

The JOAG Journal

A newsletter by junior officers for junior officers



2009 Mescalero Apache Mental Health Mission: A Junior Officer's Perspective

Contributed By LT Tracy Powell

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Winter Journal Revised 4.20.2010 to remove the article entitled, "My Experience at the National IHS Dental Conference." The article will be reposted in the 2010 Spring Journal

On October 16, 2009 the Tribal Council for the Mescalero Apache Tribe of New Mexico declared a "state of emergency" in response to the sudden suicide cluster taking place on the Mescalero Apache Reservation.

CDR Dorlynn Simmons, Incident Commander for the mission and CEO of the IHS Mescalero Service Unit, requested the assistance of other Indian Health Service (IHS) Headquarters and Albuquerque Area staff to conduct a community emergency assessment of the recent suicides in the Mescalero Apache community. Upon reporting the findings of the team's assessment, the Tribal Council immediately passed resolutions that included requesting the assistance of OFRD in deploying U.S. Public Health Service (PHS) mental health officers to support this community in crisis.



Pictured from left to right: CDR Dorlynn Simmons, CAPT Patricia Nye, LCDR M. Victoria Ingram, LCDR Margaret

The Director of IHS, on behalf of the Albuquerque Area office and the Mescalero Apache Tribe requested a 90-day deployment of PHS Mental Health Teams (MHTs) to augment the sole mental health provider at the IHS Mescalero Mental Health Clinic. The purpose of this deployment was to mitigate the suicide emergency and stabilize the community to effectively address the increasing number of attempted and completed suicides on the Mescalero Apache Reservation. This reservation is home to the descendants of three distinct Athapaskan-speaking tribes that settled in the late 1800s/early 1900s: Mescalero, Chiricahua, and Lipan Apaches.

The statistics compiled by the Mescalero Service Unit staff from January 2009 to mid-December 2009 reported seven deaths: four males and three females (six confirmed suicides; one may be an unintended overdose). In addition, documentation revealed an estimated 71 individuals attempted suicides.

After arriving on the Mescalero Apache Reservation and receiving a briefing handoff from the outgoing MHT-2, MHT-3 officers were faced with an ongoing suicide cluster that has devastated a community of very proud and determined Native Americans known as "Warriors". As with MHT-2, the Mescalero Apache people were committed to working in collaboration with MHT-3 to continue stabilization of their community. In working with the community we found a clear sense of hopelessness shared among the Mescalero Apache people. I recall conversations where information was shared by many people with tears, while some fought tears while sitting in silence with their heads hanging down. Others simply walked away as they could not bear hearing the facts any longer, as it so often hits close to home. These feelings were also expressed by my MHT-3 team. We joined the Mescalero Apache people in fighting off tears and feeling the devastation and sense of hopelessness. We were continually reminded that the need is so great but time so limited.

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Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>

JUNIOR OFFICER SPOTLIGHT

Officer: LCDR Michael J. Mero

Category: Dietitian

Education: MS Public Health Nutrition, Case Western Reserve University
BS Nutrition Science/Dietetics, University of Vermont

Hometown: Arlington, Vermont

Agency: U.S. Food and Drug Administration (FDA), Office of Regulatory Affairs



Pictured from left to right: RADM Williams, CDR Rector, LCDR Mero, and CAPT Goldman

Previous Assignment: Until recently, I was assigned to the USDA's Food Safety and Inspection Service as an Enforcement Investigation and Analysis Officer/Consumer Safety Officer in southern California.

Current Assignment and Duties: As a Consumer Safety Officer/Investigator, I inspect firms that produce food (other than meat and poultry), medical devices, drugs, cosmetics, radiation-emitting electronic products, veterinary products, animal feed, animal drugs and devices, and biologic products. I also perform recall audit checks to ensure the removal of adulterated or misbranded products from commerce. With my change of assignment from USDA to FDA, the goal of ensuring regulatory compliance to protect public health is the same but the scope of products regulated has greatly expanded.

What made you decide to change assignments? I wanted to move back to the east coast where my family lives and I also felt that I would have more opportunity to grow and advance with the FDA.

What was the process to change assignments? The process was surprisingly straightforward.

1. I networked with CC Officers who assist me in locating a vacancy with FDA.
2. I contacted the hiring official and formally applied to for the position, to include an interview, submission of my CV and most recent COER.
3. I was selected to fill the position.
4. My family and I completed a permanent change of station (PCS) move from Los Angeles, CA to Harrisburg, PA.

Were their particular challenges with your PCS? With any major move there are numerous challenges to tackle. These include everything from updating DEERS, changing TRICARE regions and getting health care set up for my family and I, finding a place to rent, learning a new agency, etc. The key is to take one day at a time and chip away at your to-do list. My wife and children are very resilient and have adjusted quickly. It helps to view the changes as an adventure and an opportunity to see a new part of the U.S. We are all still adjusting to the major change in the weather. Southern California is definitely warmer than central Pennsylvania. [Continued on page 18.](#)

Uniform Corner: Dog Tags

Contributed by LCDR Gene R. Gunn, Jr.

Are you prepared for deployment? You may think so, but do you have your dog-tags? If not, you may run into trouble while you are in the field. OFRD recommends that Commissioned Corps officers that deploy on short notice, such as those on Tier 1 or Tier 2 teams, obtain a set of dog-tags as they are mandatory for some military aircraft and can be a requirement for international and joint missions with the Department of Defense.

What information should be included on the dogtags?

- Last Name
- First Name, Middle Initial
- Social Security Number
- Blood Type
- Religion (Optional)

Where can I obtain a set of dog-tags?

Dog tags can be obtained at some military bases and commercial websites. Be cautious when providing your social security number to any website or company that you or your fellow officers do not have direct experience with. Several officers have had a good experience ordering from Dog-Tag Headquarters (<http://dogtaghq.com>).



Typical set of dog-tags

In addition to being the recurring author of the "Uniform Corner", LCDR Gunn is also JOAG's voting representative on the Uniform Advisory Committee. Please send any ideas for future "Uniform Corner" columns to LCDR Gene Gunn, Jr. at gene.gunn@fda.hhs.gov.

How to Decide Which GI Bill is Best for You?

Contributed by LT Janice Arceneaux & LT Elizabeth Garza on behalf of the Professional Development Committee

What is the GI Bill and Am I Eligible for it?

