

# The JOAG Journal

*A newsletter by junior officers for junior officers*



*Any opinions or thoughts presented in the JOAG Journal are solely those of the author and do not represent the U.S. Public Health Service, United States Department of Health and Human Services (HHS), or any other government agency.*

## A Message from the Chair

Contributed by LCDR Carlos Bell

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CDR Diem-Kieu Ngo passing the JOAG Gavel to LCDR Carlos Bell, JOAG Chair

It is my distinct honor to serve as your new Chair of the Junior Officer Advisory Group (JOAG) for the 2010-2011 operational year. This is a very exciting time for JOAG, and I plan to build on the tremendous successes made last year under the leadership of the JOAG Chair, CDR Diem-Kieu Ngo, and JOAG Senior Advisor, CAPT Dean Coppola. Their dedication and tireless efforts made a significant impact on junior officers. I thank them for all their work and wish them all the best in their new endeavors. I am pleased to announce that CAPT Dan Beck was appointed by the Surgeon General to serve as our new JOAG Senior Advisor. CAPT Beck has been a dedicated supporter of JOAG and I truly believe his forward, strategic thinking will be an outstanding asset to JOAG, and will help us accomplish our goals and objectives.

For those of you I have not met, I want to take a moment to introduce myself and tell you about my experiences with JOAG. I am in the HSO category and have been a proud member of the U.S. Public Health

Service (USPHS) for over five years. My current duty station is at the FDA in Silver Spring, Maryland where I serve as a program manager for FDA's Sentinel Initiative in the Center for Drug Evaluation and Research's (CDER) Office of Medical Policy. I first became involved with JOAG shortly after receiving my commission in 2005. First, I served as a member of the JOAG Professional Development and Awards Committee, and in October 2008, I became a JOAG Voting Member. Last year, I served as the JOAG Chair Elect as well as the Chair of the Policy and Procedures Committee. Each of these roles taught me a great deal about the various aspects of JOAG and helped me to grow both professionally and personally.

A Chair wouldn't be doing his duty if he didn't put in a little plug for JOAG! So here goes. JOAG advocates for all junior officers in the USPHS, is an entity under the Office of the Surgeon General (OSG), and is uniquely positioned to provide input on policies and programs affecting the future of the Corps, especially junior officers. The JOAG Chair, Chair Elect, and Vice Chair are invited to attend high level meetings so they can advocate for JOAG and report important information back to fellow junior officers. When issues arise that may affect junior officers and the future of the Corps, workgroups and committees are formed to develop a response. Additionally, JOAG members also have the opportunity to provide feedback on updated and new policies affecting not only junior officers but all officers. [Continued on Page 16](#)

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

## A Message from the Outgoing Chair

Contributed by CDR Diem-Kieu Ngo



Fellow Junior Officers,

The end of my term as JOAG Chair and voting member on 30 September was bittersweet. It has been a great year for JOAG, and for me personally. JOAG has afforded me the opportunities to form life-long friendships and build strong bridges with officers of all ranks. I have had the pleasure of meeting and interacting with highly energetic junior officers as well as very supportive and inspiring senior officers. I am continually impressed by the dedication of our Corps officers, working towards the common mission of protecting, promoting, and advancing the health and safety of the Nation.

I am grateful for the outstanding voting members who led alongside with me, chairing JOAG's ten committees and serving as PAC Liaisons to ensure transparency and communication amongst the categories and JOAG. Additionally, I am especially honored to have worked with such a great Executive Committee this past year (Chair-Elect LCDR Carlos Bell, Vice Chair LCDR Blakeley Denkinger, Financial Liaison LCDR Alex Dailey, and Executive Secretary LCDR Jamie Mutter).

JOAG would not have accomplished so much during the past 12 months without the tireless efforts and dedication of our voting membership, the Executive Committee, and most importantly the hard-working junior officer volunteers. Lastly, I want to thank the Liaisons to the Office of the Surgeon General (OSG), Officer of Force Readiness and Deployment (OFRD), Office of Commissioned Corps Operations (OCCO), Office of Commissioned Corps Force Management (OCCFM), and the Minority Officer Liaison Council (MOLC) for providing JOAG with monthly updates on each groups' initiatives. I also want to thank these organizations for allowing me to represent JOAG and the over 3,000 junior officers in the many Transformation initiatives and high-level meetings. It was through these opportunities in which I was able to ensure junior officers' needs and concerns were considered and addressed.

Although my term has ended, I will continue to advocate for JOAG and junior officers at every opportunity. I look forward to the many great JOAG accomplishments under the leadership of LCDR Carlos Bell and the 2010-2011 Executive Committee and JOAG voting membership.

Warmest Regards,

CDR Diem-Kieu Ngo  
*JOAG Ex-Officio*

## Junior Officer Spotlight

**Officer:** LCDR Chau Vu, DPM, PharmD

**Category:** Health Services Officer

**Hometown:** Los Angeles, CA

**Agency:** USDA, Food Safety and Inspection Service

**Current Assignment/Duties:** Supervisory Enforcement Investigations and Analysis Officer (EIAO) in the Alameda, California District Office. I supervise a group of EIAOs whose primary responsibility includes conducting verification assessments of the food safety systems at USDA-inspected meat and poultry establishments. I review food safety assessments, enforcement actions, enforcement case files, recall reports, and consumer complaint reports, make recommendations to the District Office on appropriate actions, coordinate investigative microbiological sampling activities, and communicate with industry officials as well as with local county and state governmental agency officials.

As a supervisor, I strive to facilitate the spirit of team building by encouraging our newly hired EIAOs to learn and develop their skills through the supportive network of their colleagues and by encouraging the more-veteran officers to provide positive guidance to their less-experienced counterparts. In addition, I strive to encourage our EIAOs to develop strong and effective communication skills amongst their colleagues as well as with industry personnel as the foundation for the building of trust.

**Previous Assignments:** EIAO (USDA) 2005-2009; Podiatrist (civil service) and Infection Control Coordinator (IHS) 1997–2004.

**Goals:** My goals with the PHS are to be the best officer possible and to make a difference. I feel that I am making a difference in my daily job with the USDA, which has a direct impact on the health and safety of the public. I am also making a difference in the direction that the Corps is going by being involved with various aspects of our ongoing Transformation. In addition, my personal goal is to be able to utilize my clinical skills, my work experience in food safety and infection control, and my planning skills developed through my National Incident Support Team (NIST), a group that allows me to serve effectively during emergency response situations as well as volunteer to provide medical services in underserved populations.

**What is your most memorable PHS experience so far?** My most memorable PHS experience thus far has been my six-week Pacific Partnership mission deployment on the US Naval Ship Mercy to Vietnam and Cambodia this summer. I worked alongside Commissioned Corps officers, medical providers from other



**Pictured:** LCDR Chau Vu

nations such as Japan, Australia, and Canada, amongst others, and with members of the US armed forces and civilian volunteers. I helped provide pharmacy services in the field at MedCaps in Vietnam and Cambodia as well as onboard the ship in the pharmacy department. I thoroughly enjoyed meeting and helping people whom I would otherwise have never gotten the opportunity to help. My experiences on this mission were extremely personally rewarding, and they confirmed in my mind what the Commissioned Corps mission is all about, both in the United States and abroad.

**What advice would you give to prospective PHS applicants or other Jr. Officers?** The USPHS is truly still the “best kept secret” and a fantastic career choice. With all of our Active Duty benefits, not to mention the many personal rewards, I can see no better option. Based upon the current CAD hold situation, I would advise all prospective applicants to have patience—once they have their papers in hand, they are well on their way to one of the most rewarding careers around.

For Junior Officers, take advantage of your time as Junior Officers, and to make the most of your opportunities. I was very fortunate to have had friends and colleagues who have been wonderful mentors to me throughout my Commissioned Corps career. As you make the transition to being Senior Officers and take on increased positional and career responsibilities, don't forget to mentor other Junior Officers.

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## Uniform Corner: Proper Wear of the Black Windbreaker and Navy Sweater

Contributed by LCDR Gene R. Gunn, Jr.

The weather is beginning to change and for many of you in the northern portions of the country, temperatures will soon be dropping. I thought now might be a good time to go over the regulations concerning the wear of the Black Windbreaker and the Navy Sweater.

Both items can be worn as a replacement for the Service Dress Blue coat except when attending ceremonies or high level meetings. They can also be worn with the Service Khakis.

