



The JOAG Journal

A newsletter by junior officers for junior officers

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Letter from the Chair



Pictured left to right: LCDR Carlos Bell, LCDR Tracy Pace, LCDR Todd Lennon, LCDR Robin Toblin, LCDR Morrissa Rice, LCDR Corey Palmer, RADM Lushniak, RADM Halliday, LT Cindy Eugene, CDR Randy Anderson, LCDR Damon Smith

Fellow junior officers,

Much has happened in the Corps and within JOAG since the last issue of the JOAG Journal. As you know, on February 2nd, the Assistant Secretary of Health and the Surgeon General announced the lifting of the USPHS Commissioned Corps hiring pause – an unintended consequence of the passing of the Patient Protection and Affordable Care Act (PPACA).

The Office of the Surgeon General (OSG) also announced that the Commissioned Corps leadership is continuing to work closely with HHS senior leadership and Corps officers to implement the recommendations of the Commissioned Corps management review. As you may recall, in early 2010 Corps leadership along with JOAG leadership met with and provided feedback to the Office of Business Management and Transformation (OBMT) within the Office of the Assistant Secretary for Administration (ASA) on Corps organization, Corps administrative functions, Corps systems, etc. The results of these meetings reaffirmed the need to reorganize the management structure of the Corps so that we are better positioned to meet our mission.

As a direct result, the OSG announced the new accountability structure that will streamline Corps operations, improving the efficiency and effectiveness of the Corps. The OSG has created ten workgroups to review the current and new accountability structure and make recommendations on how to implement the new structure. These workgroups are meeting on a weekly basis and are expected to have a final recommendation for the Surgeon General by the end of March.

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Junior Officer Spotlight

Officer: LCDR Diane Morof

Category: Medical Officer

Education:

Fellowship in Family Planning, University of California, San Francisco (UCSF)
 Internship and Residency, Obstetrics and Gynecology, Beth Israel Deaconess Medical Center- Harvard, Boston
 Doctor of Medicine, University of Chicago, Chicago
 Bachelors of Arts in Biology and Spanish Literature

Home town: Berkeley, CA

Agency: Centers for Disease Control and Prevention (CDC)

Current Assignment and Duties:

Epidemic Intelligence Service (EIS) Officer at the CDC in the International Emergency Refugee Health Branch (IERHB). EIS is a 2-year post-graduate training program of service and on-the-job learning dedicated to the practice of applied epidemiology. I am currently in my second year. The IERHB Branch works with refugees and internally displaced persons internationally. As an EIS officer, I have had the opportunity to investigate community mortality from a cholera outbreak in Zimbabwe; conduct a surveillance evaluation in Darfur, Sudan; evaluate the water, sanitation, and hygiene situation in internally displaced persons camps in Haiti; and assess the gender-based violence burden in urban refugees in Kampala, Uganda.

Previous Assignment(s):

During my fellowship at UCSF, I provided clinical services at San Francisco General Hospital and was fortunate enough to be involved in a variety of international programs. I conducted a focused rapid assessment with subsequent tailored trainings on reproductive health for refugees in Gihembe, Rwanda and Kyaka II, Uganda. I also conducted qualitative research on Family Planning with Burundian Refugees in Kibondo, Tanzania. After finishing my fellowship, I worked clinically for three years in the Bay Area while consulting for UCSF in Kenya, Tanzania, and Zimbabwe on various aspects of reproductive health. I then joined the CDC in 2009. EIS is my first PHS assignment.



Pictured: LCDR Diane Morof

How did you find out about the PHS?

I learned about the PHS when I was applying to the EIS program. I spoke to EIS officers who informed me of the opportunities that PHS had to offer.

What was the most challenging part of applying to PHS?

The paperwork for PHS was laborious. I greatly appreciated the guidance provided by the EIS Officers who had already completed the process.

What are your goals with the PHS?

I hope to help others and improve public health both nationally and globally.

What is your most memorable PHS experience so far?

Camping out on the U.S. Embassy lawn in tents while conducting a water, sanitation, and hygiene survey in internally displaced persons camps in Port-au-Prince, Haiti was a truly unique experience. The scale of the post-earthquake destruction and resilience of the Haitians impressed me deeply. Conducting this assessment provided me an invaluable opportunity to contribute to the well-being of the affected Haitian community.

What advice would you give to prospective PHS applicants (or other junior officers)?

Learn the most about the inner workings of the Commission Corp and seek out mentors that can help you in your journey.

Uniform Corner: Uniform Components for Cold Weather Conditions

Contributed by LCDR Gene R. Gunn, Jr.

In the fall issue of the JOAG Journal we looked at the regulations governing the wear of the Black Windbreaker Jacket and the Navy Sweater. In this issue, we will take a look at the current regulations regarding cold-weather gear as it pertains to proper uniform wear. The items pictured below are only applicable to the Service Dress Blues, Service Khakis, and Coveralls.

The following items are approved for wear with the Service Dress Blue, Service Khaki, and the Coveralls. The All Weather Coat and Bridge Coat are considered Prescribable Items. The Reefer is an Optional Item.



Blue All Weather Coat



Reefer



Blue Overcoat (Bridge Coat)



Black Gloves



Earmuffs



White Scarf

Regulations concerning the wear of these items can be found at the web addresses below:

For Men -
http://dcp.psc.gov/eCCIS/documents/CCPM26_3_4.pdf

For Women -
http://dcp.psc.gov/eCCIS/documents/CCPM26_3_5.pdf

The optional items pictured below may be worn with the Service Dress Blues and Service Khakis uniforms. The earmuffs and the white scarf are only to be worn with an outer garment such as the Reefer or Bridge coat.

Remember, civilian attire is never to be worn with the PHS uniform. If you do not own the outer garments presented above and you live in an area where extreme conditions exist, you have the option of wearing civilian clothes to work and changing into your uniform prior to the start of your duty hours.