According to the U.S. Department of Veterans Affairs, the GI Bill provides educational or technical benefits to eligible veteran's for up to 36-months. PHS Officers are typically eligible upon being called to active duty. Currently there are two GI Bill options available to PHS officers:

The **Montgomery GI Bill** provides educational benefits to active duty service members as well as other service members (see links at the end of the article for additional details). Officers who first entered active duty after June 30, 1985, and didn't decline the Montgomery GI Bill Active Duty (MGIB) in writing upon entry into active duty, are eligible.

The new GI Bill or so-called "**Post 9/11 GI Bill**" went into effect August 1, 2009 and provides education benefits for service members who have served on active duty for 90 or more days since Sept. 10, 2001. The Post-9/11 GI Bill boasts the most comprehensive education benefits package since the original GI Bill was signed into law in 1944. Under the Post-9/11 GI Bill active duty members may receive full tuition and fees (paid directly to the school). This is unprecedented and a drastic deviation from all previous GI Bill programs.

New benefits include the following:

- Up to 100% Tuition and Fee Coverage
- A Monthly Living (Housing) Stipend
- Up to \$1000 a year for books and supplies (*Note: Members who apply for benefits while on active duty are not eligible for these payments*)
- A One-Time Relocation Allowance
- The Option to Transfer Benefits to Family Members (*Note: the transferability benefit currently does not apply to PHS and NOAA Commissioned Corps officers.*)

Which Benefit is Best for My Needs?

There are many things to consider when choosing which GI Benefit you wish to receive. Consider the following factors when making your decision:

1. Type of Training You Plan on Taking

Traditional Montgomery GI Benefits can be used for college (undergraduate, graduate), technical assistance schools, certificate programs, on-the-job trainings, apprenticeships, flight training, and non-degree courses. Post-9/11 GI Benefits can only be used for programs taken at a college or university.

2. The Amount of Benefit Available under Each Plan

Traditional Montgomery GI Benefit (MGIB) eligible participants receive a monthly payment set by Congress. On average, a full-time student can expect to receive \$1,328.00 per month and the student is responsible for making the payment to the learning institution. Under the Post-9/11 GI Bill, eligible participants may receive a Basic Housing Allowance equivalent to an E-5 with dependents, tuition and related fees paid directly to the school, an annual book stipend, and a one-time rural benefit payment for eligible participants. [Continued on page 18.](#)

Using your Uniformed Services Benefits for Walt Disney World

Contributed by LT Matthew Weinburke, on behalf of the
Inter-services Collaboration Committee, MWR Workgroup

If your vacation plans include a visit to Walt Disney World ® (WDW) in Florida, you may want to consider using your uniformed service (aka military) benefits to stay at the Shades of Green Armed Forces Recreation Center. As a Commissioned Corps officer, you have access to most of the same travel and recreation benefits provided to the military services. My family took advantage of these benefits and stayed at the Shades of Green resort during our vacation in December, 2009.

The Shades of Green is an Armed Forces Recreation Center (AFRC) resort located at WDW, Lake Buena Vista, Florida. It is one of two AFRC's located in the continental U.S. The Shades of Green Resort offers an excellent mix of resort accommodations such as a golf course, swimming pool, on site restaurants, an Army and Air Force Exchange Service (AAFES) store, a café, an amusement area, and an armed forces ticket sales booth. The Shades of Green also looks out onto a golf course, and is surrounded by beautiful views of the Walt Disney World resort.

We contacted Shades of Green just 3 weeks before our arrival date, and were able to confirm our reservations over the phone by credit card. Variable, inexpensive, and tax-free rates are provided according to the rank of the service member, and up to three rooms per stay may be reserved. In addition to being close to the WDW theme parks, Shades of Green provided courtesy bus service to many of the resort's parks, and the nearby monorail provided free transportation to all of the resort parks. For more information contact Shades of Green at (888) 593-2242 or visit online at www.shadesofgreen.org.

In addition to the lodging savings, we were able to take advantage of an incredible admission deal to WDW, the "Disney's Armed Forces Salute" ticket. WDW is still offering a great 2010 deal to uniform service members. From January 3, 2010 to July 31, 2010, Active and Retired U.S. Military (Uniformed Service Members) may purchase 4-Day WDW Armed Forces Salute Tickets for themselves and up to five (5) family members and/or friends for \$99, plus tax (if purchased from Disney), each. The tickets must be activated at a Disney ticket window no later than September 26, 2010. (Please see special offers at www.waltdisneyworld.com for specifics) We purchased our 2009 Salute tickets at Fort McPherson, but you can also purchase these tickets in person at any military installation or at the Shades of Green (tax free).

Our uniformed service benefits of reduced costs to attractions, discounts at stores/restaurants, and utilization of the military/uniformed service resorts can stretch one's vacation budget, and insure a trusted source of "great deals." Knowing this information, we enjoyed a full spectrum of these benefits. While at the Shades of Green Resort, we met a service member nearing Navy retirement who had made multiple trips to WDW in the past decade, and only recently learned of the Shades of Green resort and its benefits. I talk with many Commissioned Corps Officers who are not aware that we can use facilities targeted to the military and their families. When planning your next vacation to WDW, consider staying at the Shades of Green resort. You will not be disappointed.

Please see the Inter-services Collaboration Committee page on the JOAG website for links to information regarding travel and recreation benefits.

Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>

Giving Back During the Holiday Season

Contributed By LCDR Jena McLellan and LT Sarah Simon,
on behalf of the JOAG Inter-Services Committee

The JOAG Inter-Services Committee, whose mission is to pursue involvement in community service opportunities that are organized by or directly benefit the Uniformed Services, was very busy over the last several months.

Throughout the months of October, November, and December, Public Health Service officers had a chance to give back to the community and interact with other uniformed services during three community service events.

In October, about 50 officers arrived at the Historic Congressional Cemetery in Southeast DC ready to get to work. Collaborating with the U.S. Navy for the Joint Services "Make a Difference Day", we set out across the cemetery and began various jobs. Some officers removed weeds from the brick walkways that wind through the large plot of land. Others chose the spookier task of digging up sunken headstones and laying bricks in the holes in order to raise the headstones up above ground. We all got a good education in American history when the cemetery's overseer gave us intriguing background stories about the significance of this final resting place for many of our nation's leaders. Several hours later our work was interrupted by heavy rains and we had to call it a day, but not before we had made some visible improvements. Overall, we made great progress in a short time, and our efforts were wholly appreciated.

