

The Junior Officer Advisory Group

# The JOAG Journal

*A newsletter by junior officers for junior officers*



## Letter from the Chair

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Dear Junior Officers,

Many new and exciting things have happened in the six months since I wrote my first Chair's message in the fall edition of the *JOAG Journal*. For one, the new Surgeon General, VADM Regina Benjamin, was confirmed in late October 2009. With her confirmation, reorganization of the Office of the Surgeon General (OSG) occurred and discussions of how to reorganize the entire Corps began. JOAG was honored to have been included in these high level discussions and will continue to be engaged in future discussions on this very important topic. Among the many suggestions that were submitted, the one item that the JOAG Executive Committee and voting membership stressed was the need for centralization of Corps computer systems and databases into one system, removing the need for officers to submit and enter personnel or medical data to different computer systems and offices. We understand the funding and technical challenges the Corps may face, but we are optimistic that this feat can be accomplished. We are hopeful that our suggestions will be seriously considered as proposals for Corps reorganization are finalized. Additionally, I will work diligently to ensure junior officer representation on high level workgroups that will be making the final proposals for Corps reorganization.



Pictured: LCDR Diem-Kieu Ngo

Other Corps milestones in the past six months include: 1) implementation of Direct Access for readiness data, with the ultimate goal of transferring all readiness data from the OFRD website to Direct Access; 2) OFRD-sponsored field training in Appalachia, offering readiness teams direct hands-on training in providing healthcare to an underserved population and opportunities to interact with local counties and NGOs (non-governmental organizations); and 3) initiation of billets transformation as the first step in a true force management system. Amidst all of these changes, JOAG continues to be at the forefront of Corps Transformation and the dynamic deployment missions, providing input to the Office of the Surgeon General (OSG), Professional Advisory Committees (PACs), Chief Professional Officers (CPOs), and the Surgeon General's Professional Advisory Council (SGPAC) on new policies and initiatives. I want to thank the JOAG voting membership and Executive Committee for providing input, often with very short turnaround times.

As Corps Transformation progresses, it is imperative that adequate training and career development of Corps officers are addressed. [Continued on page 16](#)

## JUNIOR OFFICER SPOTLIGHT

**Officer:** LT Christopher C. Cordes

**Category:** Health Services Officer (HSO)

**Education:** Doctor of Optometry, Southern California College of Optometry. Bachelors of Science, University of Notre Dame

**Home town:** Irvine, CA

**Agency:** Indian Health Service (IHS)

**Current Assignment and Duties:** Staff Optometrist-Crownpoint Healthcare Facility, Clinical Applications Coordinator, Crownpoint Healthcare Facility

**Previous Assignment(s):** Residency at the Crownpoint Healthcare Facility (before my call to active duty in the USPHS)

### How did you find out about the PHS?

When I was a fourth-year optometry student, I had a rotation at the Dzilth-Na-O-Dith-Hle Health Center on the Navajo Nation. My preceptor, CDR Tom Hurst, introduced me to the Corps, told me about his career path, and how he enjoyed the Corps.

### What was the most challenging part of applying for the PHS?

I think the most challenging part was getting all the information and paperwork figured out. I was greatly aided by CAPT Steve Glover in navigating and producing the appropriate materials. However, because I was part of the "pilot" online application, it was difficult to balance the paper and online application.

### What are your goals with the PHS?

I think my main goal is to continue to serve the USPHS and IHS to the best of my ability during the remainder of my billet here on the "rez." In the next few years, I hope to get promoted and take on increased responsibilities to help further the mission of the Corps and IHS. I also hope to remain in the Corps for as long as I can, and continue to enjoy the ride!

### What is your most memorable PHS experience so far?

My 34-day deployment on the United States Navy Ship (USNS) Comfort was the most memorable thing so far in the Corps. It was incredible to go out and serve the populations of Antigua, Barbua, and Panama. It was simply amazing to serve in a joint services operation. The people you work with, meet, and serve are unforgettable.

### What advice would you give to prospective PHS applicants (or other Jr. Officers)?

Get involved and be proactive. You are in charge of your career. If you don't represent yourself or take care of your career, no one will. Invest in yourself—it will pay off.



Pictured: LT Christopher Cordes

## Uniform Corner: Dragging Anchors

Contributed by LCDR Gene R. Gunn, Jr.



Quick, what is the meaning of this maritime signal flag? It actually has a couple different meanings. It denotes the letter "Y" when displayed with other signal flags to spell out messages for communicating between vessels. When displayed alone, it is used as a warning to other vessels that it is dragging anchor, which can be a serious situation.

What does this have to do with uniforms? Well, we can "drag anchors" every time we put on our uniform. Many officers do not even realize they are doing it. According to uniform regulations;

*When used as sleeve, collar or shoulder insignia, the corps device is oriented such that the staff of the caduceus is vertical, the wings are at the top and the anchor points inward or forward.*

Below are two pictures of the soft shoulder boards on the Navy sweater. Both shoulder boards have the proper end at the shoulder seam, but the anchor on the one on the left is facing the wrong direction. It is "dragging".



*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 at [gene.gunn@fda.hhs.com](mailto:gene.gunn@fda.hhs.com).*

## Online Degree: What's in it for me?

Contributed By LT Amy Dayhoff, RDH, MPH at IHS Pine Ridge, SD

In the quest for higher education, I was challenged to make a decision on how to pursue my degree. The two options were: the online option versus the traditional option. After much deliberation, I chose the online path and trudged forward to boldly go where I never thought I'd go before!!!