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.

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Training and Running the Army Ten Miler: Achieving Physical Fitness Goals While Proudly Representing USPHS

Contributed by LTJG Kazouhiro Okumura and LT Tina Walther

It started with an email: “Hey, do you want to sign up for the Army Ten Miler?” If you knew us personally, you would think we were insane to sign up for a 10 mile race. We never participated in an organized race at any distance before, but we are always up for a challenge. So we decided to give this a shot and it resulted in permanent change in our lifestyles, at least for the next six months.

We began our training in April. We chose different trails in Montgomery County, MD to be our training grounds. Our first run was five miles and it was excruciating. Our knees, calves, and thighs were throbbing and the goal of 10 miles seemed very far away. For days after the first run walking short distances became a chore, and our coworkers were genuinely concerned. We decided to seek out resources to help build our training plans. As we sought advice, we were directed to use the training customization tool on www.runnersworld.com. We built our training plan and proceeded in running short distances (one and a half to two miles) two to three times a week and a long run on the weekends (started at five miles and increased distance every few weeks).

In the subsequent months, we had to work through many challenges to get through our training. The biggest challenge was to stay focused and continue the training. For example, each time one of us went on travel, the one left behind took an unscheduled break from training. We also had interruptions in the training due to minor injuries. We had to become more self-motivated during these times in order to successfully condition ourselves before the race and prevent undue injury due to a lack of sufficient training.

Despite the setbacks and interruptions, we were able to build our endurance and race day was finally here. On October 24, 2010, over 20,000 runners from all walks of life gathered at the Pentagon for the race. Seeing this massive group of people got our adrenaline pumping and led to the realization that this was more than just a race. A few minutes before the race, Deputy Surgeon General, RADM Boris Lushniak, recited an inspirational letter written by the Surgeon General, VADM Regina Benjamin. After the speech, RADM Lushniak asked the following question to the group: “Should we run with the USPHS flag during the race?” Everyone agreed we should run with the flag; RADM Lushniak and CAPT Shelly Hoogstraten-Miller volunteered to carry the flag for the race.

As we lined up at the start line we were filled with excitement and were slightly nervous. Every USPHS runner had a shirt with a USPHS insignia/logo so other runners and race supporters could spot us. We went through every mile marker, slowly counting down to the finish and shouting words of encouragement to other USPHS runners as we spotted them on the course. The most inspiring moments were running with RADM Lush-



From left to right: Deputy Surgeon General, RADM Boris Lushniak, LT Tina Walther, LTJG Kazu Okumura, enjoying the post-race festivities.

niak and CAPT Hoogstraten-Miller for part of the race and listening to the runners commend them for running with the flag and cheering on the USPHS. Thanks to the advice of more senior runners, we paced ourselves and made sure we stayed hydrated throughout the race. We completed the 10 mile race 1 hour 33 minutes later, and were excited with our finish times. To put it in perspective, we were so unsure how long it would take us to finish the race, that when we first signed up we estimated our finish times to be two and a half hours.

Thanks to the hard work of the leaders of the PHS Army Ten Miler Team, CAPT Shelly Hoogstraten-Miller and LCDR Evan Shukan, we were organized into our teams and they kept us on track and motivated. We also cannot forget LT Patrick Neubert for coordinating the efforts with Under Armour® to order us very cool team uniforms, at a reasonable cost. The uniforms really gave us the appearance of presenting a united front. A big thank you to all of the volunteers from DC COA that came out to cheer on the PHS runners. Your cheers motivated us to finish the race!

Running the Army Ten Miler has completely changed our perspective on running and exercise in general. We had such a great time, we will be running this event next year, and hopefully we will be able to make permanent changes in our lifestyles. Hopefully, we were an inspiration to others watching the PHS runners that day. We encourage all junior officers to lead an active lifestyle and “walk the talk” or “run the talk” of the mission of our service.

National Honor Flight Program

Contributed by LCDR Jennifer Graf

on behalf of the Inter-Services Collaboration Committee, Community Service Subcommittee

It was a clear, crisp, sunny day in September, a perfect day for World War II veterans from across the country to travel to the National Mall to see, for the first time, the national monument that had been created in their honor.

The Honor Flight Network is a non-profit organization whose mission is to transport America's veterans to Washington, D.C. to visit those memorials dedicated to honor their service and sacrifices." Veterans travel free of charge and are accompanied by guardians, specially trained volunteers who ensure the veterans' safety during the entire trip. This project was organized by the Joint Base Andrews Commander's initiative program called the Culture of Responsible Choices.

Twenty-five primarily junior PHS officers, including two new officers who were attending OBC training that week and I, responded to a call for volunteers from the JOAG Inter-Services Committee. We chose to spend our Saturday morning on September 18, 2010 greeting and escorting WWII veterans visiting the National WWII Memorial through the Honor Flight Network. Over 800 WWII veterans from Arkansas, Colorado, North Carolina, and Ohio visited the memorial that day. As the first buses arrived, we formed a receiving line alongside a large group of volunteers from the Army, Air Force, Navy, and civilian friends and family members of PHS officers. We greeted the veterans as they exited the buses, shaking their hands, welcoming these men and women to their memorial and thanking them for their service. In return, as they made their way through the line, their appreciation for our presence was expressed on their faces and in their words of thank you. LT Tina Nhu reflected, "I felt so honored to shake the hands of the men and women who risked their lives for our future. Some of the veterans were in tears as they saw a long line of service members greeting them one by one... They said to me: 'Oh, this is too much,' as we shook their hands and thanked them for their service."

Some of the volunteers continued to greet newly arriving veterans at the bus drop-off, while others walked around the memorial, offering to take pictures and engaging the veterans in conversation. CDR Diem-Kieu Ngo shared, "It was a great experience and I wish that every PHS officer takes the opportunity to volunteer for this event. I escorted a USCG veteran around the memorial and he thanked me for the wonderful care that the PHS nurses gave him when he stayed at a PHS hospital during the war."