During November, 25 officers were joined by friends and family members for "National Family Volunteer Day". This second event was held in conjunction with the U.S. Navy's Community Services Department. "National Family Volunteer Day" brought several of the uniformed services together to help beautify the Armed Forces Retirement Home in Washington, DC. While listening to the "war stories" related by the home's residents about their experiences in the Second World War, Korea, and Vietnam, the volunteers decorated for Christmas, and helped to neaten up the chapel, auditorium, dining hall and library in preparation for the holidays. For those who were interested, a tour was given by one of the veterans at the end of the event. The home was established in 1851 and several of the buildings are listed as national historic landmarks. This event was well received by both the volunteers and the residents at the retirement home.

To round out the year of giving on December, 16 officers traveled to the DC Armory to assist at the "Mayor's Annual Seniors' Holiday Celebration". PHS officers took the lead in assisting the seniors in and out of the Armory, securing entrances and exits, and directing traffic throughout the large venue. U.S. Navy, JROTC, and civilian volunteers all played a role in making this huge event run smoothly. The event gathered over 1000 senior citizens for a few hours of food, fun and celebration. Tables located around the perimeter of the huge gymnasium offered various health screenings and information to attendees. Everybody received a lovely holiday lunch, and DC's Mayor Fenty even made an appearance!

All three venues were huge successes. They provided officers the opportunity to meet one another, to give back to the community, and to proudly represent the uniformed services. If you are interested in joining the JOAG Community Service Workgroup, please send an e-mail to the Chair: LCDR Jena McLellan at mclellanj@cc.nih.gov

The Officer Profile System

Contributed by LCDR Martha Wanca

These are exciting times. The Commissioned Corps (CC) of the USPHS is making great strides in personnel management software that will support the CC personnel system, individual officers, and hiring agencies. Direct Access's (DA) Self Service, E-resume, and Readiness Functions are available for officers to begin using. The new Billets System is well into development, and Transformation will be initiating the Billet Collection System beginning January 2011. There will be a separate billet that matches each officer's individual position. Direct Access is the tool that will merge the new Billet System and Officer Profile data. Direct Access enables officers to disclose their accomplishments and agencies to match officer qualifications with agency needs.

Registering degrees, licenses, and significant certifications that are beyond your qualifying credentials into the Officer Profile System (OPS) will enable you to promote your current qualifications and may have a positive impact on future career opportunities. Please note that individual courses, such as BLS, Advanced Cardiac Life Support (ACLS), and continuing education courses, should not be submitted into the OPS. To facilitate future matching capabilities and keep the OPS database at a manageable level, the OPS is reserved for more significant accomplishments, such as those that can be represented by additional credentials behind an officer's name.

How to register degrees, certifications, and licenses that are beyond qualifying credentials:

1. Click on <https://dcp.psc.gov/cclogin/ccmislogin.aspx> and log in (or go to the DCP website and log on to the secure pages of CCMIS).
2. After you log on to the CCMIS, go to Activity Menu on the left-hand side, look under "Officer," and click on "Profiles Data Entry."
3. You can register two basic types of documents: Training and Licensure Certification. Click the "Add" button under the appropriate document type.
4. Complete all the information requested, then click the "Submit" button.
5. Your information will appear on the screen under the appropriate document type.
6. Continue to add additional documents, or log out of the system.

After registering these accomplishments, primary source verification is required:

Request that the college/university send an official transcript or that the certifying organization send supporting documentation directly to:

Officer Profile Coordinator
1101 Wootton Parkway
Tower Building – Plaza Suite 100
Rockville, MD 20852

For questions about the Officer Program System (OPS), contact the Officer Program Coordinator at OPS@hhs.gov.

Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>

Progress Rather Than Perfection

Contributed by LT David Kostamo



Pictured left to right: LT David Kostamo, LCDR Steven Scherling and LT Michael Termont

Last April, LT Michael Termont and I got together at the local university on a Saturday morning to complete our "Annual Fitness Test". After completing the testing we started toying around with the idea of competing in an upcoming local half triathlon (1/2 mile swim, 12 mile bike, and 3.1 mile run). Though both of us had competed in running races neither of us had competed in triathlon. Although intrigued we were still apprehensive. After a little cajoling LCDR Scherling agreed to join us and off we went.

Two weeks before the race the three of us met to do a pre-triathlon which we thought would give a good idea if we were up for the race. We biked seven miles to a state park where we swam 1/2 mile in Lake Bemidji. Up to this point I only swam in a pool and was not used to the waves or the temperature of the water. I ended up gulping a bunch of water and stopping a bunch of times to regroup. I finally made it out of the water and was shaking like a leaf.

In the summer there are "Swimmers Itch" warning signs posted on the beach which I made mention of and that we should "shower off" as soon as we got out of the water. The following Monday we were discussing the pre-triathlon that we had done over the weekend and I noticed that LCDR Scherling looked like he was getting "Chicken Pox" on his arms. I inquired about what it was and he said he thinks he might have "swimmers itch". That night I received a call from LCDR Scherling saying that he was covered from head to toe with swimmers itch and they weren't joking to call it "swimmers itch". After 4-5 days it went away. Although LT Termont and I were more diligent in prevention we also ended up with very mild cases of the itch.

The big day finally arrived. The conditions for the day were 58 degrees and overcast. I was nervous. I arrived early and watched as the event workers were placing buoys out in the water. They placed the two furthest buoys out first. Looking at the distance I felt overwhelmed. However, two days earlier I had a breakthrough with my swimming stroke and felt I had it down pretty good. I figured if I couldn't make the distance I could float on my back until I was picked up by one of the kayaks stationed around the swim course. Lots of people started showing up and I started to get ready. I met with LT Termont and LCDR Scherling and we discussed the race. The starting gun went off and I headed into the water. I jumped into the water and had to stand up. I had forgotten how to swim. I tried again. Again I had to stop. The third time I tried I was able to get going. During the swim part you end up bumping into a lot of people. I made it out of the water. I was a little off balance but was not real tired. I got to my bike and took off. I had a good bike ride and came in to get ready for the run. I took off running. I had not done much biking during my training and when I started running I felt like a rusted tin man (very stiff). I had a pretty good run also. All three of us completed the race. It was great to have our families rooting us on, taking photos and just being there with us. It is a memory that I will always treasure. Being Commissioned Corps officers has its perks.