The Black Windbreaker is a black jacket, 55/45 percent poly/wool with a stand-up knit collar and knit cuffs and bottom edge. The jacket is single-breasted with a zippered front, two inverted slant pockets, and shoulder epaulets for full size pin-on shiny rank insignia. The rank insignia shall be placed  $\frac{3}{4}$  of an inch from the terminal edge of the epaulet (see photo below). When wearing the jacket, the zipper must be closed at least three quarters of the way.



The navy windbreaker epaulet



The navy V-neck pullover sweater

The Navy Sweater is a black V-neck style pullover sweater, in both light (acrylic) and heavy (wool) weaves, with fabric epaulets, shoulder and elbow patches. A Velcro® backed; black leather nametag (2"x4") is required. The writing on the tag shall be gold and in all capital letters. The officer has the choice of using their full first name or their initial. Metal badges or insignia are not authorized to be worn on the sweater. The sweater is authorized for daily wear to and from work, in public places, onboard ship, on base and station, and for attending working level meetings/briefings. The sweater is worn with soft shoulder marks on the epaulets. Shirt collars are worn inside the sweater when a tie is worn and outside the sweater when no tie is worn.

For additional information on Commissioned Corps Uniform Policy and Guidance, please visit the Commissioned Corps Management Information System Website at: <http://dcp.psc.gov/>

*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).*

## Deepwater Horizon MC252 Oil Spill Response - USPHS Junior Officers Respond -

Contributed by LT Elizabeth Garza with inputs from fellow junior officers

*Numerous United States Public Health Service (USPHS) junior officers throughout HHS and other federal agencies have contributed to the Deepwater Horizon MC252 Oil Spill Response. Several contributions are highlighted below.*

In response to the Deepwater Horizon MC252 Oil Spill that resulted from a drilling rig explosion on April 20, 2010 in the Gulf of Mexico, many USPHS Junior Officers have participated in efforts to prevent injury, illness and exposure to hazardous substances among response personnel and the general public, monitor the short- and long-term potential health impacts of oil and dispersants, and ensure the safety of seafood from affected areas. Oil spill-related health information for coastal residents, responders, healthcare providers and the general public can be found at <http://www.hhs.gov/gulfoilspill/index.html> and US Department of Health and Human Services (HHS) division web-sites.

During the ongoing oil spill response, the Unified Area Command (UAC) is responsible for overseeing all response activities at the Incident Command Posts (ICP). The five ICPs (Galveston, Texas; Houston, Texas; Mobile, Alabama; Houma, Louisiana and Miami, Florida) manage deck plate-level field work such as boom deployment and retrieval, oil skimming, wildlife monitoring, historical site recovery, source control (e.g., capping the well), air and water monitoring, site safety assessments, etc. Within each ICP there are Forward Operation Bases (FOBs). FOBs and individual branch sites perform the detailed response activities that the ICPs monitor. These response activities take place onshore, near shore, far from shore or at the source, depending on the task. FOBs report to the ICPs. The ICPs report to the UAC. The UAC reports to the National Incident Commander (ADM Thad Allen, United States Coast Guard (USCG)-Ret.). If you would like more information about the response or sampling data on exposure assessments, please review the following links:

1. [Gulf of Mexico Response](#)
2. [OSHA's Efforts to Protect Workers](#)
3. [National Oceanic and Atmospheric Administration](#)
4. [EPA Response to BP Spill in the Gulf of Mexico](#)
5. [EPA's Toxicity Testing of Dispersants](#)

**LCDR Deborah Dee** (Scientist Officer), Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion: As an epidemiologist, I was deployed to the Houston, TX ICP to assist with analyzing and summarizing data from response workers' medical encounters. Our team identified gaps in reporting across various sites and some issues with data quality that we were able to improve through collaboration with British Petroleum (BP), UAC, and the other ICPs in the Gulf. Our Houston team developed and implemented a protocol to standardize data entry and trained workers to re-enter medical encounter data to ensure the data we reported were accurate and complete. We had excellent support during the deployment from our Applied Public Health Team leadership as well as from UAC and HHS. I appreciated having the opportunity to apply my public health epidemiology skills and knowledge in a



Vessels surround the site above the source of the oil spill

deployment, to work with other PHS officers from around the country, and to assist in improving the understanding of the potential impact on response workers' health. Though I don't wish for future oil spills, I do look forward to contributing toward protecting, promoting, and supporting public health through future deployments.

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**LCDR Chad Dowell** (Health Services Officer), CDC, NIOSH: My role in the Deepwater Horizon oil spill response included rostering response workers, monitoring workers' exposure, and providing recommendations to protect their health. At first, I was with the NIOSH rostering team out of the ICP in Houma, Louisiana. While working with the rostering team, I visited the various staging areas in Louisiana to ask workers to complete a short questionnaire. As the NIOSH health hazard evaluation (HHE) was starting its field activities I was transferred to support this effort. As part of the off-shore HHE we evaluated workers' exposures to dispersants, oil, and oil combustion byproducts. After the off-shore work was completed, I evaluated on-shore decontamination of boom, vessels of opportunity, and large vessels. This included visiting the large decontamination sites in Louisiana and conducting exposure assessments at Port Fourchon. I also provided support to the psychosocial evaluation of the response workers and developed a peer-reviewed protocol for biological monitoring of response workers. My experience with this NIOSH response reminded me how committed NIOSH is to helping the American worker through its commitment to safety and health at work for all people through research and prevention. ([Continued on Page 12](#))

## Joint Field Training for OFRD Teams in Nashville, Tennessee

Contributed by LCDR Brian Eliza,  
on behalf of the Professional Development Committee

In July, OFRD scheduled a Field Training that combined the efforts of RDF-1 (Rapid Deployment Force), MHT-1 (Mental Health Team), and SAT-1 (Services Access Team). Their mission was a familiar one—setting up a Federal Medical Station (FMS). However, the location of this training held a significance that others had not.

The teams would be setting up an FMS in a Shriners' Temple in Nashville. Why is that significant? The answer is because it is an actual site chosen by the State of Tennessee to be used as an FMS for evacuees from the State of Louisiana. Another significant aspect of this training was that it gave OFRD an opportunity to demonstrate “how it’s done” for those who develop similar plans at the state level in Tennessee.

RDF teams provide mass care (primary care, mental health, and public health services) for sheltered populations, a point of distribution for mass prophylaxis and vaccination, medical surge, isolation and quarantine, pre-hospital triage and treatment, and community outreach and assessment.

MHTs provide psychological first aid, crisis intervention, screening (for suicide risk, acute and chronic stress reactions, substance abuse, and mental health disorders) and specialized counseling.

SATs assess and monitor ongoing health and human services needs of affected populations and are particularly skilled at serving “at-risk” individuals and populations, defined as people who are unable to access resources or services required to meet basic health and safety needs.

Although each of these teams can and have been deployed separately, their combined efforts during deployments can be very impressive. As a member of the Intake/Consultation/Discharge (ICD) Branch of the Operations Section of RDF-1, I was in a unique position to interact directly with members of the other two teams. Each team was divided into Blue and Gold teams. The Blue teams portrayed the evacuees while the Gold teams ran the FMS; then they switched.

During the initial intake process, people are assessed to determine whether their conditions are appropriate for care in an FMS.



An officer's 'wound' is created for the mock incident (Photo courtesy of LT David Schwab)

MHT-1 was able to augment the intake process by giving additional insight on those who were portraying people with mental health issues. Later, MHT-1 also provided Mental Health consultations (screening and counseling) for those who had been admitted into the FMS. Discharge planning begins upon admission and SAT-1 was right there to ensure those who were being discharged from the FMS would have access to essential services.

The best way to describe how these teams worked together is with one word—“harmony,” especially considering they were in “Music City.”

To view the Fact Sheets on all seven of the USPHS Response Teams, follow the “Current Teams” link located on the left side of the OFRD Homepage (<http://ccrf.hhs.gov/ccrf/>). For more information on how to join a USPHS Response Team, contact OFRD at [ofrd@hhs.gov](mailto:ofrd@hhs.gov).