The reactions of the veterans to visiting the memorial were mixed. Some of the veterans remained quiet, sharing only that they felt melancholy, seeming to be deeply affected by the experience. Others spoke of war-related events or of their loved ones who had recently passed on; while still others were jovial, having met up with old friends that they had not expected to encounter on the trip. Whatever the veterans were feeling or experiencing that day,



PHS Officers Volunteer with National Honor Flight Program
(Photo by: LT Yiyng Tsai)

they were not alone. They had the support of other veterans who may have shared similar experiences, of the guardians who cared enough to pay their own way to accompany them, and of uniformed service members of this generation who felt the utmost honor and respect for the sacrifices these men and women made for the safety of our country and the world. "It was an honor to meet and acknowledge past veterans and to thank them for their service to our country," said LT Matt Deptola.

Many of us were moved by the stories we had heard. LCDR LaToya Sewell offered, "It was a humbling experience to hear the stories of veterans who sacrificed so much for the freedoms of our country, and still they look at the younger generations of service members with such admiration and pride. It is now our duty and responsibility to carry that same torch of honor and dedication."

For me, events that I had seen only in movies or learned about in class became much more real and I was appreciative to have had the opportunity to offer the respect that these veterans deserved by simply being there. Seeing the level of sincerity and dedication among my fellow PHS volunteers enhanced my experience further. Numerous accounts of positive experiences and interactions were shared among the volunteers that day, and there were many requests to repeat this project on a regular basis. Future opportunities to participate will become available in the spring of 2011.

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

National Honor Flight Program: A Soldier's Story

Contributed by CDR Blakeley (Denkinger) Fitzpatrick*

on behalf of the Inter-Services Collaboration Committee, Community Service Subcommittee

I have always had a great appreciation for the men and women who have fought since the birth of our nation for the freedom of all Americans. The events of the second World War always seemed so distant and surreal when I read about the war in history books or saw footage on TV, but then I met a piece of living history. Little did I know that when I volunteered to provide assistance to veterans visiting the WWII monument through Honor Flight that I would meet a new friend for life.

We were taking pictures, pushing veterans in wheelchairs, and listening to recounts of war stories throughout the morning when a busload of veterans from Ohio pulled up. Donald Curfman was one of the first veterans to step off the bus. I offered to take a picture of Mr. Curfman at the entrance of the memorial and then we began chatting about our current lives. As we walked and talked, he slowly began to tell me about his experiences during the war.

After being orphaned as a child, Mr. Curfman joined the Army at the age of 17. He chose to join the 82nd Airborne, the Army's first airborne division, because it paid more which allowed him to send money home to support his mother and sister. Shortly after arriving in England, he was told that he would be going into battle the next day with the 325th Glider Infantry Regiment. A glider is a small aircraft without an engine that is towed behind an airplane and released. None of the soldiers had either seen a glider before or received training on how to operate them. The evening before being sent into battle, soldiers were told that after the glider was released from the airplane it would circle three times and then land. Staff sergeant Curfman sat in a small seat at the very front of the glider so that higher ranking soldiers could sit in the better seats in the back. After the glider was released, Mr. Curfman noticed little pin pricks of light coming through the ceiling. He then realized that those points of light were holes in the canvas glider. The aircraft had taken on flak and instead of circling three times and coming to a smooth stop, the glider crash landed next to a farm house killing several occupants upon impact. After the glider crashed, the aircraft came under enemy fire coming from the direction of the farm house. Mr. Curfman jostled the first sergeant sitting in front of him urging him to get out and flee, but then realized the first sergeant had been shot and killed. Once he pried his legs free from the mangled glider and retreated from the enemy fire, Mr. Curfman realized he was the sole survivor and he was stranded in a foreign land with no sign of other living members of the 82nd Airborne.



Pictured: SSG Donald Curfman

Mr. Curfman eventually rejoined American Troops and was part of the thousands of troops that fought for the capture of Cologne, Frankfurt, and Strasburg over the course of 1 ½ years. He was sent to the Ardennes Forest in Belgium for a 10 day rest and was told that he would be going home soon after, but instead the Germans launched a surprise attack with 250,000 troops and 600 tanks in December of 1944 which kept him in the fight.

During the war, many American troops only had the protection of the light uniforms they were issued when they were sent to Europe in spring and summer. In temperatures that were below freezing, thousands of American troops fought for over a month in brutal conditions through what became known as the Battle of the Bulge. The Battle of the Bulge is the largest battle ever fought by the Army. Over 19,000 men were killed and over 60,000 were captured and/or wounded. Despite such devastating losses, this battle was a turning point in the war, one that Mr. Curfman was a part of.

When it was time for Mr. Curfman to leave the WWII memorial, we exchanged numbers and addresses and promised to write. Not a week has gone by since then that I have not spoken or written to Mr. Curfman. I later learned that he had never spoken of his experiences during the war before. I feel honored that he chose to share his stories with me.

I want to encourage all junior officers to volunteer for this worthy cause. WWII veterans are dying at a rate of more than 1,000 per day. Volunteering through Honor Flight is not only a way to provide assistance to former service members, it is a way to preserve the stories and history of our country before it is lost.