OBC in Transition: The Importance of Military Bearing

Contributed by LCDR Linda Hoover, LCDR Cynthia White, and LT Lauren Shade



OBC Class 27 Standing at Formation

LT Shade, LCDR White, and I attended PHS OBC at different time points and found, after discussing it between ourselves and others that had attended OBC previously, that the Instructors were focusing more and more on Military Customs and Courtesies. In autumn, 2009, they began drilling and marching. Through our conversations with others, we encountered Officers who had a variety of opinions on the inclusion of drilling and marching in OBC. Some were enthusiastic but others did not see the need.

I think I was like most people before OBC when it came to military customs and courtesies; unsure of myself. It is easy to feel intimidated. For example, you want to be able to salute, but you don't want to do it incorrectly and/or offend anyone. I knew it was important. I knew it had meaning but it didn't really hit home until I was at OBC in November 2009. On November 5, 2009, Fort Hood, the most populous US military base in the world, suffered a mass shooting that resulted in 13 deaths and 30 wounded and shocked the country. It was devastating and emotional. I couldn't stop staring at the faces of the victims on the news. Many of them were young. They had their whole lives ahead of them. It was tragic. Those soldiers were heroes. All of them are heroes. Whether fighting for our country on foreign soil or at home, they put themselves in the line of fire to protect all of us and serve their country, our country. My heart went out to our military brethren and their families. They risked their lives to protect others.

To honor the victims of the tragedy, President Obama ordered flags be flown at half-staff until sunset on November 10, 2009. Performing Colors at OBC took on a different meaning. Instead of being a routine we were trying to learn and follow, it became a way to honor the fallen / wounded and those who willingly put themselves at risk to protect others. Standing at attention during Colors, I thought of the victims of Fort Hood. It brought tears to my eyes. On 11/11/09, Veterans Day, my thoughts extended to all of the heroes who had served our country through the centuries. Usually, Veterans Day is a day off for federal employees, but standing there in formation in PHS OBC Class 27, I couldn't think of a better place to be.

Operation: Don't Chew

Contributed by LCDR Fideli Ulgen



Before joining the Corps, I spent two years in Lusaka, Zambia working at a non-profit HIV counseling and testing center. The experience I gained in Africa made a profound impact on my life both personally and professionally. Although I currently work as a Neurology Physician Assistant at Walter Reed Army Medical Center in Washington DC, I stay abreast of new research in the field of HIV. Nearly two years ago, an abstract entitled "Practice of Offering a Child Pre-Masticated Food: An Unrecognized Possible Risk Factor for HIV Transmission" was presented at the 2008 Conference on Retroviruses and Opportunistic Infections.

This is uncharted territory and more research is needed on the prevalence of the practice, but I thought it was really an eye-opener that people are actually pre-masticating during the weaning period. I had an infant at the time, and I thought it would be unfortunate if mothers couldn't afford a blender to puree food while they are weaning their babies.

Off-duty, I began drafting the concept for Operation Don't Chew, or ODC which has now developed into a funded, two phase program. During Phase I ODC will collect blenders, food processors, grinders and other small appliances capable of pureeing food from companies and individual donations. Then in Phase II, the appliances will be tested, packaged with health education material and distributed to new mothers in medically-underserved communities in the DC Metro area. Educational materials will include information on prevention of childhood obesity, prevention of childhood caries and nutritional information, all in support of the Surgeon General's priorities. Along with the educational material the project is also collecting pediatric toothbrushes.



ODC was awarded a PA foundation grant from the American Academy of Physician Assistants (AAPA) for the project, which was matched by donations from the United Way of National Capital Area (UWNCA). ODC has partnered with UWNCA as well as Summit Health Institute and Research Inc., (SHIRE). The project is still currently in Phase One and will be collecting materials through Spring 2010. The project will be seeking volunteers to assist with donation boxes which will be placed at the National Institutes of Health, Bethesda, MD and the Food and Drug Administration, White Oak Campus, Silver Spring, MD as well as several Giant Grocery Stores. During the packaging sessions ODC will have media coverage from UWNCA and the AAPA.

From concept to fruition, ODC has taken almost two years. The most valuable lesson I have learned through this process is if one door closes another one will open. If you have the passion, go for it! Don't let a few hurdles get in the way of your success. During the development of ODC I met many wonderful people who are dedicated to public health and created partnerships which have allowed me to carry out my public health service mission.

For information on ODC donation sites or how to volunteer your time, go online to www.operationdontchew.com.

Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>



The Gift of Giving During the Holidays

Contributed by LT Charlene Majersky, Ph.D.



As of May 2007, approximately 6,840 homeless people lived in the City of Atlanta, Fulton County, and DeKalb County (Metro Atlanta Tri-Jurisdictional Collaborative Homeless Census Report, May 2007). Over 20,000 people in Georgia were homeless at a single point-in-time during 2007. Even more astonishing is the cold reality that over 75,000 people experience homelessness in Georgia at some time during any given year.



On Christmas Day, 2009, I was invited to participate in a volunteer project called "7 Bridges To Recovery." This program goes out into the streets and under the seven major bridges of downtown Atlanta four times every week to help the homeless.

I was asked to prepare brown bag lunches containing a peanut butter and jelly sandwich, an apple, a bag of chips, a sweet snack, and a bottle of water. Although not required, I added my own special touch by including a napkin and placing stickers on the brown bags. From the time I went to the grocery store to select these items to the time I packed these lunches with tender loving care, I was humbled by this opportunity to serve, to give freely of myself, to share, to care, and to touch a life. This is a special gift that is priceless.

As I walked up and down the steep incline under the bridges, I became conscious of the fact that this is where people who are homeless live. When I handed my first brown bag lunch to a homeless gentleman, his eyes welled up in tears, because he was so grateful. I learned that this would be the first meal that he would be eating in the past two days. I was so touched by his thankfulness that my eyes became teary, and my heart was filled with deep emotion. I wished him well. I also passed out some miniature candy canes, because it was the holiday season. Another woman appreciated my donation of warm socks and a brown bag lunch on a cold and windy Christmas Day. When we left the second bridge, a group of homeless persons smiled warmly and waved to us as we drove off.

It was truly an honor and privilege to spend more than five hours preparing and distributing brown bag lunches for people who were homeless in Atlanta on Christmas Day. As a junior officer and health care administrator, this example of service and leadership is important to me because it represents two of the four core values of the USPHS. I am reminded that anyone can become homeless. Each and every day, I do not take for granted the opportunity to serve, to lead by example as a USPHS officer, and to appreciate the simple things in life. Above all, serving people who were homeless was a heartwarming and touching experience that I will never forget.

