

THE JOAG JOURNAL

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EDITORS

LT Katie Bante
LCDR Daveta Bailey



IN THIS ISSUE....

FROM THE FRONT LINES:

Message from the Chair—LCDR Elizabeth Garza, pg 3

Message from the Editor—LT Katie Bante, pg 5

COMMITTEE HIGHLIGHTS:

Uniform Corner, pg 6

Anchor and Caduceus Dinner

Readiness and Deployment, pg 10

BLS Certifications

Recruitment & Retention, pg 12

Get Connected. Stay Connected!

Fitness Corner - LT Kayla Dewitt, pg 13

The Effects of Exercise on Mental Health

Mental Health Awareness Month Feature, pg 18

Pressure is a Privilege, Anonymous

Outreach Committee, pg 15

2016 Symposium Planning

Policy & Procedures: Creed, Code of Conduct, pg 26

Creed of the Public Health Service Officer

POINT OF IMPACT:

JOAG's NEW Look, Pg 8

Admirals Corner, pg 19

Live interview with Veterinary CPO RADM Terri Clark

Junior Office Spotlight, pg 24

ENS Colin Smith

JUNIOR OFFICER DIRECT

- * History Brought to Life through a JOAG Community Service Event - LCDR David Jackson, pg 28
- * Commissioned Corps Recruitment Virtual Call Center-New & Improved - LTJG Lusi Martin, pg 29
- * Commissioned Corps Officers Volunteering at a Local Health Clinic - CDR Kun Shen, pg 30
- * Pandakar - ENS Colin Smith, pg 31
- * Community Connections in Action: Educating on Hand Hygiene & Inluenza in Houston - LCDR Marjorie Ceant, pg 33
- * Step it Up - LT Angelica Chica, pg 34
- * Stress Relief Through Running, -LT Kayla Dewitt, pg 36

The Junior Officer Advisory Group (JOAG) is a public health professional group whose purpose is to provide advice and other Corps and non-Corps entities on interests and concerns specific to junior officers in the United States Public Health Service (USPHS) Commissioned Corps.

The JOAG Journal is a quarterly publication produced by the Communications & Publications Committee.

Send editorial comments and concerns to either LT Katie Bante (Katie.Bante@tananachiefs.org) or LCDR Daveta Bailey (Daveta.Bailey@fda.hhs.gov).

To contribute to a future edition, submit articles electronically to joagpcsubmissions@fda.hhs.gov.

Any opinions or thoughts presented within The JOAG Journal are solely those of the author and do not represent the USPHS, United States Department of Health and Human Services (HHS), or any other government agency.



Welcome to Spring! We're more than half way into our operational year and are so excited to have our **new JOAG Senior Advisor, CAPT Sara Newman** appointed. She started her term 1 March and will serve through September 2019. From her short time with us, I can already see that we are lucky to have her! She embodies servant leadership and is already providing us great perspective and wisdom gained in her numerous leadership roles in the Corps and advising us on how to best move some of our initiatives forward through the Office of the Surgeon General. I also wanted to **thank CAPT Dan Beck**, who served as JOAG's Senior Advisor from August 2010 through February 2016. Even with his 'always on' position as Director of Readiness & Deployment Group, he was still committed to JOAG and has always advocated for junior officers. We really appreciate all he has done for JOAG and the Corps, especially with regard to the numerous opportunities to lead and serve through deployments.

As we look ahead to the 2nd half of our operational year, I wanted to bring us back to where we started with our theme and priorities for the year.

Our **theme** for this year is **'building public health leadership and advancing deployment readiness'**.

Our **three priority areas for the year** are:

Advocacy- speaking up and representing a unified junior officer voice at the highest levels of senior leadership

Supporting the initiatives of the Surgeon General- starting with supporting the new OSG call to action to **#StepItUp**

Connectedness- reaching out to officers at all duty stations and locations to ensure after OBC they stay connected and that we serve a resource and network for them.

We continue to strive to be that junior officer voice (advocacy), support the current OSG priorities and connect with new officers through the numerous Meet & Greets across our nation as well as our JOAG Peer-to-Peer Network and JOAG Job Shadowing Program.

JOAG has been included as a part of the Strategic Planning Workgroup, co-chaired by RADM Trent-Adams and RADM Giberson. This workgroup will develop and implement a USPHS Commissioned Corps Strategic Framework and Doctrine. JOAG is also actively engaged in developing a framework of leadership development for Corps officers (led by CAPT Jason Woo).

I wanted to highlight some new exciting JOAG-led initiatives. After 14 years, **JOAG now has a new logo and**





mark based on the design submissions we received from junior officers. Also, JOAG **launched into social media** in February. Check out our Editor's note (pg. 5) and article on the JOAG logo (pg. 8) to hear more about these communication initiatives. Special thanks goes out to **LT Katie Bante**, our Communications & Publications Committee Co-Chair, for leading the JOAG logo, mark, and social media projects.

Our latest update is the development of our **new deployment-focused JOAG wicking t-shirt**. It is now for sale on our JOAG online store (<https://squareup.com/market/usphs-joag>), which was successfully launched earlier this year, and we'll be also selling on-site at the 2016 USPHS Scientific & Training Symposium. It will be 'quarantine' yellow, have our new JOAG mark on the front and on the back will showcase our most notable deployments emphasizing that the USPHS is the only uniformed service for public health responding to public health emergencies, both foreign and domestic. I wanted to personally thank **CAPT Paul Jung** for the inspiration on the text, **CDR Tara Gooen** and **LT Eric Wong**, who worked with me directly to finalize the design, and finally our Financial Liaison **LCDR David Huang**, who saw the design through to sales. The proceeds from our t-shirt and other merchandise sales go towards funding Junior Officer Scholarships for the 2016 USPHS Scientific and Training Symposium from the C. Everett Koop Living Legacy Fund.

I will close out with encouraging you all to attend the **2016 USPHS Scientific & Training Symposium in Oklahoma City**, May 16–19th and join us for our only **JOAG in-person meeting of the year on May 17th from 12:45–2pm CDT, Rooms 9&10**. **LCDR Kristie Purdy** is our JOAG lead for the Symposium and her team highlights the various activities we have planned and how you can take part in them (including an OK City Resource Guide) on pg.15.

Hope to see and meet many of you next week in Oklahoma City!

*-[LCDR Elizabeth Garza](#)
JOAG Chair 2015–2016*

We always encourage you to share your 'voice' with us by sending us a note to our Junior Officer Voice Portal at psh.joag@gmail.com.