With this choice, pros and cons arose. Perhaps the most obvious advantage of pursuing an online degree to me was that you don't have to drive to a campus, find a parking spot, then deal with instructors and other students. Instead I would put on Etta James, kick back, and let my computer do the traveling. I also found the flexibility of working on assignments based on my schedule beneficial and the many opportunities to network with like-minded professionals during my trek. I discovered in this environment that my professor and classmates did not base their feedback on my "looks" but on assignment content, maturity and originality.



However, this accessibility has its drawbacks, mostly for people who aren't disciplined and need social interaction to stay on track with their goals and deadlines. The non-traditional classroom setting changes the teaching style. Students who may be accustomed to traditional methods of teaching, like verbal lectures and handouts, may find difficulty relating the essential information in an online environment. They may have difficulty adapting to the new software such as Blackboard or utilizing chat rooms. Be aware that professors may struggle with these methods as well.

Several factors to consider include class work obligations and other responsibilities, pace set by the institution, and the length of the courses. Some programs may set a maximum time frame during which you are required to complete your coursework in order to receive your degree. More so, some online degree programs require travel to and from the campus prior to degree completion.

Cost was another factor officers should consider. In general, tuition for online degrees is slightly less than traditional tuition, but that doesn't mean your dream program will be more affordable because it's online. Books, computer programs, and software may be required. Financial aid sources do not distinguish between online and on-campus schools; education is education when it comes to student loans. Do your research and get an average estimate of the cost per credit for the kind of online degree you may want to pursue.

The accreditation of the institution and degree programs offered are important factors to consider when searching for a college. Accreditation ensures that the college of choice provides education that meets acceptable levels of quality. You can search for your college's accreditation status at <http://ope.ed.gov/accreditation/>.

Many online institutions provide comparable quality degree programs to traditional institutions. In response, many traditional institutions have also adopted online degree programs as part of their strategic direction; even Harvard and Yale now offer degrees via the internet. In the end, there is no definitive answer to the question of online versus traditional degrees. By taking a thorough look at your situation, expectations, and options you will be able to determine whether an online degree or traditional degree is the best option for you to pursue.

## Environmental Health in the Pacific

Contributed by LCDR Christopher T. Smith

Sometimes in a career, a once-in-a-lifetime opportunity presents itself—one that will afford you an experience unlike any you have known. My opportunity came in the form of The 2009 Pacific Partnership, an annual humanitarian civic assistance mission.

Due to another Environmental Health Officer (EHO) needing to back out of the first leg of the deployment at the last minute, a call was made to all EHOs, asking for assistance two weeks prior to departure. After several deliberations with my supervisor (and my wife), I jumped at the chance to go on this deployment. The prospect of flying halfway around the world and getting out from behind a desk for a month to practice environmental health in an unfamiliar, far-off land was intriguing to me. I simply could not pass up this opportunity.

Having previously deployed with OFRD after the Gulf Coast hurricanes of 2005, I felt confident that I knew what to expect from this deployment. However, upon arrival to the South Pacific and temporarily losing my luggage to its own New Zealand adventure, I realized that this trip might have a few surprises in store for me. I was traveling to Samoa and Tonga—worlds away from anything I knew in culture, language, hygiene practices, you name it. This was not the usual OFRD deployment and I had to accept the fact that nothing I had experienced up until this point could have fully prepared me for what to expect.



When I flew into Apia, Samoa, I met the United States Navy Ship (USNS) Richard E. Byrd. The ship was positioned approximately three miles off the coast of Samoa, which at the time didn't seem too far. But after having to tender back and forth from the ship and having to climb a "jacob's ladder" to get back on board, that three miles turned into quite the adventure. After getting my bearings and trying my best to get over jet lag, we were off and working the very next day.

My job was to accompany a mobile preventative medicine team whose mission was to "go where we were needed." It was neat to roam about the islands and see the various needs and I had to utilize many different skill sets to accomplish all the tasks set in front of me. One of my responsibilities was bugs! It turns out that there are lots of bugs in the South Pacific (mosquitoes, ants, roaches, flies, spiders, etc.). I was paired with a medical entomologist and a Navy HM2 for vector control, or as we referred to it as bug destruction. We headed up vector control activities at the Robert Lewis Stevenson Museum for a July 4<sup>th</sup> celebration, a local bed and breakfast, various Medical Civic Action Program (MEDCAP) sites, various Veterinary Civic Action Program (VETCAP) sites, the Pacific Partnership 2009 opening and closing ceremony locations, as well as many other locations throughout the island. [Continued on page 6.](#)

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In addition, we conducted raw water sampling for the Army, tested numerous community wells and water catchments (almost all were positive for coliforms, lacked the proper amount of chlorine, and some were positive for *E. coli*), installed individual slow sand filter water treatment systems, set rat traps at a local hospital and provided education for integrated pest management, provided information and education about solid waste management, investigated a possible food borne disease outbreak, provided support for engineering personnel fixing a solar panel used as a source for community water well, and assisted with the repair of a community fogger used for mosquito control. I never dreamed there was so much to do on one mission!