JOIN OUR MEETINGS

Join us for JOAG's monthly meetings via teleconference or in person.
Our meeting is the second Friday of each month from 1300 to 1500 EST.

Call in information: Dial number: 800-857-2603 Passcode: 9479205
Surgeon General's Conference Room (18-57) Parklawn Building,
5600 Fisher's Lane, Rockville, MD

Junior Officers Contribute to H1N1 Preparedness and Response, Part II

Contributed by LCDR Elaine Wolff with inputs from Fellow Junior Officers

Since its detection in April 2009, Novel influenza A (H1N1) has sparked a growing and expanding outbreak of illness throughout the United States and worldwide. On June 11, 2009, the World Health Organization (WHO) signaled that a global pandemic of novel influenza A (H1N1) was underway and raised the worldwide pandemic alert level to Phase 6.

Since the WHO declaration of a pandemic, the virus has continued to spread. Many countries have stopped counting individual cases, including the United States, so the case count is significantly lower than the actual number of reported cases. Both the H1N1 Flu virus and the regular seasonal influenza viruses are circulating this fall and winter. This year's annual flu season poses the potential to cause significant illness, as well as increased numbers of hospitalizations and deaths from both the seasonal flu as well as the H1N1 Flu.

Given the widespread nature of the H1N1 Flu pandemic, and its impacts, many federal agencies have been actively engaged in a wide range of planning, preparatory, implementing, policy, and response activities. Please note that numerous junior officers contributed their preparedness and response plan in our Nation's H1N1 Flu efforts, with several highlighted below.

LTJG Dusty Joplin, Environmental Health Officer for IHS (Lawton, OK): Education is a key preventative measure in limiting the spread of this H1N1 Flu Pandemic. Therefore, we have been conducting classes/presentations for multiple Tribes in the area, including Caddo, Delaware, Comanche, Fort Sill Apache, and various Tribes who may send their children to the Riverside Indian School (in Anadarko, OK). During these presentations, LTJG Zac Grinnell, LTJG Teresa Miller, and I provide information about the H1N1 Flu virus including its symptoms and how to prevent its spread. LTJG Miller, the public health nurse, administers the flu vaccine and answers any medically related questions that arise. We hold these presentations in a variety of settings such as an elderly nutrition center, a tribal administration office and a public building. We have received a great response to these classes with many people mentioning that they are glad that we came to talk with them instead of having to hear about this over the news. Some people said they were confused at the information presented by the media, and that our presentations helped them gain a better understanding of the situation. We also have had people tell us that they did not want the vaccination but decided to get it before attending the class. What I have learned most from this experience is that education, such as these classes we held, is truly helpful in expanding people's understanding/awareness of the H1N1 Flu and what actions they need to take to protect themselves, their families and community.

LCDR Nicole Gaskin-Laniyan, Diplomat in Clinical Social Work for the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services: I serve as the co-chair on SAMHSA's Psychosocial subcommittee of the Pandemic Flu workgroup. Our committee is charged with preparing SAMHSA and its employees for social distancing. We developed a preparedness guide and hosted a table during the SAMHSA Wellness Fair. Some ways we engage employees include assisting staff who tele-work and maintain social connectedness with one another and to our agency during the implementation of social distancing, and helping staff return to normal operations once the social distancing is lifted. This could likely include helping staff cope with the impacts of losing colleagues, family members and friends from H1N1 Flu.

LT Matthew Johns, Surveillance Epidemiologist for the Department of Defense (DoD) Armed Forces Health Surveillance Center: I have been tracking cases of H1N1 Flu, as well as hospitalizations and deaths from the H1N1 Flu among Armed Forces Beneficiaries stationed around the world. Utilizing systematic surveillance functions and close coordination with service-specific public health centers, I report weekly to the DoD leadership the incidence of H1N1 Flu cases with special emphasis on severe outcomes (pneumonia, hospitalizations and deaths). Additionally, I am the DoD lead epidemiologist at the DoD Armed Forces Health Surveillance Center on current vaccine effectiveness assessments for both the seasonal and pandemic influenza vaccine coverage among Armed Forces Beneficiaries.

LT Thomas John Bender, CDC Epidemic Intelligence Service Officer working in the Virginia Department of Health: Careful safety monitoring is critical with vaccines, including with the H1N1 Flu vaccination campaign. As part of this H1N1 Flu vaccine safety monitoring, the CDC, along with state and local health departments, is implementing several different strategies to detect any potential increase in Guillain-Barré Syndrome (GBS), including active surveillance in several states. As a CDC Epidemic Intelligence Officer, I am working with the Virginia Department of Health, Office of Epidemiology in its H1N1 Flu vaccination campaign safety monitoring, to include GBS surveillance. For additional information, www.vdh.virginia.gov/Epidemiology/Surveillance/gbs.htm. [Continued on page 19.](#)

JOAG Congratulates all Junior Officers on their recent promotions!

(Third Quarter of Promotion Cycle: Jan. – Mar. 2010)

Contributed by the JOAG Welcoming Committee

To Commander (05)

Engineering

John Paul Nichols 01/1/2009

Environmental Health Officer

Mark A. Byrd 01/1/2010

Health Services Officer

Colleen D. Anagick 02/1/2010
 Scott J. Cooper 01/1/2010
 Paul Lawrence Dexter 01/1/2010
 Robert T. Harris 01/1/2010
 Camille P. Hawkins 01/1/2010
 Delia S. Jones-Mchorgh 02/1/2010

Nurse

Karen Elaine Dorse 01/1/2010
 Zita Yadhira Guerrero 01/1/2010
 Shawna Lynne Hutchins 01/1/2010
 Bernetta Lashon Lane 01/1/2010
 Sean Matthew McMahan 01/1/2010
 Wendy Lynn Monrad 01/1/2010
 Stephen D Navarro 01/1/2010
 John Caleb Pearson 01/1/2010
 Chantal N. Phillips 01/1/2010
 Gordon Quam 01/1/2010
 Nancy L. Tone 01/1/2010

Pharmacist

James Michael Chapple 01/1/2010
 Dean Trevor Goroski 01/1/2010
 Michael P. Lee 01/1/2010
 Karen Camille Williams 03/1/2010

Scientist

Maleeka Jamil Glover 01/1/2010
 Michael Eugene King 01/1/2010
 Margaret Ann Riggs 01/1/2010
 Jorge Mario Ruano-Rossil 01/1/2010

Therapist

Damien W. Avery 01/1/2010
 Terry Lee Boles 01/1/2010
 David Michael Engelman 01/1/2010