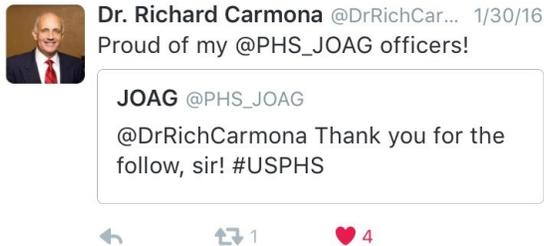


EMPOWERMENT LEADERSHIP INNOVATION INSPIRATION

Greetings Fellow Junior Officers:

JOAG has some great news to share this quarter – we’re LIVE on Twitter and Facebook – JOAG has established a social media presence. This is an important and exciting development in improving our ability to reach more junior officers and increase visibility for the Corps. We’re working hard to perfect our outreach and engagement strategy within these arenas, and we’ll be putting together social media teams to manage our presence throughout the coming months.

Among our first Twitter followers was the 17th Surgeon General, Dr. Richard Carmona! He’s already retweeted some of our material and praised JOAG for our devotion to promoting the Corps! Twitter is a fun networking platform we plan to use to help promote the Surgeon General’s priorities, JOAG initiatives, and any current events in public health. Follow us @PHS_JOAG to get in on the conversation and be sure to Tweet us directly or tag #JOAG and #USPHS.



In this issue you’ll notice our JOAG logo has changed and read about the creative process that went into the new design. We’re also sharing the results of the recent JOAG Journal reader survey. Know that we will do our best to apply suggested changes in order to better meet the expectations you shared with us. We’ve also included a contact email for you to provide more feedback. The Journal belongs to ALL junior officers, and we want you to be heard. Your feedback helps the Journal team create a product that delivers.

For those of you attending the Symposium in May, remember to mention @PHS_JOAG or #JOAG in your Tweets. We’re looking forward to seeing you all in Oklahoma City! ■

Best,

LT Katie Bante



UNIFORM CORNER

Anchor and Caduceus Dinner



The 2016 USPHS Scientific and Training Symposium will be held on May 16-19 in Oklahoma City, Oklahoma. A highlight event during the annual symposium will be the Anchor and Caduceus Dinner where we celebrate the founding of the U.S. Public Health Service in 1798 and the PHS Commissioned Corps in 1889. As expected for all formal events, officers attending the event are expected to be appropriately dressed in formal dinner attire, and represent a uniform corps. Understandably, officers that seldom wear the formal dinner uniforms may feel confused and have many questions. The following information has been summarized in hopes of aiding our officers in the understanding of the dinner dress uniforms, and mitigates anxiety so we may all focus our attention on the night's festivities and honored speakers. At the conclusion of the article, officers shall be able to correctly dress for the Anchor and Caduceus and represent a proud and uniform corps.

The following are appropriate wear for officers during the Anchor and Caduceus Dinner:

1. Dinner Dress White Jacket (DDWJ) – Encouraged for O-4 and above, although any officer can wear this uniform.
2. Dinner Dress White (DDW) – Recommended for Officers O-3 and below who do not have the DDWJ.
3. Dinner Dress Blue (DDB) – Convert Service Dress Blue (SDB) to DDB with appropriate accessories for men and women (bow tie for men and miniature medals for both).

Male DDWJ

Unique from other uniforms, the DDWJ does not require a cover to be worn when an officer is outdoors. An exception to this rule is when the officer is outdoors and wearing the optional outer garment (blue or black all-weather coat). In this instance, the officer must wear the white combination cover in addition to the DDWJ and outer garment. A formal white shirt with a turndown collar is to be matched with a plain black bow necktie, and gold cufflinks. The bow necktie must have square ends, and be between 2 – 2 ¾ inches in vertical width. The white dinner jacket will be worn open, with hard shoulder boards, and all authorized miniature medals worn over the left chest. Blue evening trousers, such as the service dress blue trousers, will be worn with a gold cummerbund. Complete the uniform with black dress socks and dress shoes. Optional accessories include the outer garment, white gloves, white scarf, and white suspenders.

Female DDWJ

Women will need to purchase a white formal shirt with gold cuff links, black dress necktie, and gold cummerbund to accompany the DDWJ. The white dinner dress jacket is to be worn open with all authorized miniature medals. The officer may choose to wear the long formal skirt or trousers; black service or formal shoes are required. Authorized earrings include gold balls, white pearls or diamond earrings. Optional items include the white combination cover with outer garment only, all-weather coat (blue or black), etc. The beret is not allowed to be worn with this uniform and

white

Make sure you stop by the JOAG Uniform Inspection Booth @ the 2016 USPHS Scientific & Training Symposium (near registration). We'll be set up prior to Anchor & Caduceus for a quick check or for any last minute questions!

UNIFORM CORNER

gloves (when required) may be worn or carried with uniforms. Remember to remove your gloves before you shake hands.

Male DDW

Unlike the DDWJ, the DDW uniform requires the use of a cover when an officer is outdoors. For the DDW, the authorized cover is the white combination cover. Another major difference is the lack of a formal shirt. Under the DDW jacket, the male officer is only expected to wear a white undershirt. The service white coat is worn with hard shoulder boards, gold USPHS buttons, and all authorized miniature metals are to be centered over the left chest of the coat. Additional skill badges may be worn center and over medals. Note that the officer's name tag is not worn over the right chest of the service white coat. White trousers are the same as the summer dress white trousers, are matched with a white belt and gold buckle. Complete the uniform with white dress socks and dress shoes. Optional accessories include: white gloves, outer garment, and white scarf (only to be worn with the optional outer garment).

Female DDW

Unlike males, this uniform is identical to the female SDB with the exception that it is white. Female officers have the option to wear the authorized white skirt or white trousers, white dress shirt, neck tie, white dress shoes or heels, skill badge, miniature medals, no name tag, and optional white gloves. The combination cover is worn with this uniform and the beret is not allowed.

Male DDB

Similar to the DDWJ, the DDB is worn with the white combination cover when the officer is outdoors. A formal white shirt with turndown collars will be combined with a plain black bow necktie, and soft shoulder boards. The SDB jacket is worn over the formal shirt with miniature medals and skill badges. Miniature medals are to be worn over the left chest in place of ribbons, and the officer's name tag is removed from the right chest of the jacket. Skill badges may be worn center and over medals. The authorized trousers are the same as the SDB trousers; with the black belt and gold buckle. Complete the uniform with black dress socks and dress shoes.

Female DDB

Females will adhere to the most of the same elements of your SDBs however keep in mind you do not wear your name tag, wear miniature medals instead of standard ribbons, and white gloves are optional. The combination cover shall be worn outside and no beret is allowed.