Besides the variety of work I did on this mission, the basic standard of living in the Pacific was very humbling. One simply cannot compare the standard of living in the U.S. to Samoa or Tonga. I had mentally prepared for general environmental health issues, such as food safety, water problems and general education of the public prior to my deployment. However what I found

was that the items we here in the U.S. and in the Environmental Health field consider to be basic to good hygiene (such as hand soap and warm water)

were at a premium. I was prepared to deal

with ensuring that employees routinely washed their hands, especially while preparing food, but I was not prepared to deal with the lack of hand soap in almost every bathroom I entered. Hand washing with hot water and soap was one of those food safety mantras drilled into my head from day one of my Environmental Health training. But like most of this adventure I had to remove my ideas of the "usual" and adapt. And so I did. I may have even said a prayer or two before eating in the local establishments but the good news is that I didn't get sick.

After everything was said and done, I am so thankful for this experience and how it gave me a new perspective of environmental health. I am very glad that I did not let my once-in-a-lifetime opportunity pass me by.



## Aide-de-Camp for US Surgeon General VADM Benjamin

Contributed By LCDR Tina Bryant, LCSW, BCD, Homeland Security/Division of Immigration Health Services

Newly appointed US Surgeon General, Dr. Regina Benjamin visited Houston, Texas on November 6-7, 2009 to attend the American Medical Association's (AMA) House of Delegates Meeting. The week long conference was held at the George R. Brown Convention Center in downtown Houston. LCDR Hung Phan and I were honored to serve as her Aide-de-Camp. We provided transportation to and from the airport and the hotel, and escorted her and her media spokesperson, Dori Salcido throughout the conference center during their brief visit. The VADM greeted several caucuses holding meetings simultaneously at the convention center and was congratulated by a multitude of colleagues as the nation's newest Surgeon General.

This was the 221<sup>st</sup> Meeting of the House of Delegates with physicians representing the nation. On Saturday, November 7, 2009, VADM Benjamin addressed the House to formally withdraw her name from candidacy for the AMA Board of Trustees. In a brief speech, she announced becoming the next Surgeon General of the United States. Dr. Benjamin credited the House for preparing her for her new job. Dr. Benjamin acknowledged that patients come first as the reason why she agreed to go to Washington to become the family physician for 300 million Americans.

VADM Regina Benjamin exemplifies warmth, compassion and knowledge. The experience and leadership she brings will advance the mission of the Public Health Service and improve the health of our nation.



Pictured: LCDR Bryant, VADM Benjamin, and LCDR Phan

## The FDA Imports Operation

Contributed by LT Danielle Pierson-Jackson and  
LTJG Kathleen Ferguson



Pictured from left to right: LT Pierson-Jackson and LTJG Ferguson

With the increase in globalization and highly demanding workload of the Food and Drug Administration (FDA) it is safe to say that a large part of the future of the FDA lies within the Branch of Import Operations. PHS officers LT Danielle Pearson-Jackson, LT Lundy Patrick, LTJG Kathleen Ferguson, and LT Sheila Barthemey all began their exciting careers with the PHS in Miami, FL Import Operations.

FDA's Import Operation is not a new branch, but an expanding branch under the Office of Regulatory Affairs. Every food, drug, or other FDA regulated imported product is screened one way or another through sample collections, field inspections, or detentions.

The import's branch may involve many different agencies. For instance, LT Danielle Pearson Jackson (Nurse Category) participated in Operation Pangea II in November 2009 in which many agencies such as CBP, ICE, OCI, and the Postal Service collaborated with the FDA to inspect parcels being imported into US. Many of the items inspected were prescription antibiotics, over the counter medication, and other pharmaceuticals.

On the other hand LT Lundy Patrick (Health Services Category) is involved with organizing, executing, and witnessing required destruction of non-compliant FDA regulated products.

For example, a shipment of fresh Mahi Mahi (fish) was determined to be adulterated following a positive decomposition analysis by one of the FDA's regional laboratories. LT Patrick met the importer at the local landfill and witnessed the destruction of the product firsthand, documenting the destruction with photographs and field notes.



Also stationed in the Miami Imports operation is LTJG Kathleen Ferguson (Environmental Health Category). LTJG Ferguson is directly involved with sample collection of highly perishable items and produce products. LTJG Ferguson is continuously collecting samples for lab analysis for pesticides, filth, histamines, and many other forms of adulterations of food items.

Last but not least is our newest addition to the imports operation LT Sheila Barthelemy (Nurse Category). LT Barthelemy is a very valuable addition to our collaboration of officers in South Florida. LT Barthelemy has the ability to translate multiple languages. She is fluent in French, Haitian Creole, and English. This skill is very valuable to the agency due to the location of our post. Miami, FL places us in a very diverse community filled with Latin Americans, West Indian, and Caribbean ethnic groups.

Four PHS officers varying in categories and backgrounds, but contributing to the same goal: to promote, protect, and advance the health and safety of the Nation.