To Lieutenant Commander (04)

Engineer

Kevin Robert Bingley 01/1/2010

Environmental Health Officer

Robert Christopher Horsch 01/1/2010
 Nicola Jean Perry 01/1/2010

Health Services Officer

Chauna Dyan Brooks 01/1/2010
 Debra Michelle Collier 01/1/2010
 Trista Kim Eggers 01/1/2010
 Gregg Gnipp 01/1/2010
 Sabrina Marie Ivory 01/1/2010
 Pascale Diane Lecuire 01/1/2010
 Nicholas Chi Mendiola 01/1/2010

Nurse

Karen Evonne Bitsoie 01/1/2010
 Tracey N. Chinn 01/1/2010
 Amanda L. Stewart-Wright 01/1/2010

**JOAG's mission is to provide advice and
 consultation to the Surgeon General, Chief
 Professional Officers, Professional Advisory
 Committees, & other Commissioned Corps groups
 on issues relating to professional practice and
 personnel activities affecting Junior Officers in the
 USPHS Commissioned Corps.**

Merchandise



USPHS Blanket

This polyester anti-pilling fleece blanket with the USPHS seal folds neatly inside itself. It folds up into itself, secures with a Velcro® closure and has an attached handle for easy carry.

\$12.50 each

USPHS Coin Rack

This solid pacific coast maple coin rack measures 7"x9" and has five rows that can hold military and USPHS coins. It has the USPHS seal and mission laser engraved on the front.

\$20 each



JOAG T-Shirt

(M, L, X-L sizes available)



A gray t-shirt with the JOAG seal on the front and the slogan "The Surgeon General's Commissioned Corps, Helping You Live Healthy" on the back.

\$15.00 each

For information on purchasing items please visit the [JOAG site](http://www.usphs.gov/corpslinks/joag/). You can also contact [LCDR Thomas Janisko](mailto:LCDR.Thomas.Janisko@hhs.gov) for more information.

Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>

JOAG Announcements

JOAG would like to recognize and thank the following officers for their dedication and service to JOAG during the 2008-2009 Operational Year!

JOAG Voting Member Recognition

CDR Philantha M. Bowen
 CDR Margaret Facenda-McNeil
 CDR Mark Osborn
 CDR Carolyn Tabak
 LCDR Carlos Bell
 LCDR Amy Constantine
 LCDR Jessica Feda
 LCDR Alexander Dailey
 LCDR Blakeley Denkinger
 LCDR Lori Hall
 LCDR Thomas Janisko
 LCDR Brett Maycock
 LCDR Diem-Kieu Ngo
 LCDR Dianne Paraoan
 LCDR Michael Schmoyer
 LCDR Julie Sinclair
 LCDR Aimee Treffeletti
 LT Jessica Schwarz
 LT Martin Taxera

JOAG Non-Voting Member Co-Chair Recognition

LCDR Harvey Ball
 LCDR Jamie Mutter
 LCDR Jonathan Rash
 LT Benjamin Chadwick
 LT Dawn Dineyazhe
 LT Carlos Estevez
 LT Damon Smith

JOAG Committee Chair Awards

CDR Rhondalyn Cox
 CDR Ivan Pierce
 LCDR Matthew Armentano
 LCDR Melissa Burns
 LCDR Ivy Chan
 LCDR Brian Elza
 LCDR Dominic Frasca
 LCDR Paul Garny
 LCDR David Lau
 LCDR Jena McLellan
 LCDR Morrisa Rice
 LCDR Robin Toblin
 LT Christina Coriz
 LT Heidi Fisher
 LT David Good
 LT Julian Jolly
 LT Christopher M. Jones
 LT Robert Swain
 LTJG Sara Azimi-Bolourian
 LTJG Tracy Tilghman

The **JOAG Development Committee** is looking for creative Junior Officers to solicit ideas for the JOAG T-shirt Slogan Contest. We are looking a **FUNNY** and **SERIOUS** slogan that can be placed on t-shirts sold at the JOAG booth at the 2010 USPHS Scientific & Training Symposium, to be held May 24-27 in San Diego, CA. The winner in each category (funny and serious) will receive a free t-shirt with their slogan and a JOAG coin.

Please submit your creative suggestions to LTJG John Diehl (john.diehl@hhs.gov) by **March 26, 2010!**

Upcoming JOAG Meeting Schedule 2009-2010

March 12: Speaker Series, 1300-1400 EDT
April 9: JOAG General Membership Meeting, 1300-1500 EDT
May 14: Speaker Series, 1300-1400 EDT
June 11: JOAG General Membership Meeting, 1300-1500 EDT
July 9: Speaker Series, 1300-1400 EDT
August 13: JOAG General Membership Meeting, 1300-1500 EDT
September 10: Speaker Series, 1300-1400 EDT

Miss a JOAG Meeting? Don't despair!
JOAG meetings are recorded. Audio recordings are available "on demand" by e-mailing LT Hiren Patel
hiren.patel@fda.hhs.gov

This newsletter has been provided by the JOAG Communications & Publications Committee. For more information on how to contribute to future editions, please contact [LT Christina Coriz](mailto:LT.Christina.Coriz), committee chair, or [LTJG Tracy Tilghman](mailto:LTJG.Tracy.Tilghman), committee co-chair.

JOAG Welcomes 157 Newly Commissioned Officers!

Contributed by the JOAG Welcoming Committee

ACF

LCDR Joseph Holshoe

BOP

LCDR Michael Cameron
 LCDR Herbert Coard
 LCDR Nicholas Munoz
 LT Robert Carver
 LT Lakeisha Hicks
 LT William Lehault
 LT Cimbra Murphy
 LT Mario Murray
 LT Sydney Tran
 LT Matthew Zagula
 LTJG Christopher Goisse
 LTJG Harold Ironson
 LTJG Victoria Johnson
 LTJG Tmala Middleton
 LTJG Victoria Moma
 LTJG Stephen Sizemore
 LTJG Stephanie Williams
 ENS Joy Callaway
 ENS Nicole Clem
 ENS Amanda Graham
 ENS Jenni Marini
 ENS Kelsey Quealy
 ENS Ellen Smith
 ENS Freye Zork

CDC

LCDR Sue Sloop
 LT Malaika Washington
 LTJG Marjorie Santos
 LTJG Michael Smith

COMMERCE

LCDR Robin Sawyer

DHS

LCDR Giles Durano
 LCDR Linda Egwim
 LCDR Yaohsien Peng
 LCDR Maria Raneses
 LT Angelica Galindo-Sanchez
 LT Sonjia Grant-Howard
 LT Adrienne Hall