Miniature Medals:

Now that you understand all the elements in converting your SDBs to DDBs or have chosen to purchase the DDWJ for the Anchor & Caduceus Dinner it's now time to put on your medals. This may be the first time as a junior officer you have been required to wear miniature medals. Most officers order the combination ribbon/medal kit for their awards so you hopefully should have already acquired your medals. Once again the key difference with SDBs and DDBs is the miniature medals. Wear corresponding miniature medals instead of standard ribbons. If a ribbon does not have a corresponding medal it is simply NOT worn. Please follow the additional guidance listed below for placing them on the uniform:

- a. The medal holder lower bar is located just above and centered over the pocket.
- b. There is a maximum of five miniature medals per line centered over the pocket.
- c. If an officer has more than five, he/she should wear a minimum of the top five miniature medals. Do not wear "top three medals" only.
- d. COA miniature medal may be worn at this event.
- e. Miniature version of skill badges may be worn on left side centered above medals. ■



JOAG's NEW LOOK

LT Katie Bante

The JOAG Communications and Publications Committee (CPC) is proud to present the new JOAG logo. The redesign of our official logo began during the last operational year under the encouragement of our past Chair, LCDR Jessica Otto, and came to fruition with the support of our current JOAG leadership.

Why a new logo?

Our previous logo was an image of the JOAG Challenge Coin (pictured below). The seals for the USPHS and the Commissioned Corps of the USPHS were contained within a circle along with the logo for the Department of Health & Human Services (DHHS). Because these images were shrunk down to fit within one circle a lot of the details were lost when this logo was used on smaller items, letterhead, or on the JOAG website.



The CPC recognized a need for consistent branding amongst JOAG's many deliverables. The former logo *includes* the logo for DHHS, but not all junior officers are detailed to the agency. This left a gap we aimed to fill. Additionally, we proposed that a redesigned logo should visually represent junior officers.

Who was involved?

The CPC proposed this project with the approval of the JOAG Executive Committee. We agreed the design should be driven by junior officers and that we wanted a very professional end-product that could be used throughout the future. So we initiated a design contest to get ideas from you all that would later be used by a graphic designer to put the final touches on. We received 13 design submissions from 5 junior officers. These design ideas were used to create more designs, and the JOAG Voting Membership weighed in on the ideas that best represented JOAG and that would be most effective. The final designs were submitted to a graphic designer who prepared several options for us to choose from. The Voting Members voted on these to select our final logo.

We'd like to recognize and thank the following officers for submitting ideas and collaborating on this project: LCDR Steven Porter, LCDR Tyann Blessington, LCDR Tiana Garret, LT Cameron LaChapelle, and LT Daniel Malashock. Your participation and creative energy brought the logo to life!

How can I use the logo?

The logo will be used on the JOAG website, social media, publications and other documents. Junior officers may use the logo on presentations and other JOAG materials. The full logo (pictured above) can be used or the shield alone without text may be used. A set of branding guidelines is under development and will be posted on www.MAX.gov for your reference. The branding guidelines, along with several different file formats and instructions for their use will be

made available by April 1. A message will go out through the listserv once this step is complete and the logo is available for your use. ■

Many thanks to the officers who participated in the contest and to others who helped make this possible along the way!

JOAG General Meeting

Tues May 17th 12:45-2pm CDT Rooms 9 & 10

Conference Line: (218) 844-1930; Passcode: 791-9605



Top 10 Reasons to be at the JOAG Meeting

Tues May 17th 12:45-2pm (Rooms 9&10)

- 1) Hear from our **Deputy Surgeon General**, RADM Sylvia Trent-Adams
- 2) Engage with your **CPO** - we'll have a panel of CPOs that have agreed to answer questions directly from our junior officers
- 3) Be part of special recognition for **CAPT Dan Beck** for his two plus terms as JOAG Senior Advisor
- 4) Hear our new JOAG Senior Advisor, **CAPT Sara Newman**:
 - Share her vision for JOAG for the next 3 years
 - Share leadership advice geared towards junior officers
- 5) Find out who was selected as recipients for the **2016 JOAG Outstanding Committee Volunteer Awards**
- 6) Hear top-level accomplishments from JOAG Committee leadership
 - May entice you to get involved with JOAG after hearing all we do!
- 7) Put your eyes and hands on brand **new USPHS moisture wicking deployment theme t-shirts \$10**
 - First dibs on purchasing JOAG merchandise before meeting from 12-1245 prior to sale in Exhibit Hall on Wed and Thurs
- 8) **Eat with us...** lunch will be served right outside Rooms 9&10, always more fun to eat with friends... yes bring it in!
- 9) Have the opportunity to **meet other amazing junior officers** from all categories, agencies and locations
- 10) **First 50 that join will receive a special local treat, mmm...**



READINESS &

DEPLOYMENT WORKGROUP



**GUIDELINES
2015 CPR & ECC**

Deployment Essentials – Basic Life Support Certification

LCDR Cara Kenney

In 2015, the American Heart Association (AHA) updated the Basic Life Support guidelines. As Public Health Officers, our mission is to protect, promote, and advance the health and safety of our Nation.

One way our mission is achieved is through the rapid and effective response to public health needs. Maintaining basic readiness is critical to [ensuring](#) mission success. Officers are required to have current training in [Basic Life Support \(BLS\)](#) at the level of healthcare provider.

2015 Highlights of changes for American Heart Association Health Care Provider course

- Recognizes the high prevalence of mobile telephones and advocates for simultaneous activation of emergency response system while assessing the victim and initiating CPR. Compression rate is increased to 100-120 bpm.
- Compression depth at least 2 inches for adults, 1/3 anteroposterior depth for children (about 2 inches) and about 1.5 inches for infants.
- Allow full recoil of chest after each compression; do not lean on the chest after each compression.
- Limit interruptions in chest compression to less than 10 seconds
- In patients with advanced airways give 1 breath every 6 seconds, 10 breaths a minute (across the board for adults, children and infants), while performing continuous compressions at a rate of 100-120 bpm.

For those officers who are due for renewal, BLS training classes can be accessed through the Military Training Network (MTN), which is an AHA Regional Training Center that offers support and resources in administrative and training programs for uniformed service members and Department of Defense affiliates free of charge.

READINESS &

DEPLOYMENT WORKGROUP

Additionally, officers can help ensure other officers maintain readiness by becoming instructors themselves. **To become an AHA instructor is simple and requires following these 5 easy steps:**

Complete an Instructor Candidate Application for your local Training Center before enrolling in an Instructor Course. [Locate a local Training Center.](#)

2. Have current AHA provider status in the discipline of the Instructor Course, and be proficient in all the skills of that discipline. Disciplines include ACLS, BLS, PALS, PEARS® and Heartsaver®.

3. Successfully complete the discipline-specific Instructor Essentials online course, and print the course completion certificate.