## USPHS Social Work in the DoD/TMA Behavioral Health Initiative

Contributed by LCDR Scott Eppler, LCSW-BCD



I am assigned to a pilot program in Army behavioral health at Ft. Carson, Colorado called the Mobile Behavioral Health Team (MBHT). These teams are the first of their kind in the U.S. Army. It is very exciting to join with fellow USPHS behavioral health professionals in representing the Commissioned Corps in this joint opportunity with DoD. The "mobile" intent of the MBHT is to decentralize behavioral health services with smaller teams geographically located in the supported units' footprint -- within walking distance of soldiers' work, living, and dining areas. We are located in a Battalion Aid Station (600+ soldiers) and provide direct services for a unit known as a Brigade Combat Team (BCT; 3,600+ armor and infantry). Our mission includes providing expedited behavioral health assessments and treatments throughout the deployment cycle (including deployment training for wounded returning soldiers, and return home training, or re-deployment). We also work to maximize commander visibility on soldier fitness-for-duty and deployability issues through regular consultation. Additional mission objectives are to provide expeditious fitness for duty evaluations, decrease stigma associated with behavioral health treatment, enhance access to care, collaborate with the brigade surgeon, battalion physician assistants, and other medical providers to synchronize medical and behavioral health care, and enhance brigade suicide prevention initiatives and resiliency training. Within these mission objectives, more specific services often include urgent walk-in/crisis intervention services and subject-matter expert combat and operation (post-traumatic) stress mitigation training. Frequently, we have the opportunity to provide care and services to those with traumatic brain injuries as well. We also serve to link soldiers to substance abuse services, domestic violence and/or family advocacy services, and other more specialized services as needed.

An MBHT includes one behavioral health provider assigned to each battalion (two psychologists and four licensed clinical social workers), one prescribing clinician, two social service assistants/mental health technicians, one medial support assistant, and one nurse care manager to provide support and augment the care. These teams truly comprise a multi-disciplinary mix of civilian clinicians and support staff, USPHS behavioral health professionals, and active duty Army behavioral health professionals. Currently at Ft. Carson, there are three MBHTs with a fourth being formed.

Our current mission interventions have reduced appointment wait times by approximately 50%. An additional impact of the mission is a 90% reduction in TRICARE referrals at the time of re-deployment. Greater contact and "visibility" with first line supervisors, first sergeants, company (150+), and battalion commanders has resulted in reduced stigma and greater acceptance of behavioral health services as crucial to the DoD wartime mission.

Knowing and routinely implementing proper wear of the uniform and adherence to proper customs and courtesies makes an immediate, powerful, and positive impression on U.S. Army personnel with regard to the professionalism of our USPHS Commissioned Corps. Presently, a variety of USPHS officers serve here at Ft. Carson, including one occupational therapist, one physical therapist, one psychologist, and two licensed clinical social workers, with another licensed clinical social worker scheduled to arrive in 2010. Just as USPHS has historically supported our armed services, serving in a DoD/TMA billet is truly a great opportunity for a variety of USPHS officers to continue that great tradition of service by caring for our nation's war fighters.

## Teaching: A Learning Process

Contributed by LT Ibad Khan, PharmD



Pictured: LT Ibad Khan

*The student in the front row raised her hand and asked me a question, "Dr. Khan, if I don't pass the certification exam, how many times can I re-take it?" - I froze. All of a sudden, the universe seemed to contain only this inquisitive student, her burning question, and me - without an answer! Oh, and also the dozen or so pairs of eyes locked on me! My mind answered back silently with a question of its own—"How did I get here?"*

I started teaching part-time at Georgia Perimeter College through a USPHS recruitment activity. A senior officer whom I work with at the Atlanta District Office of the Food and Drug Administration (FDA) asked me to join her at the college to staff a USPHS booth during a career fair. At the fair, the Director of the Pharmacy Tech Program informed me that she was interested in a pharmacist teaching in her program. I have always been intrigued by teaching and agreed to take the part-time position of teaching on Saturday mornings.

The experience has been a very rewarding one. The students represent a variety of age groups (18 – 56 years old), backgrounds (professionally and personally), and pharmacy experience. I focus on pharmacy law, practice settings, compounding, and an overview of the most prescribed medications. I administer quizzes and tests to regularly evaluate student competency. In addition, there is a presentation at the end of the course that the students give on pharmacy topics of personal interest to them.

The key to teaching for me has been a shared learning process. Having all the answers is not the secret. Rather, the ability to get the answers for the students and to share them in such a way that they (and I) learn is more crucial. The most rewarding feeling is watching my students succeed because this is the culmination of our hard work. One of my fondest memories is of that inquisitive front row student contacting me after the course was over to let me know that she passed the national certification exam. This news filled me with a sense of pride and accomplishment and I knew that the right question to ask myself is not "how" but rather "why" I am there.

By the way, the answer to her question was "as many times as you would like!"

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## National IHS Dental Updates

Contributed by LTJG Suzanne Jordan

*This article is republished to replace the Winter Journal article entitled, "My Experience at the National IHS Dental Conference."*



Pictured from left to right: LTJG Suzanne R. Jordan with LTJG Joan Filaus

I work as a dental hygienist in the Albuquerque Indian Dental Clinic (AIDC), which is a large, fast-paced, high volume clinic within the Indian Health Service (IHS). IHS is a Federal agency dedicated to promoting the health and well-being of 1.9 million American Indians and Alaska Natives (AI/AN) in a culturally-sensitive manner. I work within the Division of Oral Health, which includes more than 1800 dentists, dental hygienists, and dental assistants who work with dental programs in 230 hospitals and clinics in 35 states, providing 3,290,894 dental patient services annually. It is important to keep all of the staff on the same routine with policies and procedures for infection control, oral hygiene instructions, treatment, and especially education and information that is given to the patients, as well as the treatment still at a high quality.