Alumni Contact Initiative: Getting Our Alma Maters Involved

Contributed by LCDR Scott Steffen and LCDR Shani Smith
on behalf of the Recruitment and Retention Committee

The United States Public Health Service (USPHS) has an excellent history of acquiring outstanding personnel from numerous institutions to support our mission. It was quickly realized that our officers are a great resource to access these outstanding institutions and to continue this fine tradition of recruitment. In June 2008, LCDR Robin Toblin, as a member of the JOAG Recruitment and Retention Committee, proposed the idea of officers establishing contact with their alma maters for recruitment purposes in the form of the Alumni Contact Initiative (ACI). LCDR's Toblin and Liatte Krueger volunteered to lead this effort to foster these relationships between officers and schools by creating a series of documents—an Alumni Contact Program Overview, an Instruction Guide, a document listing suggested contacts, a Contact Tracker, and Alumni Contact template letters—which were presented and approved by the JOAG leadership. These documents, which are pending final approval from the Division of Commissioned Corps Recruitment (DCCR), will be packaged as part of the DCCR's "Recruitment Tool Box" and used to fulfill the Initiative's mission: "To increase the visibility of the USPHS and demonstrate the endless opportunities that the Corps has to offer in an individualized and credible manner."

ACI will be overseen by DCCR; however, due to the extensive breadth of our categories the Professional Advisory Committees (PACs) will have a critical role in this initiative. Each PAC will be responsible for crafting their own specific program in which to deploy these pre-made category-specific template letters. Moreover, initiating, tracking, and evaluating the effectiveness of the category-specific template letters will be the responsibility of each PAC in conjunction with the DCCR's Associate Recruiter Program and will be based on strong communication between these two entities.

The main goal of the ACI is to increase the visibility of the USPHS through personalized communication. To accomplish this, each officer will only need to add their personal touch to the first paragraph of each template letter while

the remaining letter can be left untouched. Officers can distribute the letters through automated e-mail to their alma mater's student listserv, university career centers, or at university career fairs. After students respond to the personalized letter, officers are encouraged to refer potential candidates to the following resources for more information: the Recruitment Call Center (1-800-279-1605), the USPHS website <http://www.usphs.gov/RecruitmentMaterials/>, and the USPHS facebook page (<http://www.facebook.com/USPHS>). If a candidate intends to apply for a commission, it is highly recommended that the candidate complete the online prescreen questionnaire at: <http://www.usphs.gov/applynow/>.

Overall the Alumni Contact Initiative will provide a cost-effective means to recruit potential officers without overwhelming active duty officers. Once the Recruitment Tool Box has been finalized by DCCR and the PACs have developed their programs, all interested officers should contact their PAC leadership to obtain the appropriate documentation and category-specific template. Together, we can increase the visibility of the Corps dramatically by sending out just a couple of letters and help our fellow alumni by informing them of the excellent career opportunities in the USPHS.

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.

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

I Call It Recruiting

Contributed by LT Bill Lehault

Would you be where you are today without the education or encouragement provided by a United State Public Health Service (USPHS) officer? If you are like me, the answer is probably no. Just over one year ago I became a commissioned officer in USPHS. I am elated with my decision to join the Commissioned Corps, and I enjoy informing others of the lifestyle it has provided me on both a personal and professional level. Some call it bragging; I call it recruiting. Either way, I enjoy getting the word out about a branch of the service I am proud to be a part of.

I personally knew little about the Corps prior to starting the application process. The concern that others knew as little as I, combined with my aforementioned sense of pride, formulated a desire to spread the word. When people ask me what I do for a living, I do not reply "I am a pharmacist," rather "I am an officer in the Commissioned Corps." The inquiring party almost universally responds, "The what?" We then spend a few minutes discussing what the USPHS is. Brief conversations as simple as the one mentioned increase the populous' knowledge about who we are and what we do. On several occasions the party I am talking to even knows "someone who would be interested in that (USPHS)."

Shortly after joining the Corps, I became the Point of Contact for my alma mater, The University of Rhode Island College of Pharmacy. I started my mission by sending out a mass email to the student body. Within days, dozens of responses poured in, and from there, phone conversations. The students knowledge of USPHS was minimal if not absent. The simple act of informing them of the opportunities with USPHS was enough to pique their interest. From the extensive benefits to the diverse professional options, the students were intrigued.

I visited the University this past October to discuss recruitment efforts with faculty, talk to students, and give a lecture followed by a Q&A to approximately 150 pharmacy students. Upon my arrival, I was welcomed by staff and students alike. During the presentation, students were both engaged and inquisitive. Those in their earlier years were interested in the CoStep programs, while oth-



LT Bill Lehault in the lobby of the URI's Forgarty Hall prior to his recruitment lecture

ers closer to graduation asked about vacancies and the application process. I continue to correspond with several individuals I met that day. It has been very rewarding to facilitate the students' decisions on career paths. A difficult choice we all have faced in our lives.

I am writing of my efforts not to brag about what I am doing but to recruit. It is not only an endeavor that you will find satisfying but it is imperative to increasing the public's awareness of our existence and improving the overall quality of the Corps. If you have pride in what you do, let it show. If people are intrigued about your branch of service, talk to them. If students or young professionals need assistance, help them. And always remember, if someone never took the time with you, you would not be where you are today.

Bridging Health Disparities in the Detention Setting

Contributed by LCDR Linda Egwim

Addressing health care disparities has become a national issue in the United States. The same is true within the detention health care system. As health care providers, we serve many chronically ill adults in the detention and prison setting. These patient populations are not accepting of the medical treatment we offer to them for various reasons that might be related to their cultural or religious beliefs, norms, and values; lack of trust in the healthcare system; language barrier; and personal conviction. This is why we must join the fight for health promotion and disease prevention by understanding this unique patient population.

We have to be sensitive to our patients' diverse cultural backgrounds including their food, beliefs, customs, language, and religion. It is imperative that we identify and acknowledge our patients' culture and tradition. In order for our patients to accept the healthcare (Western medicine), we must develop trust with them. Through honesty, compassion and body language indicating understanding, we can achieve this.

There are several things that healthcare professionals can do during an encounter with the detained patients to engender trust. Individuals may feel guilt and shame for their incarceration. Show empathy by telling them that their feelings are real and fair.