4. Successfully complete the discipline-specific classroom Instructor Course.

5. Successfully be monitored teaching your first course within six months after completing the Instructor Course. Training Center Coordinators may require additional monitoring.

http://cpr.heart.org/AHA/ECC/CPRAndECC/Training/AHAInstructors/UCM_476669_AHA-Instructors.jsp

The MTN site also offers links to information for the AHA Instructor Essentials Course and links to military training sites under “Quick Links” on the left hand side to help facilitate members becoming instructors (<https://www.usuhs.edu/mtn> ■

The JOAG Readiness & Deployment Workgroup’s BLS Team, led by LCDR Kenney and LT Cherup, serves to identify BLS resources for officers to access in their local region and by coordinating with officer volunteers to serve as regional points of contacts. The AHA has a web based training to bridge the learning for providers until they are due to renew.

If you just renewed in 2015 your card is still good through 2017, but you might want to take the online course to stay current.

RECRUITMENT & RETENTION

Get Connected, Stay Connected

Submitted by LCDR Michelle Williams on behalf of the JOAG Recruitment & Retention Committee

What connects me with the United States Public Health Service (USPHS) Commissioned Corps? Where do I fit in? How can I stand out? These questions are often asked by both PHS officers and those considering a part in the Commissioned Corps. Where do you find answers to these questions? At the Annual USPHS Scientific and Training Symposium in Oklahoma City from May 16-19, 2016. Check out the website for more information at <http://symposium.phscof.org/>.

From start to finish, this annual conference provides numerous and varied opportunities to meet and network with Commissioned Corps officers (from the Surgeon General to newly commissioned officers). While attending this conference you will learn and hear what others are doing and how to get involved to protect, promote, and advance the health and safety of our Nation. Inspiration, Vision, Motivation: 3 things to grasp and connect you to the Corps. I am always inspired by the Surgeon General's (or Deputy Surgeon General's) address to the conference participants, providing Vision and clarifying our Mission. Hearing the Surgeon General's address motivates and drives me to do more and seek ways to improve our Nation's health.

What connects me with USPHS Commissioned Corps? Think Global; Act Local. You have probably heard this phrase before. It rings true here. During plenary sessions, you will hear what Corps officers, in a myriad of Public Health roles and across many different disciplines, are doing across the Nation and some beyond our borders on temporary duty (TDY) assignments, deployments, and various positions. Global reach and impact of these officers and their Agencies are illustrated through their individual and team efforts at the ground level. It is interesting to learn and understand the magnitude of impact at which these local actions can help shape and develop national policies and protocols.

Where do I fit in? Where can I relate personally and/or professionally to the types of activities officers like me are involved? Category Day, where you are grouped with your individual category/discipline (e.g. Nurse, Pharmacy, Medical, Dental, Engineer, Health Services Officer, etc.), is one of the most rewarding aspects of the conference for me as it is the best place to get connected and stay connected with those who share a common focus. I met new people, reconnected with old friends and colleagues, learned interesting things regarding my profession. To top it off with the Category Day Social, I was able to gather and share stories and was able to catch up with colleagues in a casual atmosphere to end a perfect day. If socializing is your preferred means of networking, also consider checking out the overall Symposium Social. The Symposium Social is usually held at a large well-known establishment that provides easy access and ample opportunities to connect with others across categories who may reside on the other side of the country, but for a short time seated across the table/bar from you.

How can I stand out? Get involved at the Symposium! Run/Walk in the sponsored 5K or APFT, register for the pre-session Leadership Training, certify or recertify for CPR/Basic Life Support, attend the Anchor & Caduceus Dinner, serve as an Aide, present a Poster, inquire about local community service projects, or volunteer to help at the Symposium (planning committee, social committee, category day representative, local logistics/setup, etc.). The opportunities to act are endless. Scholarships to attend may be available to junior officers at rank of Lieutenant (O-3) or below. Get out there! Get Connected; Stay Connected. ■



The Effects of Exercise on Mental Health

LT Kayla Dewitt, DPT

Millions of Americans are affected by mental health conditions. While medications and therapy are helpful, exercise can also be a great tool in complementing those options. Exercise has been shown to help with many mental health conditions such as depression, anxiety, ADHD, and PTSD/trauma. A few of the benefits of exercise are as follows: improved sleep, better endurance, stress relief, increased mood, increased energy, decreased fatigue, increased mental alertness, and decreased weight.

If a person is depressed, exercise can help enhance the action of endorphins reducing the perception of pain and stimulate norepinephrine, which can help improve mood. Exercise can also increase serotonin levels and boost overall self-esteem. While exercise alone has been shown to decrease depression, adjunctive prescribed use of antidepressants may support ongoing motivation. Studies have also shown that those who remain active are less likely to relapse. It also serves as a distraction so that one can forget negative thoughts and worries since depression feeds off of those things.

During an anxiety attack, the “fight or flight” response is activated. A person can begin to sweat, have an increased heart rate, and/or become dizzy, giving off the sensation of danger. Sweating and increased heart rate, specifically, are also normal responses to exercise. Once exercising becomes a habit, a person can begin to associate those symptoms with safety instead of danger. Exercise is also useful in promoting feelings of well-being and calmness.

A person who has ADHD can benefit from exercise too. Exercise has been shown to help increase memory, concentration, motivation, and mood. Dopamine, norepinephrine, and serotonin are all increased with exercise, which has an effect on focus and attention.

Those who have PTSD or trauma may also experience the good effects of exercise. If one can focus on the body and how it feels while exercising, the nervous system will become “unstuck” and move out of the stress response. The best choices of exercise for those who suffer from PTSD and trauma are exercises that involve cross movements of the body. Walking, running, swimming, dancing, or outdoor activities such as hiking or mountain biking are a few examples.

Self-esteem issues can also be improved by keeping fit. Exercise gives a person a feeling of accomplishment, stronger resilience, a sense of achievement, and a feeling of being strong and powerful. When it comes to general stress, exercise helps to relax muscles and decrease tension in the body and mind. Another bonus of exercising on a regular basis is that it will help normalize sleep, which has been known to have protective effects on the brain.

Sometimes it can be hard to stay motivated to exercise, or even to find the time to do so during your day. Here are a few tips to combat those challenges. Focus on activities you enjoy because you are more likely to stick with it. Reward yourself once hitting a goal with a spa day, a smoothie, a movie, or new workout clothes. Make exercising a social event. Call up your friends or loved ones to help you stay on track. Push mow your yard, garden, or clean your house if you can't get to a gym. You can also



The Effects of Exercise on Mental Health (cont. from page 13)

exercise on the go; bike or walk to work if possible, take the stairs, or park in the back of the parking lot. Involve your family to get yourself moving. Play tag with your kids, take a jog around the park during the kid's soccer practice, or have a family neighborhood bike ride. Every place you look, during every part of your day, you can find an exercise related opportunity to improve your mental health and well-being. Remember that exercise is not just a way to stay physically fit, but can also be an effective and influential "medicine" that can help with many mental health conditions.