Every year innovations in the dental field make treatment more comfortable, timely, cost-efficient, durable, and esthetically pleasing. To inform dental providers of these changes, the National IHS Dental Update Conference is offered every two years as a Continuing Dental Education (CDE) activity.

The theme for Update 2009 was "Oral Health through the Ages." The intent was to present the best and most recent dental technology, clinical, and administrative practices as they affect different age groups (children, teens, adults, and seniors). It was a four-day continuing dental education course which also included an awards ceremony. Over 400 dental professionals attended Update 2009 with many volunteering to assist where they were needed to help the event run smoothly. There were 52 workshops offered with a total of 76 CDE hours. Most of the participants earned the maximum of 22 CDE hours.

I attended Update 2009 for the first time as a junior officer to learn more about current projects related to AIDC. The conference allowed me to meet many new people, put faces with names from conference calls and email messages, and learn many things that will help me in and out of the clinic. The CDE workshops I attended provided informational handouts, contact information and PowerPoint slides to refer back to since there was more information to take in than could be accomplished in one sitting. I was able to apply knowledge gained from each workshop to my clinic and projects, as well as improve things in ways I could not have without this event.

One of the courses I attended was about writing grant proposals, and also when and where to find out about grants that are offered. There is a team of 5 of us at AIDC that work together, to compile the information for the grants we apply for. I have been fortunate enough to be a part of writing 4 grants at AIDC in the past year. I also attended a class on infection control, and needle sticks. I have been working with our dental assistant supervisor to update AIDC's policies and procedures regarding infection control and needle sticks. This class provided the most recent policies from the CDC and allowed us to ask questions about our own clinic's policies and procedures to make sure we are compliant. Since I am a dental hygienist and the health of the gums is one of my main focuses this course provided me with the newest information about gum disease as well as pharmaceuticals and over-the-counter (OTC) aids available to help fight infection and disease.

Besides the informative classes, being among a great mixture of junior and senior officers from all over the nation with different experiences, knowledge and backgrounds made me feel a great sense of camaraderie, assuring me that I am where I belong in my career as a Commissioned Corps Officer. Everyone was more than happy to give their contact information and assistance on clinical or Commissioned Corps information. I know when I have a question about the corps or regarding the dental field the answer is only a phone call or email away. I feel that the learning, training, work experiences, projects, and the family atmosphere I have been a part of in just a year and a half in the Corps could not have been attained in an entire private practice career. I look forward to attending this conference in 2012, and I know I am where I belong!



**LT Nathan Anderson:  
1984-2010**

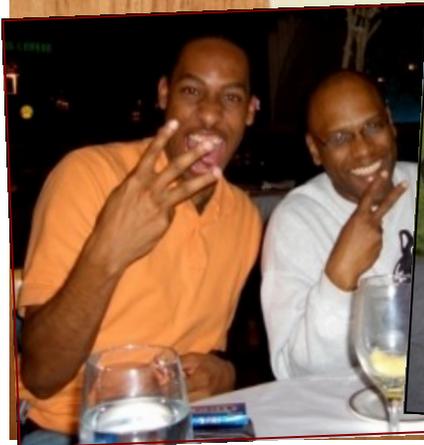


*LT Anderson,*

*Words cannot describe the impact you have had on your fellow officers, both personally and professionally. You have always held yourself to the highest standards, and knew the value of friendship. Your talent, dedication, commitment, and willingness to go above and beyond the call of duty will forever be admired and recognized. We would like to share with you some of our fond memories that we hold near and dear to our hearts.*



*Very Respectfully,  
Your fellow Junior Officers*



*To all members of the USPHS Commissioned Corps: "The Anderson family truly thanks you for the love and support you gave Nathan during his time in the Corps. From his first day in 2002 as a JRCOSTEP until the day of his funeral, each of you treated him as a welcomed member of your family. He truly felt that it was an great honor and privilege to be a member of the Commissioned Corps, and he loved every single day of it. Thank you for being there for him." - Sincerely, Lt Col Gerald L. Anderson, USAFR, CDR Ruby O. Anderson, USNR, Nicole "Nikki" Anderson, and Ensign Nichelle G. Anderson, USPHS (SRCOSTEP).*

"Nate was a guy that truly had very little "cultural inhibitions"; a renaissance man willing to explore new challenges and take chances regardless of stereotypical perceptions; completely counter to his obsession with image; interesting paradox! He was always concerned with fraternization building lasting relationships that had real "staying power" and he understood the value in cultivating those relationships."  
-LTJG Eric Shell

"LT Nathan Losel Anderson was an "Officer and a Gentleman." He represented the very best that the Public Health Service has to offer. His commitment, professionalism and leadership were second to none and he was an excellent example for junior and senior officers in the U.S. Public Health Service Commissioned Corps. His exemplary service will be forever remembered. He leaves a legacy that we all admire and should perpetually strive for. He was not only a colleague; he was my friend. He will be greatly missed!"  
-RADM Clara Cobb

"I recalled the first time meeting Nathan at the Officer Leadership Meeting. He had a very personable, professional, and jubilant candor. After the meeting we all went to Potbelly's down the street and talked about the various areas to go running in the District. We were suppose to formulate a running group. In that short time, I felt the spirit of family in the Corps. Nathan lives beyond imagination in many hearts and minds of people he touched with his presence."  
-LTJG Annette Atoigue

"Nathan was not just a fellow officer; he was a mentor, friend and musical influence. He encouraged me to apply to PHS and continued to mentor me as a junior officer. I will miss him socially and professionally."  
-LCDR Antoinette Percy Laurry

