from known to unknown - Use What You Know**  
**Select a solution which is GOOD FOR ALL**  
**All problems are Solvable**  
**Ask God for Guidance**

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The Objective of the Kansas Environmental Health Association is to promote competency and effectiveness in sanitarians and other environmentalists engaged in the regulation of the Kansas environment including, but not limited to, food service establishments, commercial food preparation facilities, dairy products businesses, meat processing plants, bakeries, commercial lodging and hotels, swimming pools, water supplies, wastewater treatment and disposal, solid waste collection and disposal, air pollution control, radiation control, hazardous waste materials management, pesticide usage, institutions, schools, nursing homes, hospitals and health care facilities, recreational camps and public events.