## USPHS Nurses Step Out of the Hospital to Join a “Fantastic” Team

Contributed by LCDR Robyn Bent



USPHS Nurses volunteering at Camp Fantastic

Every summer for the past 28 years the National Institutes of Health (NIH) has partnered with Special Love, a charitable organization in Winchester, VA, to put on Camp Fantastic. Camp Fantastic is a week-long residential camp for 7 to 17 year-old children with cancer from all over the country. The camp is geared towards children who are currently in treatment or recently out of treatment.

Special Love arranges for food, lodging, counselors, and camp activities such as horseback riding and swimming. NIH coordinates the medical care. Doctors, nurses, and pharmacists from NIH and other local hospitals make their way to the 4-H Center in Front Royal, VA in order to provide medications, chemotherapy, blood products, and general medical expertise to the children.

This year LTJG Sarah Kullman, LTJG Natasha Kormanik, LTJG Anne Fejka, LT Amanda Heath, and LT Ashleigh Hussey joined the team of dedicated volunteers working to provide a safe and amazing camp experience for over 100 children.

The responsibilities of camp nurses include giving routine medications at meal and bedtimes, monitoring campers while they are participating in activities, and basic first aid. Campers with more intense medical needs may have a single nurse assigned to them for the duration of camp.

Some nurses come directly from the pediatric floors where the children normally receive their treatments. The joy of seeing

children out of the hospital and interacting with other kids more than makes up for the exhaustion that camp brings.

For LTJG Kormanik, her best experience at camp was not when she was providing typical nursing duties—it was dancing with all the campers at Farm Day. When asked why she attended camp, she said, “I have wanted to come to camp for a couple years and when I was given the opportunity this year, I jumped at it. I wanted to experience firsthand how kids live life to the fullest. As a nurse, I just see them sick—I wanted to see them laugh and play...being normal kids.”

This sentiment was echoed by LTJG Kullman who stated, “My best experience at camp was being with the kids at the horse activities. The kids had so much fun riding, feeding and spending time with the horses. It was great to see how much fun they had and how much they opened up while working with the horses.”

Returning camp nurse, LTJG Anne Fejka, originally volunteered because she heard great things from co-workers on the pediatric unit about how fabulous camp was and wanted to experience it for herself. She returns because, “It’s a great way to give back to children who are currently battling or have battled cancer.”

Most nurses who volunteer at Camp Fantastic find that they receive far more than they give. After they’ve returned to their duty stations, memories of the children laughing and playing are a helpful reminder of why they do what they do.

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## Chemotherapy and Plants

Contributed by LCDR Sara Anderson



**The Mayapple plant**

Did you know that Taxol®, an anti-cancer agent which is used to treat breast, ovarian, and lung cancer, comes from the bark of the Pacific yew tree? Or that vinca alkaloids are derived from the periwinkle plant, a flower often found in gardens.

In the battle against cancer, chemotherapy is a method of treatment used to prevent or reduce the possibility that the cancer tumor will continue to grow or metastasize to another part of the body. A number of drugs used in chemotherapy originate from botanical compounds. These plant derived chemicals are essential in chemotherapy treatment for a range of human cancers.

There are many other examples. Mayapple, which can easily be discovered in Rock Creek Park of Montgomery County, Maryland, is used to develop etoposide, which is used to treat a variety of tumors. Betulinic acid, derived from the bark of the birch tree, is used in cancer therapy. Camptotheca, known as the “happy tree” and “tree of life” in China, has been developed into topotecan, an agent for ovarian and other cancers. Autumn crocus contains colchicine, which is currently being researched for its anti-tumor properties. For years this

plant extract was used to treat gout and rheumatoid arthritis. The Lapacho tree, used by indigenous people in South and Central America, is being studied in cancer research.

To the millions of people with cancer in the United States, plants serve as a source for existing, new, or improved cancer treatments. Recognizing this connection between healthcare and the environment, LCDR Anderson created an exhibit in the patient’s waiting room on this subject at the National Cancer Institute’s Branch at National Naval Medical Center in celebration of Earth Day, 2009. “Increasing patients’ awareness of the relationship of plants and chemotherapy hopefully heightens their appreciation of the environment,” states Catherine Eremita, Safety Officer and Oncology Nurse. “We are aware of how ozone depletion leads to increase in skin cancer or how pollutants affect rates of lung and other cancers, but LCDR Anderson’s exhibit brings a fresh perspective.”

This exhibit was a result of the Green Committee at this branch of the National Cancer Institute. LCDR Anderson organized the first Green Committee there in hopes of increasing both staff and patient knowledge of environmental health.



**LCDR Anderson and LCDR Carter examine birch bark**

## The New Associate Recruiter Program

Contributed by LCDRs Shani Smith and Scott Steffen

A great number of Commissioned Corps Officers informally recruit for the United States Public Health Service (USPHS) through interactions with potential candidates. The Associate Recruiter Program (ARP) is managed by the Division of Commissioned Corps Recruitment (DCCR) and provides a means to formally serve in recruitment and outreach initiatives. The program is organized around the ten Health and Human Services' (HHS) geographical regions, targeting clinical roles (e.g., doctors, dentists, nurses, and pharmacists) and providing outreach to all PHS categories. The ARP has undergone significant changes within the past six years to optimize its effectiveness. The present Associate Recruiter Coordinator (ARC) and lead for this reorganization, CDR Thomas Pryor, outlined in an interview the reasons for the program's reorganization and gave a comprehensive description of the new program (below).

The reorganization of the new ARP was in direct response to unresolved issues from previous years. Prior to 2006, the ARP lacked an adequate infrastructure to manage the ever-changing number (1,800–2,000) of Associate Recruiters (ARs) making up the program. Furthermore, the program lacked measurable analytics and training programs for the participants, making it difficult to assess program and individual effectiveness. From 2006–2007, the number of ARs fluctuated between 800–1,200 officers, and problems due to the lack of support, training, and analytics continued. As a result of these recurring problems, the ARC, the Office of Commissioned Corps Operations (OCCO), and other key leadership invoked a moratorium on the program to address these key issues. However, officers and categories were encouraged to continue their recruiting efforts in the absence of the formally-organized ARP.

During the moratorium, the reorganized ARP was developed through the collaboration of the ARC and the AR leads, which in turn was reviewed by the Office of the Surgeon General and OCCO leadership. This re-engineered ARP has incorporated notable changes: an infrastructure capable of accommodating the needs of the program, a new standard operating procedure developed in collaboration with the Office of Commissioned Corps Force Management (OCCFM), and measurable analytics to assess individual and program performance. Most notably, the new ARP will be managed through a three-tiered system as described below, which is monitored by DCCR to leverage volunteer resources between key stakeholders.

Tier 1 is a direct extension of DCCR and will be composed of a limited number of non-category-specific junior officer volunteers distributed across the ten HHS regions. Training for Tier 1 participants will be directly through DCCR and will occur through monthly teleconferences. Monthly activity reports and After Action Reports (AARs) will be expected from participants to assess the effectiveness of recruitment activities. These activities include, but are not limited to, the

following: participation at recruitment booths, responding to Facebook inquiries, providing presentations, and establishing networks in academia. Tier 1 officers are expected to spend at least 8–10 hours a month on recruitment activities outside of their regular job duties. There is a 2–3 year commitment and a Recruitment Service Ribbon (RSR) will be awarded upon conclusion of service.

Tier 2 recruiters are category-specific and will receive support through the ARC, DCCR, and the Professional Advisory Committee (PAC). Each PAC will need to identify a liaison to communicate with the ARC. Enrollment in Tier 2 will be yearly as determined by the PAC, with coordination between DCCR and the ARC. The active status of Tier 2 participants will be monitored quarterly by the PAC to determine if participants are meeting the category-specific requirements along with the ARP requirements. Recruitment activities for Tier 2 participants include, but are not limited to, the following: applicant contact and follow-up, career fairs, conferences, and other activities approved by PAC leadership and DCCR. The commitment is 3 years and a RSR will be awarded upon conclusion of service.

Tier 3 recruiters, "Friends of the Corps," are comprised of retired Corps officers, reserve officers, individuals from academia, and civilians. The participants must be willing to complete an introductory ARP module, actively participate on the ARP list serve/portal, share relevant recruitment and outreach material, and maintain a commitment to the Corps mission, vision, and core values. There are no term limits to service and participants will receive group and/or individual recognition *in lieu* of a RSR as approved by DCCR and the ARC for their impact and dedication to the ARP.