"What I will remember most about Nathan is that he lived his life doing exactly what he wanted to do. He lived his life to the fullest, whether that meant traveling to Barbados, flying airplanes, or pursuing medical school. That's something I'll always carry with me."  
-LTJG Alicia Sherrell

"You simply couldn't go to the Humphrey Building without stopping by to say hello to Nathan; his kind heart and jovial personality made every moment with him an absolute joy. I am blessed to have known such a remarkable individual."  
-LT Jyl Woolfolk

"LT Anderson would send inspiring quotations by famous philosophers and scientists on truth, reality, and wisdom on a weekly basis. I saved a particular quote from Nat: "So often we think we have got to make a difference and be a big dog. Let us just try to be little fleas biting. Enough fleas biting strategically can make a big dog very uncomfortable." - --Marian Wright Edelman, founder of the Children's Defense Fund." As I reflect on LTJG Anderson's life journey, it reminded me that our time on earth is precious and we should make a difference in the lives of the underserved and disadvantaged."  
-LT Jacqueline Rodrigue

*"My memories of Nathan was mostly from afar. I would see him behind the piano every Saturday at church. He mastered the keys and played tunes that would sooth the soul. I will always remember Nathan with his beautiful smile shining from behind the piano."  
-LT Karen Charles*

"Three days after LT Nathan Anderson's death, I attended a Howard University church service. I arrived a little late but as I was walking in I could hear the announcements being made about Nathan's death. I caught the end of the Pastor's sentence, when he stated that Nathan was recently at the service and how he stood before the congregation and prayed for another musician in their time of need. I remember thinking, "Wow, everyone knew Nathan, he was everywhere, always thinking of everybody!" In my opinion, LT Nathan Anderson, modeled after three words: Service, Service, and Service. I am inspired"  
-LT Felicia Watts

## JOAG Congratulates all Junior Officers on their recent promotions!

(Fourth Quarter of Promotion Cycle: Apr. – June 2010)

Contributed by the JOAG Welcoming Committee

### To Commander (O-5)

#### Engineering

Jonathan Kennedy Rash 04/1/2010

#### Environmental Health Officer

Celeste L. Davis 04/1/2010

#### Health Services Officer

Tiffany Hester Edmonds 04/1/2010

Renee Lynn Galloway 04/1/2010

Angel Gustav Seinos 04/1/2010

David C. Staten, Jr. 04/1/2010

#### Nurse

Ronald Derek Bachorski 04/1/2010

Stacy Regina Barley 04/1/2010

James Lavelle Dickens 04/1/2010

Erica Lashun Grajeles 04/1/2010

Elizabeth Veronica Hobson-Powell 06/1/2010

Angel Samuel Lasanta 04/1/2010

Diana Lynn Liebner 05/1/2010

Grace Elaine Mcatasney 04/1/2010

Patricia K. Mitchell 04/1/2010

Anastasia Marie Piliafias-Brown 04/1/2010

Jeffrey S. Wiersma 04/1/2010

#### Pharmacist

Rebecca Dean Decastro 04/1/2010

Christina Le Thompson 04/1/2010

#### Veterinarian

Catherine Anne Rockwell 05/1/2010

### To Lieutenant Commander (O-4)

#### Engineer

Jennifer Rian Medicus 04/1/2010

#### Environmental Health Officer

Monique-Rachelle Lester 04/1/2010

#### Health Services Officer

Gerald A. Brozyna, Jr. 04/1/2010

Eduardo Roberto Faytong 04/1/2010

Heidi Lena Hudson 04/1/2010

Shanna McKenzie Lee 04/1/2010

Peter Shaun Meyer 04/1/2010

### To Lieutenant Commander (O-4)

#### Nurse

Joseph Bradley 04/1/2010

James Allen Lane 04/1/2010

Gia Elaine Lawrence 04/1/2010

Tania D. Thorne 04/1/2010

#### Scientist

Matthew Eric Wise 04/1/2010

#### Therapist

Christopher William Barrett 04/1/2010

**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

Merchandise will be available at the JOAG Booth during the 2010 USPHS Scientific and Training Symposium in San Diego, California.



### 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**

\*\*\*Check out the Coin Section of the JOAG Website at. [Click here.](#)



### 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 website](#). You can also contact [LCDR Thomas Janisko](#) for more information.

## JOAG Welcomes 73 Newly Commissioned Officers!

Contributed by the JOAG Welcoming Committee

### **ASTDR**

LTJG Candis Mayweather

### **BOP**

LCDR Cheryl Brooks  
 LCDR Oke Johnson  
 LCDR Kathleen Williams  
 LT Christl Bonaparte  
 LT James Chaney  
 LT Mary Chappell- Reed  
 LT Sherri Cote  
 LT Kevin Herkenham  
 LT Akara Ingram  
 LT Ketoyia Newkirk  
 LTJG Oladeji Anjani  
 LTJG Lori Brooks  
 LTJG Samantha Graham  
 ENS Amy Moore

### **CDC**

LT Lajeana Howie  
 LT Lashunte Salter  
 LT Beth Schweitzer  
 LT Debra Wagner

### **DHS**

LCDR Vincent Giardino  
 LCDR William Lopez  
 LT George Pourakis  
 LTJG Paige Geffre  
 LTJG Rudolph Small