Let the detainee know that you are partnering with them to manage their health care needs not dictating their care. Empower them to take ownership of their health needs. Stress that you are supportive of their health care decisions, but providing them with factual information to improve their health. Bear in mind that individuals who have been in the correctional system for years have been compelled to follow orders from people in authority. They may decline the recommended healthcare because this is one of the only areas where they have the right to exercise their freedom.

As health care providers, we must explain to the patients the disease process, treatment options and potential complications. Use medical diagrams from a reliable and reputable company. Share your findings including physical examination, and diagnostic result (vital signs and lab results). Make the patient feel like he/she is your top concern. Finally, ensure that the health education is culturally sensitive and within the patient's level of comprehension. In doing so, you help PHS promote its mission, in turn, provide personal fulfillment for you as a provider.



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!

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

Yellow Dust: Confronting the Danger Lurking in a Community's Basements

Contributed by LT Racquel Stephenson and LT Elena Vaouli

For most of us, our basements are a safe haven for family gatherings, for doing laundry, and for storage. But for some residents in one Garfield, NJ neighborhood, their basements are a health hazard. Groundwater near the EC Electroplating site in Garfield, NJ is contaminated with hexavalent chromium, a carcinogen. The contamination has affected a neighborhood of 709 homes and several commercial and mixed use properties. The basements of some of these properties flood during heavy rains with chromium-contaminated water. When the water recedes, the chromium dries out and leaves a yellow dust that can pose a health risk to persons living in or using the basements. Residents can be exposed to harmful levels of hexavalent chromium by accidentally swallowing and breathing in this contaminated dust. The Agency for Toxic Substances and Disease Registry (ATSDR) issued a Public Health Advisory for the site, which provided resources for expedited clean-up and extensive community outreach.

LT Stephenson and LT Vaouli were the only junior officers on the ATSDR scientific team that worked to issue the Advisory. This was a critical move for the Agency, and the first advisory to be issued in 10 years. Advisories are issued at sites where there is an imminent health threat, which is precisely what the residents of Garfield were facing. Hexavalent chromium dust concentrations were very high in some basements, with calculated exposure doses significantly higher than ATSDR's health guideline comparison values. At these concentrations, residents could experience acute health effects and are at an increased risk for developing cancer. As a result, the site was characterized as posing an urgent public health hazard.

LT Stephenson and LT Vaouli conducted technical review of the Advisory document, factsheets, and press releases. They helped to plan a public meeting, briefings of federal and local elected officials, press briefings, and health education outreach in the community. As a result of the team's efforts, the Environmental Protection Agency (EPA) will propose the site be placed on the National Priorities List (NPL). The *NPL* is the list of the most seriously contaminated sites among the known re-



Pictured: Yellow dust containing hexavalent chromium

leases or threatened releases of hazardous substances throughout the United States and its territories. It is intended primarily to guide the EPA in determining which sites warrant further investigation and is part of the Superfund clean-up process. In Garfield, site remediation will incorporate short- to mid-term strategies such as waterproofing basements, as well as long-term strategies to remove hexavalent chromium from the groundwater.

Without the issuance of a public health advisory, the residents affected by the contaminated groundwater may not have received the most thorough clean-up remedies available. LT Stephenson and LT Vaouli's hard work contributed to the success of a rare public health action by ATSDR, and most importantly, achieved the mission of protecting, promoting and advancing the health and safety of a New Jersey community.

For more information on the ATSDR advisory and letter health consultation for the site visit: http://www.atsdr.cdc.gov/sites/ec_electroplating/

Giving Back This Holiday

Contributed by LTJG Benjie De Vera
on behalf of COA Greater LA Chapter

Everyone is aware of how bad and damaging economic recessions are to some families. As junior officers of the Commissioned Corps, we're all in a great position to contribute what we can to make a difference to those who are in need, especially during the holiday season.

In Los Angeles County, over a million men, women and children are at risk of going to bed hungry every night. In early December, the local chapter COA-Greater LA led by LCDR Chau Vu and LT Nick Lahey, collaborated with the students from California State University Long Beach Health Science Department (CSULB) to volunteer at the LA Regional Foodbank. In this noble mission, PHS officers and CSULB Health Science students joined the fight against hunger by repackaging food to distribute to the hungry of Los Angeles.

Another event organized this winter by COA-Greater LA with the CSULB Health Science Department was *Adopt-A-Family*. Anyone who has participated in Adopt-A-Family knows how truly rewarding this experience could be. The feedback from PHS officers, students and families has always been very positive, so we have decided to continue to make this event an annual tradition in Greater LA.



LT Jessica Lee, LTJG De Vera, and CSULB Health Science students with Adopt-A-Family.

The Holiday Season reminds us that we have the choice to help those in need. As junior officers, let us all carry this spirit of giving forward into the new year and continue to make a difference to those who benefit from our support and service.



COA Greater LA Chapter at LA Regional Foodbank.

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

Flying “Space Available”

Contributed by LCDR Matthew Weinburke
on behalf of Inter-Services Collaboration Committee, MWR Subcommittee

Traveling Space Available (Space-A) is like traveling on a “magical mystery tour”, stated LCDR Sue Partridge (colleague assigned to CDC). “You can have a lot of fun, but you have to be willing to be patient. It’s not an exact science. Flights get cancelled, or flights are postponed or you may get bumped off the schedule. It’s not for those who need their vacation to be organized and well planned. But, in August, 2010, the benefit has saved us approximately \$1,000 per person! For us, it’s worth the inconvenience”, said LCDR Partridge, who has traveled with her husband and child to Europe several times through the Space-A program.

Space-A is a travel benefit that allows authorized passengers to occupy unused seats on DoD-owned or -controlled aircrafts. It is a privilege (not an entitlement) available to all Uniformed Services members and their dependents. Space-A passengers are eligible for any remaining seats only after all duty cargo and passengers have been accommodated. As USPHS Commissioned Corps officers, we are allowed the privilege to use the Space-A travel benefit on a non-mission interference basis only. Family members (dependants) may travel within the CONUS (Continental United States) or OCONUS (outside the CONUS) on these flights when accompanied by their sponsor.