The ARP application process for all officers includes supervisory approval, three letters of recommendation, and an officer statement. The letters of recommendation should be from the applicant's immediate supervisor and two fellow officers if at all possible; however, civilian letters can be substituted if no officers are available at their present duty station. The officer statement should express why the officer believes they would be a suitable candidate for the program. Initial selections will begin in the fall of 2010 and focus on Tier 1 with the selection and training of 50 ARs and 10 AR Regional Liaisons. Two additional phases to fill positions in Tier 2 and Tier 3 will begin in the winter of 2010 and extend to the summer of 2011.

After speaking with CDR Pryor, it is clear that the reorganization and implementation of the new ARP will continue to be a challenging task for the coming years. However, DCCR is confident that this paradigm shift will result in a more effective tool to meet the future recruiting needs of the USPHS.

## Hawaii MWR Activities

Contributed by LCDR Joseph W. Morris, on behalf of the  
JOAG Inter-Services Collaboration Committee, MWR Subcommittee

**Aloha.** Hawaii. Paradise. Tropical weather. White sandy beaches. Relaxation. Surfing. Whether you are coming to Hawaii for the first time or for an annual pilgrimage, there is a lot to see and do. For the Uniformed Service family there are many opportunities to participate in and save some money at the same time. I would like to introduce several of these to you to help you plan your "Vacation in Paradise".

Oahu is the Island that houses most of the military bases. It is relatively small and can be circumnavigated easily in a day. Many attractions are available around the Island, from traditional Luau's to snorkeling, scuba diving and fishing trips, as well as many cultural activities, such as the Polynesian Cultural center, and, of course the USS Arizona Memorial, the Battleship Missouri and the Pacific Air Museum to visit. The Naval Exchange (NEX) located near Pearl Harbor, has an MWR/ITT Office which can provide visitor information, tickets to local attractions, reservations to hotels, tours and nearby Islands. It is definitely worth a visit as they have discounts and packages/specials not otherwise advertised for the service member and their family. I booked a package for a recent vacation to Kauai which included airfare, hotel, and rental car at a cheaper rate than I found on my own, and was very satisfied overall.



The Ala Moana Hotel

Another hotel located near Waikiki is the Ala Moana Hotel, which gives discounts to military personnel. Adjoining the Ala Moana Hotel is the Ala Moana Center, one of Hawaii's largest shopping malls. Local parks and beaches are also nearby. Reservations can be made at (808) 422-0139/4067 or (808) 655-3128. Their website is: [www.alamoanahotel.com](http://www.alamoanahotel.com).

The Hale Koa Hotel, located on Waikiki beach, was built for American servicemen and women. It features 187 rooms with all the amenities you'll need to enjoy your vacation. Waikiki Beach is just outside, with shopping and restaurants within an easy walk. Evening shows at the hotel include the Hale Koa Luau, Magic in Paradise, and Experience Aloha. Reservations can be made at 1-800-367-6027 (CONUS) or on the web at: [www.halekoa.com](http://www.halekoa.com). Rates are based on rank and room location.

Schofield Barracks, located on the western side of Oahu, is the home to The Inn at Schofield Barracks. It is the only facility authorized to issue a Room Status Certificate (statements of non-availability). The Inn has 192 rooms sitting on 5 acres of tropical foliage. The famed North Shore is a short drive away, as well as Waikiki and other Hawaiian attractions. Each room has a refrigerator, microwave oven, private bath, color TV and VCR/DVD. A Deli, Laundromat, swimming pool, bowling alley, PX, Commissary and golf course are located nearby. Reservations may be made up to one year in advance by calling 1-800-490-9638; DSN: (315) 455-5036; or (808) 624-9650. Website: [www.innatschofield.com](http://www.innatschofield.com).

Piilaa Army Recreation Center, located approximately 35 miles from Waikiki near Pokao Bay Beach Park, offers a secluded beach resort away from the hustle and bustle of the big city. Comprised of 41 oceanfront cabins with full kitchens, equipment rentals are available to allow you and your family has a relaxing and fun Hawaiian experience. For more information call (808) 696-4158 or 1-800-333-4158. Their website is [www.mwrarmyhawaii.com](http://www.mwrarmyhawaii.com).

Barbers Point is located on the western shore of Oahu and offers two and three bedroom beach cottages, many with fully furnished kitchens. Wheelchair accessible units are also available. Phone (808) 682-3035 or 1-877-209-2423 or their website: [www.greatlifeohawaii.com](http://www.greatlifeohawaii.com) for reservations and further details.

If camping is more your style, Bellows Air Force Station offers cabins and camping activities. Reservations are taken up to 1 year in advance. Priority in the summer is given to Active Duty Air Force personnel. To make reservations call (800) 437-2607 or (800) 259-8080 from 0800-1700 Hawaii Standard Time.

With plenty of choices to choose from, I think you'll find it difficult to try to "see it all" while you are here. Don't rush. You're on Hawaiian time now, where the pace is slower and more relaxing. Take your time, enjoy the Island, then come back and see us again.

*Mahalo* (Thank You)

## Gymnastics: A New Way to Get Physically Fit

Contributed by LCDR Lynda Bishop



LCDR Lynda Bishop

Public Health Services (PHS) Officers are required to complete an annual physical fitness test (APFT). So, why not consider a fun alternative to the traditional exercise regime of sit-ups, push-ups, and running? Try non-competitive, entry-level adult gymnastics, which only requires a positive attitude and a commitment to learn. General gymnastics allows people of all ages and abilities to participate.

There are no physical prerequisites. Gymnastics is a comprehensive, high-impact, total-body workout that is comprised of a series of flips for increasing arm strength, and jumps for core muscle building. It is a great complement to other exercise routines. I began taking classes a few weeks ago after being inspired by my two young daughters who are taking gymnastics and are able to perform miraculous moves, flips, and jumps.

When I found out that an adult course was offered, I was excited but frightened and concerned that at my age, "I might injure myself." Yet, I put aside my fear and actually showed up for class on the first day. I was amazed to find that participants ranged in age from late teens to early fifties. The teacher is young, energetic, and extremely patient. He makes my uncoordinated falls seem quite painless and amazingly comical. Upon arrival for the first session, I was extremely nervous but my peers and the teacher allayed all my anxiety by the end of class. The teacher demonstrated each move slowly, and carefully studied each participant's form and position to ensure that they were properly executed to avoid injury. He corrected my stance and foot position a few times but never made me feel uncomfortable.

By the middle of class, I was so engaged in mastering each flip, tuck and roll that I had completely forgotten about the 50 or more on-lookers observing from the platform 30-feet above. At the end of class, I could barely walk because my muscles were aching but I was proud that I had survived the first day of class. I was already eager to recover in anticipation of the next week's class. I left class with an elation that I had never before experienced from any other exercise program. I love gymnastics and

vow to endure the eight weeks of increasingly challenging feats to one day perform flawlessly with grace and poise.



LCDR Bishop stretches with her class before the start of her session.

Each Tuesday night, my classmates and I sweat it out during a 1.5-hour session at the Prince George's County Wayne K. Curry Sports and Learning Complex in Landover, MD. Training sessions consist of a 10-minute warm-up and conditioning period which entails running laps around the track and a series of stretching exercises. The workout consists of cartwheels, round-offs, handstands, back handsprings, walkovers, splits, pikes, straddles, and tucks. This class provides an excellent cardiovascular and toning workout and you don't even realize it. In just 4 weeks, I have improved my APFT level from 1 to 2 for the 1.5 mile run, push-ups, and sit-ups. It is great!!!!

The skills learned in this class can benefit PHS officers by building esteem and confidence; and, improving mental focus, discipline, and physical agility. It also provides an opportunity for team-building, networking, recruiting, and positively promoting the cadre of stellar officers within the PHS.

For more information on classes and schedules, please contact the: Wayne L. Curry Sports and Learning Complex located at 8001 Sheriff Road, Landover, MD 20785, via email: <http://www.pgsportsandlearn.com/>, or phone: 301-583-2400.

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

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This included visiting the large decontamination sites in Louisiana and conducting exposure assessments at Port Fourchon. I also provided support to the psychosocial evaluation of the response workers and developed a peer-reviewed protocol for biological monitoring of response workers. My experience with this NIOSH response reminded me how committed NIOSH is to helping the American worker through its commitment to safety and health at work for all people through research and prevention.