DHS

LT Marriah Lombardo
 LT Yvonne Mitchell
 LTJG Scott Peake

DOD TMA

LCDR Aditya Bhagwat
 LCDR Maria Fields
 LCDR David Hess
 LCDR Gina Ligonde-Minor
 LCDR Jenny McCorkle

DOJ

LCDR Marion Beck
 LT Jose Burgos
 LT Manuel Pablo
 LTJG Douglas Dodd

EPA

LT John Masters
 LT Mark Miller

FDA

LCDR John Hubbard
 LT Cyrus Agarabi
 LT Emily Baker
 LT Eunice Chung
 LT Jessica Cole
 LT Jennifer Danielely
 LT Hilary Hoffman

FDA

LT James Lee
 LT Jerome Pang Lee
 LT Chitra Mahadevan
 LT Janice Maniwang
 LT Gloria Milster
 LT Tine Nhu
 LT Cesar Perez

HCFA

LCDR Martin Casey
 LT Kelly Leong

HRSA

LT Michael Banyas
 LT Kamerron Cooper
 LT Kimberly Hawkins
 LT Keisha Johnson
 LTJG Tigisty Reda

IHS

LCDR Sidney Daniel
 LCDR Alexei Desatoff
 LCDR Cynthia Fraser
 LCDR Joseph Hubbard
 LCDR Gloria King
 LCDR Anthony Leonard
 LCDR Mary Jo Zunic
 LT Sara Bear

LT Tami Bonebrake

LT Dane Brubaker

LT Thomas Carter

LT Dana Cash

LT Jake Choi

LT Anna Christensen

LT Christine Collins

LT Casey Edinger

LT Amy Fuelling

LT Allison Gallen

LT William Harris

LT Loretta Haven

LT Denise Jones

LT Joseph Madsen

LT Rebel Nelson

LT Monica Orsborn

LT Rinku Patel

LT Lindsay Sampson

LT Kristine Scherbring

LT Gregory Smith

LTJG Travis Sorum

LTJG Paula Thompson

ENS Saomony Cheam

ENS James Holt

IHS

LT Charles Spalding
 LT Burt Tamashiro
 LT Sharyl Trail
 LT Joshua Vanvleet
 LT Inna Voinich
 LTJG Sarah Begay
 LTJG Dustin Bergerson
 LTJG Timothy Denherder
 LTJG Rachel Katonak
 LTJG Rocklyn Lebeau
 LTJG Lisa Nakagawa
 LTJG Tammy Paarlberg
 LTJG Brandon Parker
 LTJG Ana Pereira

NIH

LT Ranjodh Gill
 LT Raina Groover
 LT Yolawnda McKinney
 LT Christopher Ramsden
 ENS Nichelle Anderson

OS

LT Francine Barnett
 LT Dina Passman
 LT Joel Richardson
 LT Reginald Smith
 LTJG Bianca Bellinger
 LTJG Richard Johnson

PSC

LT Eric Tilley

SAMHSA

LT Christina Bruce
 LTJG Michael Muni

USDA

LTJG Cody Thorton

JOAG Meet and Greet Lunches

The **JOAG Membership Committee** is working to recruit new Voting Members general JOAG participants. We are focusing on those junior officers who have been in the Corps for a year or longer, but are not active with JOAG. One idea the committee had to engage more officers was to hold regional events where junior officers could meet one another in person to develop professional and personal networks.

Officers from the Membership Committee have been hard at work setting up events in the different regions in which they work. We currently have subgroups in DC, Atlanta, NYC, Chicago, Raleigh-Durham, and Colorado. In addition, the DC and Atlanta areas are large enough that in the future, we may hold two events in centrally located areas.

Our February meeting saw Meet and Greets in DC, Raleigh, Atlanta, and NYC. These events have given people a way to put a face to a name and to potentially develop professional contacts and friendships.



Continued from page 1

Despite the time limits, MHT-3 was willing to work around the clock to provide services to the Mescalero Apache people. The collaboration between MHT-3, the Mescalero School District, and the community helped to ensure the safety of the students and staff. The work with the school district included providing counseling services to the students and staff. In addition, team members worked in collaboration with the school to assist with the development and implementation of a stabilization plan for the teachers and students. These noble efforts were led by LCDR M. Victoria Ingram (DoD psychologist) and LCDR Margaret Mahool (BOP psychiatric nurse).

The Mescalero Mental Health Clinic was staffed by CAPT Patricia Nye (IHS Tucson Area) and LT Tracy Powell. Both walk-in and scheduled appointment opportunities were utilized at the clinic to maximize counseling efforts to tribal members. CAPT Nye and LT Powell also worked with the clinic to track and monitor suicide-related data, assisted with the development of Standard Operation Procedures (SOP), and aided the Mescalero Apache Grants Office with securing sustainability funding for implementing suicide prevention programs in the schools and community.

As I reflect on this deployment, it is clear that our team was able to accomplish many great things; however that was not all that was gained. I had the opportunity to do some soul searching of my own. During this process, I discovered some fears, biases, and passions that I was not aware of prior to this deployment. I quickly realized that although I was here to serve, I also needed to receive empowerment. In receiving, my mind was opened by the Mescalero Apache people whose way of life is quite different from mine on many levels. Their wisdom was subtle, yet so powerful. It was this powerful wisdom that revealed my deeper passion for serving and also the reasons for this passion. It is always great to serve, but it is even greater to understand the ways of those we serve and to know the reasons why we serve. Serving others cannot just be a job, it has to be a passionate way of life.

Continued from page 2

How did you find out about the PHS? I was recruited while I was in the Navy and attending an educational conference. I approached an Officer who I thought was in the Navy (because our SDB uniforms look very similar), only to find out she was in the PHS. The Officer gave me her card and informed me of some of the benefits of transferring services. Later, I called the Officer and began to learn about the PHS.

What is your most memorable PHS experience so far? My most memorable PHS experience was being deployed for 51 days since joining the PHS in June 2008. I was very fortunate to be involved in the September 2008 Hurricane Relief Mission at College Station, TX and to have deployed on the USNS Comfort (Team 2) for the month of May 2009.

What are your goals with the PHS? My goal is to have a long and successful career – maybe become CPO for my category someday.



To our General Membership:

JOAG is able to thrive due to the work that is done by our committees and workgroups. Thank you to the entire general membership for making this an exceptional organization!