Categories of Travel

In Space-A terms, your category of travel is your priority. Priority is based on six categories of eligibility related to status and situation. The numerical order indicates the precedence of movement. For more information on categories of travel visit, go to: <http://www.amc.af.mil/amctravel/spaceatracategories.asp>

Locations and Flight Schedules

The majority of Space-A flights are offered by the Air Force’s Air Mobility Command (AMC) or the Navy, and Space-A seats are normally free. AMC locations can be found on the following website:<http://www.amc.af.mil/shared/media/document/AFD-100108-019.swf>
For more information on flight schedules, go to:<http://www.amc.af.mil/amctravel/amctravelcontacts.asp>

Documents and Other Requirements

In most situations, all active duty USPHS officers will be prioritized as Category 3 and will be required to present a CAC card and leave form. For more information, go to:<http://www.amc.af.mil/amctravel/travelguidance.asp>

Registration

Once travelers are assigned a category upon registering, they compete for seats within categories based on the date and time of registration. When registering for Space-A, sign up BOTH for departure and for return flights (2 separate registrations) at the same time.

For more information on registration, go to: <http://www.amc.af.mil/amctravel/spaceavailablesign-up/index.asp>

Show Time and other Requirements

“Show time” is the term used for when Space-A seats are normally identified, shortly before the departure of the aircraft. Confirmation of the seat(s) may be given as early as 2-3 hours before, or as late as 30 minutes prior to, departure. It is recommended that you check with the passenger service center for the space available “show time” prior to arriving at the terminal. Be ready for immediate processing and boarding.

Baggage

Each passenger may check two pieces of checked baggage, <70 pounds each, and up to 62 linear inches in size (L+W+H).

NOTE: Each terminal may have different baggage requirements. Please call before you arrive.

Flying Space A

For USPHS officers, Space-A is one of our lesser-known privileges. Traveling Space-A is a trial and error experience, and it is not for the impatient. Several retired USPHS officers have informed me that they love flying Space-A, but admitted that it was easier for them because it worked with their time-flexible lifestyle. To better understand Space-A, one has to experience it firsthand, but hopefully the information offered in this article will help you get started.

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

(Promotion Cycle: Jan.—Apr. 2011)

Contributed by the JOAG Welcoming Committee

To Commander (O-5)

Dental

Sharon Anne Raghubar 02/01/2011

Dietician

Joseph Thomas Frost 04/01/2011

Engineer

Melissa Bradley Burns 04/01/2011

James Douglas Ebert 03/01/2011

John David Mazorra 01/01/2011

Kelly E. Mortensen 01/01/2011

Luke Leon Schulte 03/01/2011

Environmental Health

Lisa Joe Delaney 01/01/2011

Bradley Steve King 04/01/2011

Stephen Robert Piontkowski 01/01/2011

Richard E. Skaggs Jr. 01/01/2011

Health Services

Laurie A. Brown 04/01/2011

Shari W. Campbell 02/01/2011

Jean-Pierre Pierre Debarros 01/01/2011

Suzie Amelia. Garza 01/01/2011

Ryan D. Hill 01/01/2011

Verna Marie Kuka 01/01/2011

Peter Robert Lenahan 01/01/2011

Robin Marie Lewis 02/01/2011

Claudine Michele Samanic 01/01/2011

James C. Yee 01/01/2011

Nurse

Leigh Ann Bernardino 04/01/2011

Yolanda R. Burke 04/01/2011

Wanda D. Chestnut 04/01/2011

Rebecca Anne Fox 01/01/2011

Cheryl Lynn Garza 04/01/2011

Kristin R. Hamlin 04/01/2011

To Commander (O-5)

Nurse

Syketha Juenesse 01/01/2011

Milburn-Mcroy 01/01/2011

Steve Laurier Morin 01/01/2011

Alexis Mosquera 01/01/2011

Dianne Christine Paraoan 01/01/2011

Shedrick L Toussaint 01/01/2011

Margarita Rocio Velarde 03/01/2011

James Lindsay. Webb Jr. 04/01/2011

Marc E. Winokur 01/01/2011

Ardis R. Zah 01/01/2011

Pharmacist

Kavita Dada 04/01/2011

Eun Joong Oh 01/01/2011

Luke Sunghyun Park 01/01/2011

Scientist

Vincen Gene Barnes 01/01/2011

David Joel Beckstead 01/01/2011

Lauren Bailey Zapata 04/01/2011

Therapist

Philip Matthew Chorosevic 01/01/2011

To Lieutenant Commander (O-4)

Dietician

Tracy Nichole Gregg 01/01/2011

Engineer

Helena Attakai 01/01/2011

Jon Harald Bergeron 01/01/2011

Darron Clark 01/01/2011

Mark Hench 01/01/2011

Julia Clare Kane 01/01/2011

[Continued on Page 14](#)

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

(Promotion Cycle: Jan.—Apr. 2011)

Contributed by the JOAG Welcoming Committee

Lieutenant Commander (O-4)