**LT Monica Leonard** (Environmental Health Officer), CDC: I served as my Branch representative (CDC, National Center for Environmental Health Division of Emergency and Environmental Health Services, Environmental Health Services Branch) at the CDC EOC from July 2<sup>nd</sup> – July 11th. My role was to serve as the technical representative at the Food Water Desk 2. This was a great opportunity to work with the Chief Health Officer and other CDC colleagues within the Science Response Section of the EOC. My specific duties included responding to all actions relevant to the Food Water Desk, participating in conference calls as a team with the Gulf impacted states, working with colleagues to develop the below fact sheet “Seafood Safety Following the Gulf Oil Spill,” and attending regularly scheduled Deepwater Horizon Incident Briefings ([http://emergency.cdc.gov/gulfoilspill2010/seafood\\_safety.asp](http://emergency.cdc.gov/gulfoilspill2010/seafood_safety.asp)). I truly enjoyed my time serving at the EOC. This was a high paced and vibrant environment—there was never a dull moment. The interaction with colleagues from across CDC and other agencies to serve diligently on the Oil Spill Response will never be forgotten. I would return in a heartbeat if needed in future response efforts.

**LT Xiaowu Lu** (Scientist Officer), HHS, Office of the Assistant Secretary for Preparedness and Response (ASPR): As a Public Health Statistician I deployed to the ICP in Houston, TX to assist BP in their efforts to evaluate the occupational health and safety among the Gulf of Mexico oil spill response workers. As part of this effort I helped establish the protocol for receipt, entry, and verification of response worker illness/injury data. I also worked to develop and implement a procedure to closely monitor occupational injury and illness rates.

**LTJG Ron Milam** (Environmental Health Officer), CDC: Being deployed to the CDC EOC from June 21<sup>st</sup> – July 16<sup>th</sup> provided a great opportunity to work on environmental data not seen on a scale like this in years. My role, along with fellow officers and civil service employees, was to analyze, evaluate, and determine if there were possible human health effects from the oil spill. We evaluated over 300 total data packages from the EPA which included air, water, sediment, and waste samples. Data were sent from the EPA daily and we had a turnaround time of 72 hours. There was a tremendous amount of data but we were able to organize and understand the data to make sound decisions. We collaborated with the Geographic Information System Department for maps to make comments on sampling locations. It was definitely a team effort and we could not have done it without each other and the support from our agencies. I am excited to have contributed to the response and I would spring into action if called upon again.

**LT Stacey McBryde** (Nurse Officer), Food and Drug Administration (FDA): I was deployed to the Mobile, AL ICP for two weeks as the Medical Unit Planner. In this role, my job was to monitor the daily health fluctuations in workers along the Gulf Coast in Mississippi, Alabama, and Florida. This included beach clean-up workers, decontamination crews, safety crews and others. Based on those numbers, I would ensure that there were enough medical assets (ambulances, EMTs, paramedics, etc.) at the sites. Heat stress illness was a problem



**LCDR Jessup (left) with Houma, LA Medical Unit Team**

with many of the workers since the heat index was well over 100 most days. Also many of them came with untreated pre-existing conditions.

**LT Katrina Mosley** Food and Drug Administration (FDA): I celebrated my one year anniversary and first deployment with USPHS in Mobile, AL. I was deployed to the Mobile, AL ICP for two weeks as the Medical Unit Planner at the Mobile, AL ICP. My responsibilities were to assist the Medical Unit Lead with assuring that the proper medical assets were available and on-site for the beach workers in AL, MS and FL. I was able to work with several wonderful USCG Members, local nurses and other USPHS Commissioned Corps officers. I had the privilege of working under CAPT Brenda Ross and CAPT Mary Harding (both served as Medical Unit Leads). The most breathtaking and memorable moment was the humbling experience of meeting the U.S. Surgeon General, VADM Regina Benjamin, MD.

**LT Dina Passman** (Health Services Officer), HHS, ASPR: The Deepwater Horizon MC252 Oil Spill response provided me with some very rewarding experiences both in Washington, DC and Houston, TX. As an epidemiologist and member of ASPR’s Fusion Cell (within the Office of Preparedness and Emergency Operations), I regularly work doing public health surveillance on medical encounters with our HHS teams on the ground. Since the late spring, I have analyzed data on responder medical encounters not only with HHS medical personnel in Venice, LA, but also with all BP and BP-contracted medical staff. Specifically, I was deployed as one of many HHS and USPHS employees to BP headquarters in Houston, TX to provide technical assistance with data collection, management, analysis, and reporting. In my roles both at HHS and BP, I have had the opportunity to gain more leadership experience while representing the Corps in the private sector during a very unique response.

**LT Kari Pinsonneault** (Health Services Officer), Indian Health Service: My role in the Deepwater Horizon MC252 oil spill response was to provide epidemiological assistance with the medical and safety operations teams for data collection, entry, and analysis of injuries and illnesses of workers relating to the BP oil spill clean-up efforts at the Houston, TX ICP. This was my first deployment and it was an excellent experience. My primary duties in the USPHS were set aside for a time in order to participate in a role where I had the opportunity to apply other skills and training that I possess. [Continued on Page 13](#)

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The operation leads took the time to ensure my deployment role was a good fit and they were always available for guidance and assistance. I met a lot of great people and look forward to every opportunity to participate in deployments again.

**LCDR Lisa Delaney** (Environmental Health Officer), CDC, National Institute for Occupational Safety and Health (NIOSH): As the Deputy Associate Director for the Emergency Preparedness and Response Office (EPRO) at NIOSH, I have been helping coordinate the NIOSH response efforts in the Gulf since May. We had over 200 staff working on the response and deployed over 100 staff to the field. As part of the Gulf response, I have helped draft information documents, coordinated document clearance, led calls with the NIOSH field teams, led pre-deployment briefings for field volunteers, and represented NIOSH on various inter-agency calls. In July, I deployed to the Mobile, AL ICP to serve as the NIOSH team lead and NIOSH liaison to the Command Staff. One of the highlights of my deployment occurred when we learned that the well had been capped. This was the first time in 85 days that oil was not leaking into the ocean and a loud cheer erupted from a small group within the Operations Section. However, most everyone else continued with their work with little more than a smile. It showed me that we still have a long way to go on the response, but also demonstrated the dedication of the command staff who remained focused on their daily work, despite the exciting news.

**LCDR Renee Funk** (Veterinary Officer), CDC, NIOSH: As a Medical Epidemiologist in EPRO, I led the Worker Roster Team which involved developing the roster form, getting the rostering effort approved and funded, and coordinating the activity with UAC. We rostered over 52,000 personnel (trained and/or hired) in the response and are still rostering workers currently. I developed a web-based roster form so that workers from multiple federal agencies and BP could go to the web site and complete the rostering form electronically. I also deployed to the Houma, LA ICP in Louisiana several times to work with Unified Command and the NIOSH rostering effort. One of the most memorable experiences I had was flying in a helicopter over the source and seeing how vast this response was with everyone hard at work containing the leak and skimming oil from the surface.

**LCDR John Halpin** (Medical Officer), CDC, NIOSH: I was deployed to the ICP in Houma, LA as a NIOSH representative fairly early in the response when activities in the Gulf were still ramping upward. The main goals of our team at that time were to establish a mechanism for rostering the Gulf responder workforce in collaboration with BP safety officials and their contractors. We worked right alongside various other Federal partners at our station in the Command Center, including the Occupational Safety and Health Administration (OSHA), the Department of the Interior, and the Fish and Wildlife Services. We were in daily contact with lead Safety officials from BP and the US Coast Guard (USCG). It soon became clear that to roster the workers effectively, we would have to get out into the field and visit the various staging sites around the Gulf where workers gathered for daily safety briefs before beginning their work each day. It became a memorable road trip through the Gulf states, with our roster forms filling the trunk. We quickly learned to adjust to the very early-morning routines of the field responders in the Gulf. I'll never forget standing in front of a tent full of over 400 workers gathered for the day's safety briefing and wondering how I was going to project my voice and my message to so many.



**LCDR Dowell** collects a sample of oil following an in-situ burn.

The bullhorn they handed me was my first experience with such a device, and made me feel like I was at some type of a rally. It worked well, though, and the tremendous response we received from the workers, who were happy to see that we were interested in monitoring their safety and health, was gratifying.