Ways to Beat Mental Health Fatigue as a PHS Officer

- Lead/participate in a PHS Athletics Event
- Participate in a local charity fitness event
- Take a brisk walk with fellow officers on your lunch break
- Join a yoga class
- Meditation

References:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1424736/>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470658/>

<http://www.apa.org/monitor/2011/12/exercise.aspx>

<http://www.helpguide.org/articles/exercise-fitness/emotional-benefits-of-exercise.htm>

<http://www.health.harvard.edu/mind-and-mood/exercise-and-depression-report-excerpt>

Tricare – www.tricare.mil for services at your local Military Treatment Facility

Tricare Prime Active Duty - No referral needed, contact nearest MTF to make an appointment. Active Duty are not authorized to select a civilian provider from the Tricare website and schedule an appointment, as Tricare will not pay for it, unless a consult was entered in Tricare and the disposition is Refer to Network. Tricare Prime Dependents are authorized 8 sessions of Behavioral Health services before needing an authorization from Tricare (through Tricare network providers). Self-pay is always an option.

For those in remote locations, AND have Tricare Prime Remote, the Service Member can access Behavioral Health services directly, through civilian Tricare providers.

Federal Occupational Health Employee Assistance Program- 1-800 222-0364

Suicide Prevention Hotline at 1-800-273- TALK (8255)

Military OneSource website lists resources www.militaryonesource.mil.

<http://afterdeployment.dcoe.mil/> - offers screening tools to identify if professional services are needed

OUTREACH COMMITTEE

SYMPOSIUM PLANNING 2016

The 2016 USPHS Scientific and Training Symposium to be held in Oklahoma City May 16–19, 2016 is just around the corner. If you have not already done so, now's the time to start making plans to attend this marquee event. The Symposium theme "Gimme Five: Building a Better Tomorrow through Prevention Today", will build on the First Lady's challenge of practicing a healthier lifestyle and will feature over 70 presentations on the latest in public health research, best practices, case studies, and emerging trends. The United States (US) Surgeon General VADM Vivek H. Murthy, and Acting Assistant Secretary for Health in the US Department of Health and Human Services, Karen DeSalvo, are slated as keynote speakers.



The JOAG Symposium Planning Subcommittee has been hard at work advocating for our junior officer presence and is proud to offer the following events currently being planned for the 2016 Symposium:

JOAG General Member Meeting

May 17th at 12:45 – 2 pm, Room 9&10

All junior officers are invited to attend JOAG's only in-person meeting of the year. *This meeting provides an opportunity for junior officers to meet and engage in conversation with our Surgeon General, Deputy Surgeon General, and Chief Professional Officers.*

JOAG Junior Officer Career Enhancement Booth

(JOCEB):

May 17th – 19th, Exhibit Hall
Stop by the JOAG JOCEB to obtain resources and advice on career and professional development. Information will be available

on: opportunities and resources available from each of the committees including the JOAG Job Shadowing Program, the JOAG Peer to Peer Network, the JOAG Professional Development Book Club, as well as other training and educational materials related to policy, health promotion/fitness and deployments. Display your PHS pride through purchase of t-shirts and other merchandise for sale, with proceeds funding scholarships for junior officer attendance at the symposium.

OUTREACH COMMITTEE

SYMPOSIUM PLANNING 2016



JOAG Uniform Inspection Booth (UIB):

May 16th – 19th, Near Registration

Not sure if your medals are pinned on correctly for the Dinner Dress Jacket? What's the latest news on the Combination Cover? Find out at JOAG's UIB. Providing the most up-to-date and in-person uniform regulation knowledge, the UIB will provide education on proper wear of all PHS uniforms. The UIB will be available throughout the duration of the

conference and prior to the Anchor and Caduceus Dinner.

JOAG Community Service Event

May 17th at 6 – 8 am, Homeless Alliance

Volunteer alongside your fellow officers as JOAG serves breakfast to those in need at the Homeless Alliance – a non-profit organization dedicated to improving care for the homeless in Oklahoma City.

JOAG Good Morning Oklahoma City! Walk

May 18th 6:45-7:15 am

Interested participants will meet in the lobby (near the front desk) of the Renaissance Oklahoma City Convention Center and Hotel (10 North Broadway Avenue, Oklahoma City, OK 73102). Participants will walk (approximately two miles) from the convention center to the scenic Bricktown River Walk Park and then return to the convention center. The UOD is the blue PHS t-shirt, pair of jeans or sport pants, and sneakers.

USPHS Combined Social

May 18th, 7:30 pm to 10:30 pm, Wormy Dog Saloon

Come out and have fun with fellow officers! Jointly planned by JOAG and officers throughout all categories of USPHS, the combined social will feature a night out on the town in fellowship with other officers.

JOAG Presentation of Awards

May 19th at 11:30 am, Awards Luncheon

Join us at the Awards Luncheon as JOAG presents awards to the recipients of the Junior Officer of the Year, JOAG Excellence, and VADM Richard H. Carmona Inspiration Awards.

OUTREACH COMMITTEE

SYMPOSIUM PLANNING 2016

Additional Resources

JOAG Room Share/Ride Share Program

Looking to share the cost of a room or ground transportation to the conference? This program assists in connecting fellow officers to split the cost of a room, provide a room to a fellow officer at no cost, or share a ride. The online tool may be located at:

https://docs.google.com/spreadsheets/d/1MgKZCOL5J4yD11AgNXDRMmdSMSMptLjJVbc_ImKjZo/edit#gid=0

JOAG Junior Officer Scholarship

Junior Officer Scholarships are being offered for the 2016 USPHS Scientific and Training Symposium from the C. Everett Koop Living Legacy Fund, which is partially funded by the proceeds of JOAG merchandise sales. The scholarship is available to Commissioned Officers Association members who are officers at the rank of O-3 (LT) or below, and will cover the full registration cost of the Symposium. The deadline to apply for a scholarship is April 4, 2016. For further details on the scholarships, including full qualifications and instructions about how to apply, please visit: <http://symposium.phscof.org/registration>.

Oklahoma City Resource Guide

Explore OKC! JOAG has compiled a comprehensive resource guide to local attractions, eateries, and entertainment in the OKC area. The guide may be found at the JOCEB, Registration, and distributed through the JOAG list-serv.

For questions on JOAG Symposium Planning or if you are interested in volunteering for a JOAG event during the Symposium, please contact LCDR Kristie Purdy at kristie.purdy@ihs.gov or LCDR Toscha Stanley at tts1@cdc.gov. ■

We look forward in seeing you in Oklahoma City!