Engineer

Shad Michael Schoppert 01/01/2011

Environmental Health

Timothy Matthew Albright 01/01/2011

Latasha Anasa Allen 04/01/2011

Jessica E. Hensley 04/01/2011

Katherine Noonan. Hubbard 01/01/2011

Jasen Michael Kunz 01/01/2011

Stephanie R. Coffey 01/01/2011

Elisa Joy Dubreuil 01/01/2011

Jessica E. Hensley 04/01/2011

Katherine Noonan. Hubbard 01/01/2011

Jasen Michael Kunz 01/01/2011

Eva Daneke Mclanahan 01/01/2011

Health Services

Karla Hembrick Bowens 01/01/2011

Charles John Brucklier 01/01/2011

James B. Carr Jr. 01/01/2011

Clifford Eugene Coleman 01/01/2011

Kojo Danso 04/01/2011

Irina Pashina Gaberman 04/01/2011

Whitney H. Gadsby 04/01/2011

Michael Allen Henson 04/01/2011

Yonette Rhea Hercules 04/01/2011

Darrell William Jones 01/01/2011

Carl Jevon Lawson 01/01/2011

Adam Waring Lofton 04/01/2011

Donelle D. Mckenna 01/01/2011

Donald Walter Mott 01/01/2011

Evelyn Renee Pleasanton 04/01/2011

Steven E. Porter Jr. 04/01/2011

Willie R. Vasquez JR 04/01/2011

Nurse

Tonya Nichol Cornwell 01/01/2011

Larry John Demers 04/01/2011

Florina Esplain 01/01/2011

Jessica Sue Figlenski 01/01/2011

Lieutenant Commander (O-4)

Nurse

Scott Allen Griffith 04/01/2011

Nahleen Carol Heard 01/01/2011

Shannon M. Little Wolf 04/01/2011

Katherine Altoria Maye 01/01/2011

Jonathan David Merrell 01/01/2011

Tiffany Griffith Moore 01/01/2011

Monique Pressoir 01/01/2011

Orlando Rodriguez-Flores 01/01/2011

Marilyn Quinlan Sale 01/01/2011

Addie Vanessa Scott 01/01/2011

Andrea Denise Smith 04/01/2011

Robert Samuel Swain 04/01/2011

Phoebe Antoinette

Underwood-Davis 04/01/2011

Humberto Villalobos 01/01/2011

Sherry Renea Wall 04/01/2011

Timothy Neil Watkins 01/01/2011

Melinda Denise Welka 01/01/2011

Pharmacist

Gabriel Renard Mclemore 01/01/2011

Carolyn Terrado Pumares 01/01/2011

Ashley R. Schaber 01/01/2011

Lisa Lee Hua Tung 01/01/2011

Scientist

Alexander Balbir 01/01/2011

Sharyn Elaine Parks 01/01/2011

Bobby Babak Rasulnia 01/01/2011

Erin Kristine Sauber-Schatz 01/01/2011

Benjamin Johnathan Silk 01/01/2011

Sara J Vagi 01/01/2011

Therapist

Jennifer Christina Bebo 01/01/2011

Veterinarian

Jaspreet Kaur Gill 04/01/2011

Megin Christina Nichols 04/01/2011

JOAG Welcomes 27 Newly Commissioned Officers!

(Sep. - Dec. 2010)

Contributed by the JOAG Welcoming Committee

<p>BOP LT Tracy Christ LT Troy Matthews ENS Brian Alexander ENS Elizabeth Holt ENS Michelle Krayer ENS Joy Mcelyea ENS Jennifer Pond ENS Julie Taylor ENS Michael Vansickle</p> <p>CDC LT Sharanya Krishnan</p> <p>DOD TMA LCDR Carla Chase-Standifer LCDR Kari Harris</p>	<p>LCDR Tracy Skipton LT Robert Burns LT Indira Harris LT David Lewis LT Cole Weeks</p> <p>FDA ENS Stephen Friedman</p> <p>HRSA LT Benoit Mirindi</p> <p>IHS LCDR Charles Lovell LT Anthony Glydwell LT Dyanne Medina LT Amanda Hill</p>	<p>LT Julia Majkrzak LTJG Rickesha Clark ENS Tyrrell Lang</p> <p>NIH ENS Tonya Jenkins ENS Anthony Valloric</p>
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Call for Nominations for Voting Members

**Nomination Deadline:
Friday, April 1, 2011**

The Junior Officer Advisory Group (JOAG) requests nominations for 11 open positions for voting membership for 2011-2013.

Application Materials

The application can be found on the JOAG website at: http://www.usphs.gov/corpslinks/joag/index_files/About_JOAG_Membership.htm

If you know motivated and dedicated junior officers, please encourage them to self-nominate for the following open slots:

At-Large Member (4 openings)
Environmental Health Liaison
Dentist Liaison
Dietician Liaison
Pharmacist Liaison
Physician Liaison
Scientist Liaison
Veterinarian Liaison

For questions or to submit nominations for voting membership, contact **LCDR Irene Z. Chan, Chair, Membership Committee**, at irene.chan2@fda.hhs.gov.

2011 Call for Award Nominations

**Nomination Deadline:
Friday, March 25, 2011**

The Junior Officer Advisory Group (JOAG) is requesting nominations for three awards to be presented at the annual USPHS Scientific and Training Symposium to be held in New Orleans, LA, from June 19-23, 2011.

If you know any outstanding officers deserving the recognition of these awards, please see the JOAG Awards website at http://www.usphs.gov/corpslinks/joag/index_files/Awards.htm for details. You can also contact one of the JOAG Awards Committee Co-Chairs, LCDR Merel Kozlosky at kozloskym@cc.nih.gov or LT Benjamin Chadwick at benjamin.chadwick@ihs.gov, or one of the JOAG Award Leads listed below for nomination details. Nominations are due to the appropriate JOAG Award Lead listed below no later than COB on **Friday, March 25, 2011**.

Send nominations or questions for the **JOAG Excellence Award** to: **LT Adora Ndu**
 Email: adora.ndu@fda.hhs.gov; Phone: 301-796-5114

Send nominations or questions for the **Junior Officer of the Year Award** to: **LCDR Barbara Cohn**
 Email: barbara.cohn@ihs.gov; Phone: 406-638-3313

Send nominations or questions for the **VADM Richard H. Carmona Inspiration Award** to: **LCDR Tiffany Sanders**
 Email: tisanders@bop.gov; Phone: 203-312-5374

Letter from the Chair (continued)

[Continued from Page 1](#)

In an effort to ensure junior officers had a voice in this process, JOAG nominated six junior officers for these workgroups. As previously mentioned, four were selected to represent JOAG on four of the ten workgroups. Although six workgroups do not have JOAG nominated officers, each of the workgroups do include junior officers as part of their membership. These ten workgroups are: 1) Division of Civilian Medical Reserve Corps; 2) Division of Science and Communications; 3) Division of Commissioned Corps Personnel and Readiness; 4) Division of Systems Integration; 5) Recruitment Branch; 6) Assignments and Career Management Branch; 7) Assignment Team; 8) Training Team; 9) Personnel Management Support Team; and 10) Readiness, Deployment and Ready Reserve Branch.