### **DOD TMA**

LCDR William Bolduc  
 LCDR Jennifer Burke  
 LCDR Marion Collins  
 LCDR Ingrid Pauli  
 LT Latoya Belgrave  
 LT Billy Collins  
 LT Michael Franks

### **EPA**

LTJG Kimberly Garner

### **FDA**

LT Christine Lee  
 LT Ruiqing Pamboukian  
 LTJG Annie Lam

### **HCFA**

LT Doris Colbert- Goode  
 LTJG Shaun Billingslea

### **HRSA**

LT Cindy Eugene

### **JUSTICE**

LTJG Douglas Dodd

### **IHS**

LCDR Julie Erb-Alvarez  
 LCDR William Fraser  
 LCDR Gertie Jones  
 LCDR Kristin Lecy  
 LCDR Gayle Lundberg  
 LCDR Lawrence Patnaude  
 LT Jennifer Bosgra  
 LT Michael Brooker  
 LT Angela Gaikowski  
 LT Jason Hrdlicka  
 LT Westen Knudsen  
 LT Nathan Kohnhorst  
 LT Shane Nye  
 LT Vallan Platt  
 LT Luis Ramos-Ortiz  
 LT Sossity Riordan  
 LT Abby Shannon  
 LT Sarah Shoffstall  
 LT Peter Steinken  
 LTJG Theda Bedoni

### **IHS (cont)**

LTJG Michael Blasy  
 LTJG Charles Bofah-Konadu  
 LTJG Cynthia Chennault  
 LTJG Scott Daly  
 LTJG Michael Shilhanek  
 LTJG Doretha Wilson  
 ENS Nicholas Brant  
 ENS Kelly Pak

### **NIH**

ENS Kimberly Adao  
 LCDR Gregory Lester  
 LT Janice Oparah

### **OS**

LT Xiaowu Lu  
 LTJG Erica Bushong

*Continued from page 1*

To this end, JOAG applauds the Corps for creating the Training and Career Development Steering Committee and allowing us to have a voice on this high level committee. We are also appreciative of the Office of the Commissioned Corps Operations (OCCO) acceptance of JOAG's white paper (submitted late last year) that outlined an intermediate officer course, of which elements from the proposal are being incorporated in the intermediate officer course that is currently being developed. JOAG is actively requesting that members of the JOAG Intermediate Officer Course Workgroup be given the opportunity to pilot test this new course later this year.

As the Corps expands, funding for Full Time Employees (FTEs) continues to be a challenge; thus the Corps, now more than ever, needs your continued support and volunteerism. I would like to reiterate the words of CAPT Dean Coppola, JOAG Senior Advisor, from the February JOAG General Meeting: *"take that extra half step to contribute to the Corps through active participation in JOAG."* It is through your tireless efforts and dedication to JOAG projects and initiatives that you can help shape YOUR future in the Corps.

All ten JOAG committees continue to improve and expand on existing projects as well as developing new initiatives. I would love to tell you more about what each committee is doing; however, due to space constraints, I will highlight the accomplishments and future direction of two of our committees. The JOAG Inter-Services Collaboration Committee, under the leadership of LCDR Brett Maycock, continues to amaze me with its Community Service Subcommittee initiatives, partnering with Washington DC and Atlanta area military units to contribute to the uniformed services community. JOAG volunteers have helped to beautify the National Congressional Cemetery, helped with holiday decorations at the Armed Forces Retirement Home in Washington DC, and will be providing logistical support at a Fishing Rodeo and at a Spring Fest for military children in Atlanta in April. The Subcommittee (under the leadership of LCDR Jennifer "Jena" Mclellan), plans to coordinate community service activity with military units in other regions as it builds on the successes of collaborations in the DC and Atlanta area, so there will be more opportunities for officers in the field to get involved. Additionally, the Surgeon General's Policy Advisory Council's (SGPAC) Adopt a Battalion initiative has expanded to include JOAG Point of Contacts (POCs) for donation drop-off sites around the Washington DC area. The SGPAC is very appreciative of JOAG's efforts and commend us for "leaning forward" and helping with this initiative. We hope to expand the Adopt a Battalion initiative to other regions once coordination of the shipments to the Marines in Afghanistan is finalized. I want to personally thank all of the POCs for helping to advertise this program in their buildings and taking time out of their busy schedules to coordinate drop-off of the boxes of donated items to the SGPAC. Of note, I want to recognize LCDR Latonia Ford (JOAG POC at the FDA White Oak Building 22) for having collected literally a minivan full of donated items from FDA staff in just three weeks.

The JOAG Professional Development Committee is also going strong, with record breaking number of officers dialing into the Journeyman Series talks and ad hoc Q&A sessions. We most recently worked diligently to organize a Q&A session on the new COER format, scheduling speakers for a panel discussion on billet requirements and officership for the May Journeyman Series, inviting the Surgeon General to speak during an upcoming general membership meeting, and requesting OCCFM to keep the JOAG general membership abreast on the impact of the Health Care Reform bill on Corps officers. I want to thank LT Heidi Hudson for her hard work in coordinating the Journeyman Series topics and speakers.

As you can tell, I am passionate about JOAG and how junior officers can have a direct impact on our future in the Corps. But I will stop here and mention one more item: the JOAG General Membership Meeting and JOAG Social during the USPHS Scientific and Training Symposium. Flyers for these two events have been disseminated through the JOAG listserv and are included in this edition of the *JOAG Journal*. The JOAG Executive Committee and voting members will be in attendance and we all are very excited to meet every one in person. See you in San Diego!