**LCDR Duane Hammond** (Engineer Officer), CDC, NIOSH: My role during the Deepwater Horizon MC252 response was to provide support for NIOSH response functions from the ICP in Houma, LA. I worked with the USCG, OSHA, BP and BP contractors to address any occupational safety and health issues related to the clean-up work. I served as a resource for the off-shore HHE effort and assisted with training or contacts needed to get NIOSH personnel on board vessels and to the source. I was also able to assist NIOSH roster teams in Louisiana with getting ID badges, maps to staging areas, orientation of the command center, and introduction to BP safety leads at staging areas.

**LCDR Bradley King** (Environmental Health Officer), CDC, NIOSH: As an Industrial Hygienist, my role in the response was to conduct occupational exposure assessments for oil spill response workers on off-shore vessels. This gave me the opportunity to spend a considerable amount of time on a number of different vessels out in the Gulf. I performed industrial hygiene monitoring on vessel workers conducting dispersant releases, on workers involved in the in-situ burning of surface oil, on workers on shrimping vessels that were tasked to conduct booming and skimming of surface oil, and on workers cleaning boom and decontaminating vessels. It was incredibly interesting to see these operations up close. I found it to be especially rewarding and an honor to interact with the workers themselves, particularly those from the Gulf area who were personally impacted by the oil spill.

**LCDR Monica Jessup** (Health Services Officer), HHS, Office of Public Health and Science: I was assigned to the ICP Medical Unit in Houma, LA. The Medical Unit consisted of a Medical Unit Lead, Planning Officer, Clinical Operations, occupational health nurses, and stress managers. As the Planning Officer, [Continued on Page 14](#)

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I followed up on medical issues that arose at each clean-up site by conducting site visits to gather data and information like number of responders, type of operations, and distance from the nearest hospital. Daily communication was maintained with site medic supervisors to determine medical resource needs and resolve any outstanding issues. Daily situation reports were also compiled at the conclusion of each day summarizing the daily activities. One focus of our medical units was heat stress prevention. I collaborated with the heat stress manager to ensure compliance with the heat stress plan and data were collected on heat stress incidents by site. The top two sites with heat stress incidents were targeted for heat stress prevention education. The most exciting moment of this deployment, though, was my introduction to an alligator. On my first day upon entering the BP facility, I noticed a swamp right in front of the building. There was a live alligator living in this swamp. Signs were posted, "BEWARE OF ALLIGATOR." I thought about getting close enough to take a picture with the alligator, but I decided to heed the warning on the sign.

**LCDR Carolyn Oyster** (Environmental Health Officer), USCG: I deployed to the UAC for 60 days as the USCG safety officer. As the USCG safety officer, I worked with two BP safety officers, a BP industrial hygienist, and an OSHA compliance officer to oversee worker protection during Deepwater Horizon MC252 oil spill response. My duties varied depending on the needs of a particular day. One day I would work in close contact with field safety personnel responding to hazards. On another day I would provide safety oversight on forward plans regarding response activities. At the peak of the response, the UAC tracked activities of approximately 47,850 individuals, all performing various emergency response operations. The scope of my work at the UAC challenged and motivated me. I found a great camaraderie amongst all the stakeholders (BP, OSHA, Environmental Protection Agency (EPA), USCG, CDC, etc). It was One Gulf, One Response.

**LT Zanethia Eubanks** (Health Services Officer), CDC: I was deployed to the CDC Emergency Operations Center (EOC) from June 1th – July 7<sup>th</sup> and served as the Executive Assistant to the Incident Manager (EAIM), RADM Scott Deitchman. It was a pleasure and an honor to work with RADM Deitchman; I learned humility, grace, and balance first hand. I was extremely impressed when I was asked to contribute my thoughts toward executive level decisions. I enjoyed the fast-paced environment and energy that exuded from people in the Command



**LCDR Funk** about to board a helicopter to fly over the source.



**LT McBryde and other personnel** at a decontamination site in Theodore, AL

Center. People worked hard and had a passion to serve! I was able to sit in a meeting with Dr. Thomas Frieden and represent myself, alongside RADM Deitchman. I am forever grateful for this opportunity to serve which opened my eyes about the EOC and provided me with a wonderful lifetime memory. I really enjoyed my rotation in the EOC and would return at any given notice/request.

**LT Kenneth Fent** (Environmental Health Officer), CDC, NIOSH: As an Industrial Hygienist I was involved in the NIOSH Deepwater Horizon MC252 Oil Spill Response in a number of different ways. Early on, I helped formulate an information sheet on dispersants for oil spill response workers in the Gulf, which was published on the NIOSH website (<http://www.cdc.gov/niosh/topics/oilspillresponse>). Several weeks later, NIOSH received a Health Hazard Evaluation (HHE) request from BP management to evaluate exposures to oil spill response workers. I was on the first team that went to the Gulf to conduct this HHE. I monitored chemical exposures to USCG members and BP contractors who were using and testing the efficacy of dispersants. I finished my time in the Gulf by visiting staging areas in Florida to roster workers involved in the oil spill response.

**LT Elizabeth Garza** (Health Services Officer), CDC, NIOSH: In May, I served on a NIOSH roster team deployed to various staging locations along the Gulf Coast. Our goal was to create a record of those who have participated in clean-up activities and a mechanism to contact them about possible work-related symptoms of illness or injury, as needed. In July, I served in the Mobile, AL ICP where I helped prepare new roster field teams to have all the information, contacts, supplies and gear they needed to deploy to various staging areas. The most rewarding part of this response was interacting with the clean-up workers and seeing how grateful they were that we were in the field roster them, in case there are any future adverse health effects that develop from this clean-up effort. I was also amazed talking to some of the clean-up workers who were honored to be part of this effort to clean-up their environment and rescue all affected animals in their area. Many of them were from the Gulf Coast area and wanted nothing more than to bring back their fishing communities and way of life. It was also great to be able to use my Spanish with the large number of Hispanic workers who spoke little to no English, as I helped answer questions and concerns they had on our survey.

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

(Promotion Cycle: Oct. – Dec. 2010)

Contributed by the JOAG Welcoming Committee

### To Commander (O-5)

#### Engineer

Wendy W. Cheung	09/01/2010
Sherri A. Hadley	10/01/2010

#### Environmental Health

Christopher S. Lafferty	10/01/2010
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#### Dental

Hsin Chung Yao	12/01/2010
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#### Dietician

Blakeley I. Denkinger	10/01/2010*
Susan Rene Jones	10/01/2010

#### Health Services

Kelly Denise Brown	10/01/2010
Andrew John Chen	11/01/2010
Jian Le Ma	10/01/2010
Martin Ruiz-Beltran	09/01/2010
Destry M. Sillivan	10/01/2010
Adamu Alhaji Tahiru	10/01/2010
Michael Ray Tilus	10/01/2010
Chau Minh Vu	12/01/2010

#### Medical

Jamal Kavon Gwathney	11/01/2010
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#### Nurse

Cindy L. Adams	10/01/2010
Jill Rebecca Eich	10/01/2010
Paul Christopher Garny	10/01/2010
Geri Lynn Hawks	10/01/2010
Jason J. Humbert	10/01/2010
Troy L. Johnson	10/01/2010

\*- EPP

### To Commander (O-5)

#### Nurse

Jacquin Leanne Jones	10/01/2010
Deborah N. Lamping	10/01/2010
Nancy Lynn Miller	09/01/2010
Susan Patricia Pierce-Richards	10/01/2010
Abelardo F. Roman	10/01/2010

#### Pharmacist

Michael Wayne Crockett	10/01/2010
Cindy Waleah Gillis	10/01/2010
Renmeet Grewal	10/01/2010
Holly Veronica Rice	10/01/2010

#### Scientist

Anne Christine Dobmeyer	10/01/2010
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#### Therapist

Monique Shiree Howard	11/01/2010
Alicia R. Souvignier	10/01/2010

#### Veterinarian

Renee Heather Funk	10/01/2010
Julie Rae Sinclair	10/01/2010

### To Lieutenant Commander (O-4)

#### Engineer

Jeffrey Shane Allen	10/01/2010
Ryan Joseph Gross	10/01/2010
Richard Wesley Ishihara	10/01/2010
Harry T. Turtschanow Jr.	10/01/2010
Elijah Morgan Weisberg	10/01/2010

#### Environmental Health

Harold P. Hurst III	10/01/2010
Martin Joseph Stephens	10/01/2010

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

(Promotion Cycle: Oct. – Dec. 2010)