Additionally, the Corps continues to move forward with the following initiatives:

- **Billet Transformation:** categories are at various stages of completion at this time.
- **Ready Reserve Implementation:** current efforts are directed at determining the size, skills, employment, etc. for Ready Reserve officers.
- **GI Transferability Bill:** ongoing discussions continue at the Department level to get the details of the *Post-9/11 Veterans Educational Assistance Improvements Act of 2010* completed. This Bill will allow PHS Commissioned Corps officers to transfer educational benefits provided by the Post 9/11 GI Bill to dependent family members. In order for the Post 9/11 GI Bill transferability to be effective for the Commissioned Corps, transferability must be in the interest of national security and be approved by the HHS Secretary. Specific details on what this means are still being discussed.

The lifting of the pause and the pending reorganization of the Corps brought about many questions from junior officers. This is why I felt it essential to have Commissioned Corps leadership come address JOAG during the February 11, 2011 JOAG General Meeting. We were honored to have RADM Boris Lushniak, Deputy Surgeon General, and RADM Christopher Halliday, OSG Chief of Staff, address JOAG members. The Admirals started off by acknowledging the important role JOAG plays within the Corps. They also stated that the Surgeon General appreciates junior officers' enthusiasm during these difficult times, our insight on what is important for the future of the Corps, and our leadership, as demonstrated by being part of an organization like JOAG.

The meeting allowed an opportunity for frank, candid discussions between Corps leadership and junior officers present at the meeting. I believe this session was tremendously helpful in reducing any anxiety surrounding many of the unknowns coming from the passage of the PPACA, and will undoubtedly lead to improved future communication between Corps leadership and JOAG.

As we move from focusing on activities related to the overall Corps, I would now like to recognize some of the great work being done by the JOAG committees:

The **Policy and Procedures Committee** and the **Professional Development Committee** will soon distribute the Membership Survey to junior officers via the JOAG listserv. This survey will help JOAG identify gaps in our organization as perceived by our general membership.

The **Professional Development Committee** is currently working on finalizing the JOAG Career Pyramid. The career pyramid was designed with the intent to assist junior officers better understand the requirements expected of them during the course of their careers. In addition, the pyramid serves as a PHS career development tool for mentors to guide their protégés.

The **JOAG Strategic Plan** is currently being reviewed and updated to help JOAG align its priority and mission into the next 5 years.

The **Recruitment and Retention Committee's** COSTEP Connection Program have developed the COSTEP Non-Select Recruitment Program in collaboration with the Commissioned Corps Recruitment Branch (formerly known as Div. of Commissioned Corps Recruitment).

Although in very early stages, JOAG is currently looking into how we can assist the Surgeon General with the First Lady's *Let's Move* Initiative.

These are just some of the exciting projects that we have been involved in for the last several months. As you can see, there is plenty to do, and we are always looking for enthusiastic participants to assist within our ten JOAG Committees.

I would also like to remind and encourage all junior officers that the **Membership Committee** is now **accepting nominations for JOAG Voting Membership**. For more information on how to apply, please visit the About JOAG – Membership webpage of the JOAG website. Additionally, the **JOAG Awards Committee** is also **accepting nominations for the three JOAG Awards** that will be presented during this year's COF; The JOAG Excellence Award, The Junior Officer of the Year Award, and the VADM Richard H. Carmona Inspirational Award. Application and instructions can be found under the Awards section of the JOAG website.

Lastly, I want to end by thanking all of our active JOAG participants. It is through you that JOAG continues to thrive and have a direct impact in the future of our Corps. As always, if you want to get involved and be part of this historical time in our Corps, I encourage you to become active by joining one of our many JOAG committees.

With Warm Regards,
LCDR Carlos Bell
Chair, Junior Officer Advisory Group

Merchandise



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 per coin plus \$1 shipping and handling

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 per coin plus \$1 shipping and handling



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.

Now available for pre-order for \$26/rack plus \$5 shipping and handling



Interested in pre-ordering? Visit the Merchandise section of the JOAG website to view the order form and instructions:

http://www.usphs.gov/corpslinks/JOAG/index_files/Merchandise.htm

For questions related to purchasing items please or contact LCDR Robin Toblin, JOAG Financial Liaison at Robin.L.Toblin@us.army.mil.

JOIN OUR MEETINGS

JOAG General Meeting and Journeyman Series 2010-2011

April 8, 2011:

General Membership Meeting, 1300-1500 EDT

May 13, 2011:

Journeyman Speaker Series, 1300– 1400 EDT

June 20-23, 2011 (COF Symposium):

General Membership Meeting, 1300-1500 EDT

July 8, 2011:

Journeyman Speaker Series, 1300– 1400 EDT

August 12, 2011:

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
FDA’s White Oak Campus
Surgeon General’s Conf.Rm 18-57
Bldg 51, Conf.Rm. 1219
5600 Fishers Lane Room 18-57
10903 New Hampshire Avenue
Rockville, MD 20857
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

Editor’s Note: A very special thanks to LT Natalie Gibson for her hard work as a copy editor for the Fall issue of the JOAG Journal.

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](#) and [LCDR Christina Coriz](#), Committee Chairs, or [LTJG Tracy Tilghman](#), JOAG Editing Subcommittee lead.

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.