May is Mental Health Awareness Month. Emotional, mental well-being is a crucial component to overall PHS Officer health and fitness for duty. The [JOAG Readiness & Deployment Workgroup](#) (R&DWG) was established for the 2015-2016 operational year. The vision of the R&DWG is to promote officer fitness and readiness, in all facets of the words, and also provide opportunities to increase deployment related knowledge, expertise, experience and training. The Officer Health and Fitness Promotion Team (OHFPT) under the R&DWG is committed to sharing information as it relates to various 'fitness' topics,

to encourage well-being among the corps in the JOAG journal. Please read this very candid article obtained from a fellow PHS Officer that discusses her struggle with mental health issues and her path to overcoming this obstacle. Our hope is that you will find it informative and encouraging. If you too are struggling, you don't have to do it alone, you can overcome it and people are here to help. Please submit any comments with respect to this article to OHFPT lead LCDR Catherine Beer at Catherine.beer@fda.hhs.gov.

“Pressure is a Privilege”

~anonymous Corps Officer

With each deployment comes exhausting work, challenging moments, and little sleep; but also inspirational opportunities to enter communities in need and actually, honestly make a tangible difference. Deploying as an officer in the U.S. Public Health Service is an absolute honor and privilege, yet it does not make one immune from the physical and emotional toll that it can take on us as human beings.

The past year has been a particularly challenging one for me with two intense deployments, both of which still continue on today, though in different forms. As a result, my marriage ended and I found myself not as motivated as I would like to have been in my “regular” job. My drinking increased and my desire to participate in much of anything plummeted; I was losing control. I knew that I had to make some changes and set some goals in order to get my life back on track. My life would never be the same after those deployments, but that didn't mean that I could not retake control and set an even better path forward.

I decided to return to my endurance training, which has helped me get through some other difficult times. So, I set the goal of training for and finishing another Ironman triathlon (2.4 mile swim, 112 mile bike and a 26.2 mile run). I threw in a couple of marathons and half-Ironman triathlons to the calendar and decided to raise funds for my favorite charity to make the effort even more meaningful.

It has helped tremendously. My plans with friends have turned into runs, rides and swims, not just late nights at the bar. I am heartily laughing again. I feel better physically and emotionally. I realized that I need to take care of myself the same way I try to take care of others. I have leaned on my battle buddy to help me along my journey – which she has done by supporting me and training alongside me even at a distance.

So about that pressure... I am an officer. It is part of my responsibility as an USPHS officer to carry myself as one. That includes being fit for duty, in every sense. Through my athletic endeavors I am able to begin the emotional healing process while also becoming physically stronger, healthier and fitter.

This is what we signed up for. This is our pressure. This is our privilege. We will all go through challenging times but we need to remember that we are officers and as we serve others, we need to take care of ourselves and look out for each other. Be fit – emotionally and physically. If you need any help, there are resources and people who care, please consider leaning on your fellow officers. Professional confidential help is available by contacting:

Federal Occupational Health's Employee Assistance Program

at 1(800) 222-0364 or your Primary Care Manager.

Additional resources included on pg. 14 in the bottom box.

*Title is a quote from tennis legend Billie Jean King.



RADM Terri R. Clark, DVM
Interviewed by: LT Matthew Doyle, DVM, MPH

RADM Terri R. Clark, DVM
Director of the Office of Animal Care and
Use (OACU)
National Institutes of Health (NIH)



AC: What are your primary duties?

Currently, I am the director of the Office of Animal Care and Use within the Office of Intramural Research within NIH. Anytime NIH uses animals in a research setting there are Federal laws that require veterinarians with laboratory animal training to be involved in the oversight and care of those animals. Federal regulations also require someone senior within the program to be designated as the institutional official responsible for making budgetary, policy, regulatory or oversight changes. My boss, Dr. Michael Gottesman (RADM Ret.), as head of the intramural research program holds that authority which was delegated from NIH Director Francis Collins. My office has been delegated the authority to assist Dr. Gottesman with the administration of the day-to-day responsibilities. Of the 27 institutes and centers within the NIH intramural program, 24 use animals in some research capacity split into 21 animal care programs. Our roll is to provide oversight, interface with their animal care and use committees, and work with the veterinary staff. It's an authority that ensures that everyone is meeting the Federal and internal standards.

AC: What event(s) in your life led you to become a Flag officer?

When I joined the service and made the decision to make it my career, I was not thinking about becoming a Flag officer. I am a self-starter and driven to do well in my job, and desired to work my way up to O-6. Prior to joining PHS, I spent 12 years in the Army and transitioned as an O-4. I made the move in order to have more control over my professional opportunities and career management. You need to be proactive with your career progression. Look at your category benchmarks and how they align with your professional goals and personal/family life. How do your benchmarks align with the goals in those areas of your life? Your career progression should take this all into account. When I decided to compete for the job I currently hold, I did it because I have a commitment to NIH and to the research program here. The driver to obtain this position was not because it might one day be



RADM Terri R. Clark, DVM

considered for a flag billet. I saw this position as another venue to have a positive influence in NIH's research program arena. The leap to O-7 has a lot of moving parts behind the scenes that I did not have a lot of control over. I am happy that it happened and had a lot of help from my supervisors whom supported me in my desire to be Chief Professional Officer and ultimately ensured my success in gaining the flag billet and promotion. My focus was on coming to work, doing a good job, being a visionary in what I am doing on a day-to-day basis, and integrating well with my customer base. You have to appreciate what you do naturally in order to be successful in your job and profession, as these will also be the things that will perhaps set you up for being considered for a flag promotion at some point in your career. Look at the opportunities that are presented to you and make your decisions based on if they are the right thing for you to do as a professional.

AC: What has been the best experience you have had in the USPHS Commissioned Corps?

How could I not just be over-the-top, elated by being selected for Flag rank? It was one of the most exciting days of my life when I got the call from the Surgeon General (SG). To have the chance to serve at this level and to do it under VADM Murthy's leadership is an unsurpassable experience for me. Besides that, while it was a very busy 4 ½ years, having the chance to be the Chief Professional Officer was an amazing opportunity. It was very busy at times, but to be the representative for my category was very special to me. I am certainly happy for CAPT Gibbins and ready for him to take over that role, but I do miss it.

AC: What have you learned from your deployment opportunities as a Commissioned Corps officer?