Warmest Regards,

LCDR Diem-Kieu Ngo, 5 Apr 2010

# Connect with JOAG

At the JOAG General Meeting and JOAG Social during the 2010 USPHS Scientific and Training Symposium:



**WHERE** San Diego Sheraton Hotel (Room TBD),  
2010 USPHS Scientific & Training Symposium

## JOAG General Meeting and "Meet and Greet"

Come and Get to Know Your JOAG Executive Committee,  
Voting Members, and Senior Advisor!

*Uniform: Service Khaki*

**DATE** Sunday, May 23, 2010

**TIME** 6:00 PM to 8:00 PM PST

**INFO** For more information, contact LCDR Jamie Mutter  
at [zwy4@cdc.gov](mailto:zwy4@cdc.gov) or LCDR Diem-Kieu Ngo at  
[diem.ngo@fda.hhs.gov](mailto:diem.ngo@fda.hhs.gov)

Join us in beautiful San Diego for networking, skills training, informative sessions and much more! The 2010 USPHS Scientific and Training Symposium will provide attendees with a wide array of thought-provoking and informative plenary and track sessions on key challenges facing Corps officers, new treatment strategies, successful case studies and much more. Conference highlights include an opening day panel of the Surgeons General from each of the major uniformed services, more than 40 track sessions, an expansive exhibit hall and much, much more. Registration for the conference is now open. Visit [www.phscofevents.org](http://www.phscofevents.org) to register and learn more.



## JOAG Social

WEDNESDAY, MAY 26, 2010  
8:00 P.M. to 12:00 A.M.  
at  
Quinn's in the  
Sheraton San Diego Hotel & Marina

Come meet fellow Junior Officers for great conversation, food, and fun!

*Senior Officers are encouraged to join us, too!*

POINT OF CONTACT: LTJG DAVID SCHWAB 301-325-5952 OR  
[DAVID.SCHWAB@FDA.HHS.GOV](mailto:DAVID.SCHWAB@FDA.HHS.GOV)

**CONGRATULATIONS 2010 JOAG Award Recipients**  
To be honored at the 2010 USPHS Scientific & Training Symposium

**2010 Junior Officer of the Year Award**  
**LCDR Troy L. Ritter, USPHS, Environmental Health Officer**  
Senior Environmental Health Consultant  
IHS, Anchorage, AL

**2010 JOAG Excellence Award**  
**LCDR David Lau, USPHS, Health Services Officer**  
Health Services Administrator  
DIHS/DHS, San Diego, CA

*The JOAG Junior Officer of the Year Award and the JOAG Excellence Award will be presented during the JOAG General Meeting on Sunday, May 23, 2010. [See page 17 for meeting details.](#)*

**2010 VADM Richard H. Carmona Inspiration Award**  
**CAPT Nita Sood, USPHS, Pharmacy Officer**  
Chief of Staff at the Pharmaceutical Operations Directorate  
TMA/DoD, Falls Church, VA

*The VADM Richard H. Carmona Inspiration Award will be presented during the COF Luncheon on Wednesday, May 26, 2010.*

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**PHS-Wide Social at the  
San Diego Zoo:**

Go wild with fellow PHS officers and their families at the San Diego Zoo! Take a private tour of the zoo grounds and enjoy a meal in the Tree Tops room surrounded by exhibits of some of the most rare and endangered monkeys in the world. Special guest Dr. Pat Morris, San Diego Zoo's associate veterinarian, will entertain you with stories about life as a zoo veterinarian and describe how zoo staff keep animals happy and healthy. Registration and more information is available on the USPHS Scientific and Training Symposium website under "other events." Hurry! **Attendance is limited to 120.** Transportation will be provided to and from the zoo and the conference center.



# JOAG Announcements

## JOIN OUR MEETINGS

### Upcoming JOAG Meeting Schedule 2009-2010

**May 14:** Journeyman Speaker Series, 1300-1400 EDT

**May 23:** JOAG General Membership Meeting, 1800-2000 PST at COF

**July 9:** Journeyman Speaker Series, 1300-1400 EDT

**August 13:** JOAG General Membership Meeting, 1300-1500 EDT

**September 10:** Journeyman Speaker Series, 1300-1400 EDT

#### 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

**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](mailto: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](#), committee chair, or [LTJG Tracy Tilghman](#), committee co-chair.

### Call for Nominations for Physician Assistant Professional Advisory Group Deadline Date: 31 May 2010

The Physician Assistant Professional Advisory Group (PAPAG) provides advice to the Surgeon General, through the Health Services Professional Advisory Committee (HS-PAC) and the Health Services Chief Professional Officer, on professional and personnel issues related to Department of Health and Human Services (HHS) and Commissioned Corps of the U.S. Public Health Service (Corps) Physician Assistants (PA). Selections are based on the nominee's commitment to public health and PA activities in addition to specified criteria (e.g., organizational, discipline, gender, and minority representation). Selections are made by the PAPAG voting membership.

For more information and a nomination packet, contact:

CDR Jeff Buckser – [jeff.buckser@gmail.com](mailto:jeff.buckser@gmail.com)

NOMINATIONS MUST BE RECEIVED BY MAY 31, 2010.