Contributed by the JOAG Welcoming Committee

### Lieutenant Commander (O-4)

#### Health Services

Danielle Didonna	10/01/2010
Latoria Wyatan Jordan	10/01/2010
Dana Sonchu Lee	10/01/2010
Andrea Danette Peay	10/01/2010
Katrina Hite Redman	10/01/2010
Andrea Joy Scott	10/01/2010
Yang Wang	10/01/2010

#### Nurse

Zerita Bomani	10/01/2010
Angela Spruill Clemons	10/01/2010
Carmen Yvette Fisher	10/01/2010
Lashawn Sophia Gore	10/01/2010
Scott Edward Hickey	10/01/2010
Dangela G. Merrell	10/01/2010
Adriana Monica Meyer-Alonzo	10/01/2010
Callandra Karen Mike	10/01/2010
Danielle Pearson-Jackson	10/01/2010
Nakeya Fenice Pryor-Bazemore	10/01/2010
Sara Jean Rasmussen	10/01/2010
Latoya Stuckey Sewell	10/01/2010
Sheila Denice Villnes	10/01/2010
Lakisha Monique Williams	10/01/2010
Anh Phuong Wright	10/01/2010

#### Pharmacist

Jeannette Marie Joyner	10/01/2010
Jamie Sue Kennedy	10/01/2010
Alexander Quinn Townley	10/01/2010
Katherine S. Won	10/01/2010

#### Scientist

Anne Marie France	10/01/2010
Angela Danielle Iuliano	10/01/2010
Carrie Frances Nielsen	10/01/2010
Yanique Alicia Redwood	10/01/2010

#### Therapist

Amanda Kaye Lessert	10/01/2010
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### [Continued from Page 1](#)

Since 2003, when the concept of transformation was introduced, the Corps has been in a state of change. With the passage of the Patient Protection and Affordable Care Act, the Corps has now been recognized as a cadre of highly qualified professionals trained and capable of leading the nation on issues affecting public health. Because of this recognition, rapid expansion and change of the Corps is likely to occur in the coming years. By actively participating in JOAG activities, you will have the opportunity to shape the future of the Corps.

JOAG is always looking for new ideas to expand the work it does on behalf of junior officers. JOAG is here to serve you and we always look forward to hearing from you and gathering some of your feedback. Soon, a member satisfaction survey will be sent out on the JOAG listserv. I encourage each of you to complete the survey as it will help JOAG be the best organization it can be.

I strongly encourage all junior officers to participate in JOAG committees, and in our monthly conference calls (general membership meetings, and the Journeyman Series calls). I am also excited to announce that JOAG will also be hosting Meet and Greets to give junior officers the opportunity to meet each other and learn more about the JOAG. To find out about each JOAG committee and to find contact information for the committee Chairs, please visit the JOAG website at <http://www.usphs.gov/corpslinks/JOAG>. If you are not already a member of the JOAG listserv, I invite and encourage you to join by following the listserv sign-up link on the JOAG homepage.

I look forward to serving as your JOAG Chair. I am committed to ensuring that JOAG has a voice in high-level meetings where issues affecting all junior officers are discussed. Thank you for your hard work and your continued dedication to the Corps. Together we will accomplish great things.

Very Respectfully,

LCDR Carlos Bell  
JOAG Chair

# JOAG Welcomes 279 Newly Commissioned Officers!

(June – Aug 2010)

Contributed by the JOAG Welcoming Committee

## ATSDR

ENS Heather Freiman  
ENS Mark Glasgow

## BOP

LCDR Tina Scott  
LT Robert Banta  
LT William Brenneman  
LT Angela Davis  
LT Marc Gentile  
LT Michelle Gielski  
LT Frank Koch  
LT Anne McArdle  
LT Elizabeth Moham  
LT Kiri Nevin  
LT Lelo Ngoma  
LT Brian Robb  
LT Joanne Spafford  
LTJG Johnna Bleem  
LTJG Candrea Cherry  
LTJG Michael Cruse  
LTJG Adam Hornbeck  
LTJG Marchita Magbie  
LTJG Brandy Rose  
LTJG Clara Stevens  
ENS Cynthia Satenay

## CDC

LCDR Amy Peterson  
LT Aarti Agarwal  
LT Brian Baker  
LT Kamil Barbour  
LT Sarah Bennett  
LT Adam Bjork  
LT Meghan Brett  
LT Cristina Cardemil  
LT Amit Chitnis  
LT Bryan Christensen  
LT Sallyann Coleman-King  
LT Melissa Collier  
LT Timothy Cunningham  
LT Sabrina Debose  
LT Sylvera Demas  
LT Zewditu Demissie  
LT Tarayn Fairlie  
LT Katherine Fleming-Dutra  
LT Joanna Gaines  
LT Shikha Garg

## CDC

LT Alyson Goodman

LT Prabhu Gounder  
LT Neil Gupta  
LT Natasha Hollis  
LT Naomi Hudson  
LT Asha Ivey  
LT Brendan Jackson  
LT Lindsay Kim  
LT Jean Ko  
LT Amy Kolwaite  
LT Candice Kwan  
LT Allison Longenberger  
LT Adamma Mba-Jonas  
LT Jeffrey McCollum  
LT Dawn McDaniel  
LT Francisco Meza  
LT Timothy Minniear  
LT Jemekia Morris Thornton  
LT Robyn Neblett  
LT Katherine O'Connor  
LT Erika Odom  
LT Ekwutosi Okoroh  
LT Joseph Ralph  
LT Janell Routh  
LT Cyrus Shapar  
LT Tyler Sharp  
LT Mahesh Swaminathan  
LT Sara Tartof  
LT Jenna Webeck  
LT Dana Woodhill  
LTJG Erin Grasso  
LTJG Andrew Klevos  
ENS Kelly Slaughter

## CMS

LCDR Lorelei Piantedosi  
LT Monica Reed

## DHS

LCDR Eric Cartagena  
LT Jose Aparicio  
LT Carl Olongo  
LTJG Racio Carter  
LTJG Liza Soza  
LTJG Amity Tucker  
ENS Sarah Safari  
LT Todd Myers

## DOD TMA

LCDR Sean Bennett  
LCDR Kelli Bonyeau  
LCDR Barbara Delsesto

LCDR Jane Olien  
LT Kendall Bolton  
LT Tricia Booker  
LT Kristopher Byman  
LT Eduardo Cua  
LT Elizabeth Davis  
LT Valarie Gardner  
LT Sarah Garrett  
LT Malaysia Gresham  
LTJG Ngocanh Bui

## FDA

LCDR Malik Imam  
LCDR Heather Vice  
LCDR Steven Yang  
LT Steven Bird  
LT Benjamin Bishop  
LT Lyle Canida  
LT Donna Clevenger  
LT Christine Corser  
LT Phong Do  
LT James Dvorsky  
LT Evelyn Hong  
LT Amy Houtchens  
LT Joshua Hunt  
LT Michel Janda  
LT Kerri-Ann Jennings  
LT Jean Lester  
LT Paul Licata  
LT Monica Munoz  
LT Linda Park  
LT Salvatore Pepe  
LT Hanah Pham  
LT Ashlee Ribec  
LT Luz Rivera  
LT Hobart Rogers  
LT Tamara Rosbury  
LT Rogelio Ruvalcaba  
LT Tara Smith  
LT Jitendra Virani  
LT Jessica Voqui  
LT Hong Vu  
LT Margaret Whittaker  
LTJG Abbas Bandukwala  
LTJG Vashti Bocker  
LTJG Doreen Canetti  
LTJG Nathan Caulk  
LTJG Jeffery Sumter  
ENS Nina Cimino

# JOAG Welcomes 279 Newly Commissioned Officers!

(June – Aug. 2010)

Contributed by the JOAG Welcoming Committee

## FDA

ENS Stephen Friedman  
ENS Brooke Gabel  
ENS Jasmeet Kalsi  
ENS Jessica Kaminiski  
ENS Zachary Keene  
ENS Neha Nagesh Rao  
ENS Cody Parsons

## HRSA

LCDR Mindy Golat  
LT Anita Edwards  
LT Lawrence Momodu  
LTJG Christian Bullock