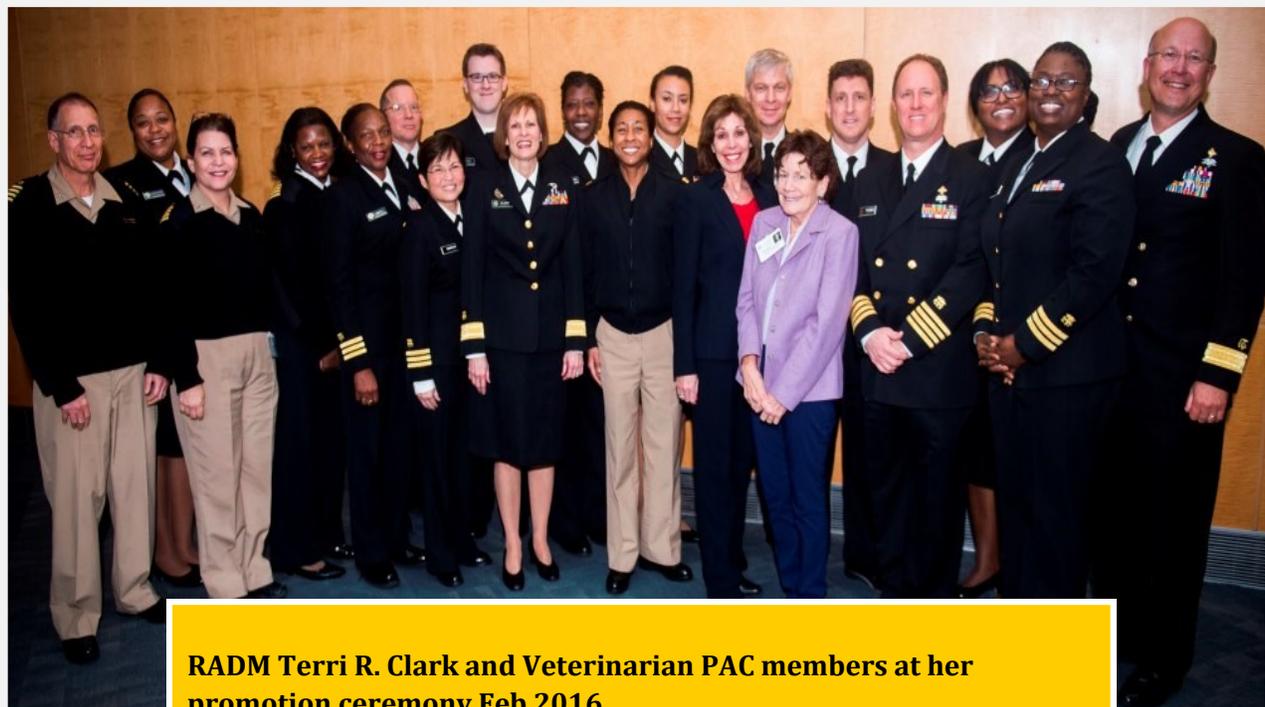
I did get to deploy for one of the two week periods for the response to Hurricanes Katrina and Rita. Close to 75% of the veterinary category deployed at some point during that event. I was able to go down with the second group. When you have such a critically large event, you feel like you want to help out. With the deployment, I felt like I was directly involved with the response effort. It was an intense period where you felt a special bond with the people that you worked with. We were out of our normal environments, in a tent community, but the bonds were strong. It was similar to the feeling of comradery I felt with my veterinary class in school, having gone through so much together. Being there, I could see how my skillsets were helping those that we were serving. I could see the resiliency of the veterinary profession and how we jumped in to help organize the situation. You can better appreciate how you work as a leader when put in this type of a position and you suddenly realize that there is a lot more to yourself than you may have realized. Our group really got the animal response organized and made a difference. It was fun, tiring, exciting, and in the end it changed how the National Response Framework considered the 'pet piece' of a response.



RADM Terri R. Clark, DVM

AC: Educating others about the US Public Health Service Commissioned Corps is a continual endeavor. How do we as officers ensure the best message is being properly conveyed to the public?

There is a lot of discussion currently around branding of the Corps so that what we do is clear to the public. For officers, first and foremost, wear your uniform with pride. Coming from the Department of Defense, I could not imagine a service not doing so. We, as officers, have the responsibility to wear it with pride, the requirement to do so on a daily basis, and the requirement to wear it correctly. As a smaller service, we will be scrutinized by the public and by the other services. Your uniform and how you wear it says to people what you think of yourself and what you think of your



RADM Terri R. Clark and Veterinarian PAC members at her promotion ceremony Feb 2016.

service. It is put a positive

Commissioned Corps. Additionally, when we do get questions from the public, it is true that you need to have your prepared elevator speech to take advantage of the 30-60 seconds and explain our important work.

how we can brand of the



RADM Terri R. Clark, DVM

Director of the Office of Animal Care and Use (OACU) National Institutes of Health (NIH)

AC: What is your vision of the future for the USPHS?

My vision for the Corps as a whole is to continue down this path of recognition and independence within the Department of Health and Human Services. It would be beneficial for the Corps if we were more aligned with the Office of the Secretary. This could allow us to have more stability as we go forward. We have such amazing support from the VADM Murthy, Assistant Secretary for Health DeSalvo, and Secretary Burwell, but as those positions change, additional, inherent stability would be helpful. I would like us to have a solid brand in place to help with our visibility. Even after coming off of a very visible year with the Ebola response, our officers are still not adequately recognized for all the exceptional work that is being done every day, whether we are in an international crisis or not. I am excited to be a part of the leadership team working on the strategic planning to make this happen.

AC: Are there any initiatives in development of which junior officers should be aware?

We are going through the strategic planning process, which is a first for us. Having a standard doctrine in place that can define what the essence of Corps is, and from that doctrine, what do we want to achieve strategically for the out-years will be very important for both the Department and the CC. I appreciate VADM Murthy recognizing the importance of this and being willing to move it forward. We are in a great place now having a SG, Assistant Secretary for Health, and Secretary that are in alignment and have a great appreciation for the Corps.

AC: What advice do you have for junior officers in maintaining a balance between work for their respective OPDIVs and activities focused on officership?