Continued from page 4

3. Extending Benefits by 12 Months:

Normally, your months of entitlement under the Post-9/11 GI Bill will be equal to the number of months of entitlement you have remaining under the MGIB. However, if you use all of your MGIB benefits (36 months), then you may be entitled to a maximum of 12 additional months of benefits under the Post-9/11 GI Bill, giving you a total of 48 months of education benefits. Many veterans don't realize this means they may actually be better off to use up their MGIB before applying for the Post-9/11 GI Bill.

4. Other Factors to Consider:

- Costs of college and housing (which you would receive payment for under the Post-9/11 GI Bill) are less than the payment you would receive under the MGIB.
- In states where veterans do not have to pay tuition at selected state colleges, the Post-9/11 GI Bill may only pay the housing benefit and the book stipend. Your payments under other GI Bill programs such as the MGIB may be higher in these cases.
- If you participated in the \$600 buy-up under the MGIB you will not receive that additional benefit under the Post 9/11 GI Bill.
- The Post-9/11 GI Bill payment is based on the amount of service completed after September 10, 2001. Your tuition & fees payment, housing allowance, and book stipend are all based on this percentage. You will receive a larger benefit if you served more active duty or mobilization time.

VA Vocational and Employment counseling help is available to all veterans toll free at 1-800-827-1000. You also can discuss your options with a VA education benefits specialist by calling toll-free 1-888-GIBILL-1 (1-888-442-4551) or TDD at (800) 829-4833 www.va.gov.

Please Contact Mr. Norman Chichester at OCCO for PHS specific Commissioned Corps questions at norman.chichester@hhs.org.

Useful links on each of the GI bills:

<http://vabenefits.vba.va.gov/vonapp/main.asp>

<http://www.military.com/money-for-school/gi-bill/learn>

Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>

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LTJG Rebecca Hampton, Environmental Health and Occupational Safety Specialist for the Federal Bureau of Prisons (BOP), Federal Medical Center (FMC) Lexington (Lexington, KY): As an Environmental Health and Occupational Safety Specialist, and as a member of the Pandemic/H1N1 Flu Committee, I contribute to the health and safety of the BOP FMC Lexington in various ways. The H1N1 Flu, as well as any communicable disease, is a major concern in correctional/detention facility settings where social distancing of inmates and other community mitigation measures that would limit the spread of disease, if implemented, are not feasible due to the realities of the setting. The BOP FMC Lexington has an inmate population of 1672 and another 253 inmates at the Satellite Prison Camp. There are 668 beds for providing medical care to these inmates. The FMC also has designated areas of the institution to separate H1N1 Flu cases from the rest of the prison population, including a segregated housing unit and an alley equipped to become a quarantined area. Additionally, there is concern that staff and visitors will introduce the H1N1 Flu to the inmate population, as well as other staff members. Therefore, we provide staff with the knowledge they need, such as good hand washing techniques, identifying possible early signs of the flu, and proper sneezing/coughing practices. As part of the FMC Lexington Pandemic/H1N1 Flu Plan, the Environmental Health and Occupational Safety Department ensures the institution is equipped with infection control supplies (such as anti-bacterial soap and Re-Juv-Nal hospital disinfectant) and provides fit-testing and training for respirators.

LT Shani Smith, Regulatory Research Officer for the Food and Drug Administration (FDA), Center for Veterinary Medicine: I assist in the validation of a regulatory method to detect the presence of anti-viral drugs (adamantanes and neuraminidase inhibitors) in poultry and swine. The method involves performing liquid-liquid and solid phase extractions of poultry liver, muscle, kidney and egg, as well as swine liver, muscle and kidney to remove the antiviral drugs for detection by a liquid chromatography-tandem mass spectrometer. With the H1N1 virus, method validation has been extended to swine tissue. The method continues to fulfill the need of the FDA's Pandemic Preparedness Plan which requests the development of methods which detect the extra-label use of human antiviral drugs in animals.

LT Andrea McCollum, CDC Epidemic Intelligence Service Officer serving as a Regional Liaison Officer in the CDC Emergency Operations Center: I am one of ten full time Regional Liaison Officers in the CDC Emergency Operations Center, and am in charge of influenza surveillance reports from six states. In this role, I gather information on severe cases, deaths, institutional clusters, and adverse events related to influenza in each state. I also provide technical expertise to state health departments on a wide range of influenza related issues, including guidelines, reporting, and testing. CDC's Regional Liaison Officers are on the frontlines of CDC's national surveillance for influenza-like illness, specifically H1N1 infections. We are the first in CDC to hear of reports/situations within the states that require more attention or warrant future investigation. The information we collect is used to determine new influenza-related events or trends in a region or nationally. Most importantly, we are here to help the states communicate information, ask questions, and interface with the CDC.

LT Christina Khaokham, CDC Epidemic Intelligence Service (CDC EIS) Officer working in the San Diego County Health & Human Services Agency, Office of Border Health and Community Epidemiology (San Diego, CA): In response to an outbreak of H1N1 Flu aboard the U.S. Navy amphibious assault vessel USS Bonhomme Richard, which affected 8% of crew members, I led a CDC EIS team, comprised of PHS Officers LCDR Fleetwood Loustalot, LTJG Shauna Mettee, and USAF Lt. Col. Monica Selent, invited by the U.S. Navy to conduct a retrospective epidemiologic investigation. In late September 2009, the CDC EIS team embarked with the crew for two weeks in order to investigate the spread of infection through the vessel, characterize severity of illness, and identify risk factors for illness among this highly vaccinated and healthy population. We conducted multiple activities during this investigation including a survey, serum draw to assess antibody response, medical record abstraction and environmental assessment. The results of this investigation will provide recommendations for prevention and control measures in similar congregate settings. This collaboration has been significant in building scientific and professional relationships between the U.S. Navy, Marine Corps, CDC, and PHS.

Because of the ongoing nature of the H1N1 Flu pandemic, and the evolving knowledge about the H1N1 Flu, public health information and guidance is continually updated. Please visit the U.S. Government's Flu website at www.flu.gov for the latest information.

Additional Junior Officer Contributors not listed include: LT Alexis Beyer, LT Jeffrey Gildow, LTJG Jeffrey Conner, LT Pieter Van Horn, LCDR John Beltrami, LT Ashleigh May, LT Fleetwood Loustalot, LT Chad Martin Cox, LCDR Farah Husain, LCDR William Lanier, and LT Caitlin Reed