## IHS

LCDR Penelope Adams  
LCDR Joseph Allen  
LCDR Mark Iseri  
LCDR Gwenivere Rose  
LCDR Mary Willard  
LT Kristin Abaonza  
LT Linzi Allen  
LT Christina Andrade  
LT Golden Berrett  
LT Michael Brady  
LT Carl Coats  
LT Megan Connelly  
LT Samuel Cropp  
LT Honeylit Cuco  
LT Peierre-Alex Duvivier  
LT Rebecca Geiger  
LT Peter Golden  
LT Jessica Graham  
LT Daniel Hamil  
LT Leslie Harris  
LT Donnie Hodge  
LT Aaron Johnson  
LT Elliot Klapperich  
LT Patrick Lynch  
LT Molly MacDonnell  
LT Winona Masquat  
LT Cassandra Metu  
LT Alfred Murphy  
LT Khang Ngo  
LT Theresa Nguyen  
LT Erin Ressler  
LT Theresa Rodzevik  
LT Jason Schneider  
LT Jodi Sides  
LT Helen Stevens  
LT Ryan Stevens

LT Ryan Thrasher  
LT Sharlene Todicheoney  
LT Juliana Upshaw  
LT Hillary Volsteadt  
LT Rachelle Watts  
LT David Webb  
LT Tristan Woster  
LTJG Tracie Asbill  
LTJG Rebecca Bressman  
LTJG Ashley Frost  
LTJG Yolanda Jenkins  
LTJG Sandy Lafromboise  
LTJG Jeremy Peacock  
LTJG Seneca Smith  
LTJG Colinda Sohns  
LTJG Landon Wiggins  
ENS Dustin Abaonza  
ENS Benjamin Althoff  
ENS Amber Altstadt  
ENS Thomas Archer  
ENS Ryan Autenrieth  
ENS Jennifer Bannister  
ENS Ryan Barker  
ENS John Blake  
ENS Jeffrey Bowman  
ENS Mary Buckles  
ENS Jessica Butler  
ENS Adam Cannon  
ENS Paige Corcoran  
ENS Jesse Creel  
ENS Lauren Davis  
ENS Mark Davis  
ENS Brandon Davis  
ENS Bryce Deguise  
ENS Brett Devries  
ENS Sara Downers  
ENS Kim Eisberg  
ENS Cyradj El-Bakoush  
ENS Sheridan Ethen  
ENS Tyler Fincher  
ENS Erica Fleury  
ENS Heather Foster  
ENS Tyler Gage  
ENS Jeffrey Gower  
ENS Christopher Green  
ENS Erin Gymburch  
ENS Mathew Haak  
ENS Soo Chin Han  
ENS Adam Howell  
ENS Stephanie James  
ENS Sharla Janssen  
ENS Rachel Jordan

ENS Mathew Just  
ENS Margarette Kading  
ENS Michael Kenes  
ENS Amy Kennedy  
ENS Anne Kenney  
ENS Tyrrell Lang  
ENS Marrietta Leslie  
ENS Amy Luo  
ENS Luke Mackewich  
ENS Julia Marie  
ENS Nels Mattson  
ENS Adam McCrary  
ENS Melissa McGee  
ENS Malcolm Mitchell  
ENS Thomas Mosakowski  
ENS James Norberg  
ENS Jenna Parker  
ENS Jeremy Pearson  
ENS Laura Phan  
ENS Jessica Phillips  
ENS Andrew Pouliot  
ENS Steven Rutkowski  
ENS Allison Scott  
ENS Amanda Seddon  
ENS James Simpson  
ENS Andrew Slikker  
ENS Chelsey Slone  
ENS David Tapscott  
ENS Melaine Tomko  
ENS Stephan Turner  
ENS Marissa Ure  
ENS Ryan Vicente  
ENS Chia Wei

## NIH

LCDR Megan Mattingly  
ENS Nathan Boggs  
ENS Timothy Brennan  
ENS Leah Harman  
ENS Thomas Jarratt  
ENS Kathleen Spillane  
ENS Gabriel Stonebraker

## OS

LT Clifton Smith  
LTJG Tala Hooban  
ENS Andrew York

## SAMHSA

LT Lamar Henderson

## Merchandise



### JOAG Medallion

The JOAG Medallion serves as a constant reminder that we are officers in the Commissioned Corps. It also serves to remind us of certain characteristics an officer must have: generosity, elevation of mind, goodness, nobility, camaraderie, and the continuity of these ideals through time.

**\$10 each**

### PHS Core Values Coin

The PHS Core Values Coin serves to remind all officers of the four Commissioned Corps Values of Leadership, Service, Integrity, and Excellence.

**\$10 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 (Sold Out)**



For information on purchasing items please visit the JOAG website or contact LCDR Robin Toblin ([Robin.L.Toblin@us.army.mil](mailto:Robin.L.Toblin@us.army.mil)) for more information.

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

# JOAG Announcements

## JOAG Voting Membership 2010-2011

### JOAG Senior Advisor:

CAPT Dan S. Beck

### JOAG Executive Committee:

Chair, LCDR Carlos Bell, HSO  
Vice-Chair, LCDR Yvette Waples, Pharmacy\*  
Chair-Elect, LCDR Damon Smith, HSO  
Secretary, LCDR Jamie Mutter, EHO\*  
Financial Liaison, LCDR Robin Toblin, Scientist\*  
Ex-Officio, CDR Diem-Kieu Ngo, Pharmacy

### JOAG Voting Members:

LCDR Merel Kozlosky (NIH), Dietician\*  
LT Ben Chadwick (IHS), Engineer\*  
LCDR Heather Bair-Brake (CDC), Veterinarian\*  
LT Scott Williams (IHS), Dental  
LCDR Christina Coriz (NIH), HSO  
LCDR Janice Arceneaux (CMS), Nurse  
LCDR Corey Palmer (HRSA), HSO  
LCDR Brett Maycock (DHS), HSO\*  
LCDR Irene Chan (FDA), Pharmacy  
LCDR Kit Burnham (BOP), Therapist\*  
LCDR Damon Smith (OSG), HSO  
LCDR Rajal Mody (CDC), Medical\*  
LCDR Sam Schaffzin (OSG), HSO  
LT Martin Guardia (FDA), HSO  
LT Krista Pihlaja (IHS), Engineer  
LCDR Glendolynn Johnson (FDA), Pharmacy

### \*JOAG PAC Liaison

*To view the 2010-2011 Voting Member Roster and Bios, please visit the JOAG website.*



## 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!**

**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.**

# JOIN OUR MEETINGS

## JOAG General Meeting and Journeyman Series 2010-2011

**October 8, 2010:** JOAG General Membership Meeting, 1300-1500 EDT  
**November 12, 2010:** Journeyman Speaker Series, 1300– 1400 EDT  
**December 10, 2010:** JOAG General Membership Meeting, 1300-1500 EDT  
**January 14, 2010:** Journeyman Speaker Series, 1300– 1400 EDT  
**February 11, 2011:** JOAG General Membership Meeting, 1300-1500 EDT  
**March 11, 2011:** Journeyman Speaker Series, 1300– 1400 EDT  
**April 8, 2011:** JOAG General Membership Meeting, 1300-1500 EDT  
**May 13, 2011:** Journeyman Speaker Series, 1300– 1400 EDT  
**June 20-23, 2011 (COF Symposium):** JOAG General Membership Meeting, 1300-1500 EDT  
**July 8, 2011:** Journeyman Speaker Series, 1300– 1400 EDT  
**August 12, 2011:** JOAG General Membership Meeting, 1300-1500 EDT  
**September 9, 2011:** Journeyman Speaker Series, 1300– 1400 EDT

Join us for JOAG's monthly meetings via teleconference or in person\* on the second Friday of each month.

By Conference Call: (218) 936-4700, Passcode: 791-9605#

In Person\*: Parklawn Building  
Surgeon General's Conf.Rm 18-57  
5600 Fishers Lane Room 18-57  
Rockville, MD 20857

FDA's White Oak Campus  
Bldg 51, Conf.Rm. 1219  
10903 New Hampshire Avenue  
Silver Spring, MD 20993

\* Only for the JOAG General Membership Meetings

**Miss a JOAG Meeting? Don't despair! JOAG meetings are recorded. Audio recordings are available "on demand" by e-mailing LT Hiren Patel at [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 [LCDR Janice Arceneaux](#), [LCDR Christina Coriz](#), Committee Chairs, or [LTJG Tracy Tilghman](#), JOAG Editing Subcommittee lead.

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