My day-to-day focus is on the mission of the NIH. That is what I am here to do and where my passion is. I say that because I don't think we can separate ourselves as officers from our offices' daily missions. I am doing the work of the Corps by being here in uniform and by doing my daily job. It is important that we make that connection in our minds. There is not a thing that I do that I am not doing for both NIH and the Commissioned Corps to protect the health and safety of the nation. But of course we are expected to maintain our basic readiness, CE, licensure, etc. As a professional, this is an expectation regardless of our uniform. I would also submit that if you are interested in your career and engaged in your profession you will be engaged in extracurricular activities. These activities run in parallel with what we need to do for both our professional development and with our officership within the Corps. And we get to make those choices. I never felt that the activities at NIH or with my PAC were isolated. They all tie together. When looking at your benchmarks and developing your CV, work that we do as a part of our daily job, but are additional duties to our job descriptions, can be considered as a part of our Corps professional development and officership. Activities that you perform in addition to your regular duties often get broad support from your office because they support the greater mission of the agency. These activities can be considered both as beneficial to your agency and support the Corps as a part of your officership. Also, Corps related activities, whether



RADM Terri R. Clark, DVM

with JOAG, your PAC, etc., that develop you professionally should also be considered benefit to your office. This should be communicated with your supervisors. As you grow as a leader through this development, you are providing benefit to your agency. Part of it all is finding the right balance between family, work, and personal obligations. And there will be times when you will have to back off from some of these activities, and I have done that throughout my career. It is okay to take a breather as you work on other parts of your life. Take care of your family and yourself, the rest of the stuff will sort itself out. If you are excited about your career and do things that interest you, you don't need to be strategic about most of this stuff. At times there are moments when you can be strategic, but you cannot force yourself to do things that are not of interest to you. There are so many things for you to get engaged in that you will be able to find things that excite you and will help with your career progression.

AC: What do you know now, that you wish you knew as a junior officer?

Be more deliberate about seeking out mentors. I have had some amazing bosses and peer groups that have mentored me over the years. I think at some point you start realizing that maybe you need to go beyond those mentors that just naturally coming into your circle and start seeking out mentors. Be more deliberate in meeting with potential mentors and make those connections. As a young officer, when professionally related social activities happen, go and meet people and build relationships. These connections will help you throughout your career. Build a base of peers and higher level mentors around you. Go to COA and when you see higher ranking officers, introduce yourself. As Captains and Admirals, we expect junior officers to introduce themselves and chat for a little bit and will appreciate your initiative. ■

JUNIOR OFFICER SPOTLIGHT



ENS Colin Smith

Category: Medical

Education: BS, Neuroscience (Sacred Heart University); MD candidate, (Uniformed Services University of the Health Sciences)

Home town: Framingham, MA

Agency: Indian Health Service

Current Assignment and Duties: Fourth-year medical student at Uniformed Service University of the Health Sciences (USU).

How did you find out about the PHS? In 2011, I was searching through the Medical School Admissions Requirements (and online database of all US medical schools) and discovered Uniformed Services University (“America’s Medical School”) the nation’s only federal health sciences university. I had serious interest in health disparities, as well as global and indigenous health, and applied for 1 of 2 IHS-sponsored positions. It was a perfect match.

What was the most challenging part of applying for the PHS? The medical school admissions process. The commissioning process was simply my “reward” for having been accepted, and was fairly streamlined compared to my 4-year journey through pre-med.

What are your goals with the PHS? Before beginning my service with IHS, I will complete a 5-year residency in combined internal medicine-psychiatry at Duke University. I am also conducting global health research in Uganda, which deals with implementing psychiatric services for persons living with HIV and depression. My goal is to leverage my combined training and research in low-income countries to deliver truly integrative care to vulnerable populations. I also plan to continue my work in advocating for comprehensive treatment models on a broader scale.

What is your most memorable PHS experience so far? In 2016 I was sent on a mock deployment (see story in this issue) as part of a USU training exercise. I worked with my colleagues across the other services (Army, Navy and Air Force) and felt a great sense of pride to be representing the PHS with my two other PHS classmates.

What advice would you give to prospective PHS applicants (or other Jr. Officers)? Ask yourself where you want to be in 2, 5, 10, and 20 years. Then ask yourself whether what you are doing now is helping to move you in that direction.

How has your experience at USU contributed to your development as an Officer?

I am grateful to have trained in the quadri-service environment at USU, where I continue to borrow professional development tools from my classmates with varied service experience (an example of which is the USAF Academy’s PITO (Personal, Interpersonal, Team,

JUNIOR OFFICER SPOTLIGHT

Organization) model of officer development). We also receive 700 additional hours of military medicine curriculum, comprised of operational emergency medicine, advanced trauma life support, tactical combat casualty care, and much more. This interprofessional environment has helped shape me as an officer and uniformed services physician, and I feel prepared to continue onto residency and beyond ready to provide care to our most vulnerable populations. ■



Help us build our Summertime Playlist! Tweet @ PHS_JOAG or visit our Facebook page and let us know what your favorite summertime workout song is!

We will reveal our

2016 Summertime Abs Playlist in our Summer 2016 Edition.

12 TIPS ON STAYING INSPIRED

STAY HEALTHY

- 1  **drink a glass of water**
When you wake up in the morning, drink a glass of water to start the day fresh.
- 2  **move and sweat**
Daily exercise boosts your energy level, improves your mood, and relieves stress.
- 3  **get some sleep**
When you get enough rest, you have more energy to do the things that make you happy.

PLAN YOUR DAY

- 4  **top 3 tasks**
Every morning, make a list of the 3 tasks you want to accomplish that day.
- 5  **the 50/10 rule**
Work on one important task for 50 minutes and then take a 10 minute break to refocus.
- 6  **reflect daily**
End your day with 10 minutes of reflection and self-evaluation.

KEEP LEARNING

- 7  **reading**
Reading increases knowledge, which in turn keeps you inspired.
- 8  **browsing**
Watching tutorials and conducting research increases your capabilities.
- 9  **brainstorm**
Brainstorming can be a creative gold mine.

FOCUS ON WHAT MAKES YOU HAPPY

- 10  **express gratitude**
Think about 10 things you are grateful for every morning—gratitude promotes happiness.
- 11  **clean your desk**
A tidy desk gives you energy and inspiration and lets you focus on the work you need to get done.
- 12  **indulge in your favorite things**
Set time aside to relax and enjoy your favorite things like playing with your pet or going for a bike.

24Slides

JOAG Policy & Procedures Committee

Creed of the Public Health Service Officer: Why do we need a creed?

LCDR Zewditu Demissie, PhD, MPH, LCDR Sherry Gracey, Psy.D., LCDR Erica J. Sison, MPH

You are probably asking, “What is a creed? Do we need one? Why the formality?” Many organizations, including armed services and some religions, have creeds. This article will provide some background on the importance of a creed.

‘*Creed*’ is derived from a Latin word, “*Credo*” which translates to “*I believe.*” It is an oath or saying that provides a value structure by which to live or work and sets the tone of life. Each U.S. armed force has a creed, and the PHS would also benefit from having its own creed as part of the seven uniformed services. We take the same oath to protect and serve our nation and should represent our Service with the same pride, honor, and tradition that is embraced in our sister services. Every time we recite the creed, we renew our oath and remind ourselves of the mission of our service. Similarly to other uniformed services, no officer should recite the creed alone. The creed could be recited at public ceremonies such as promotions, graduations, or completion of training sessions. Its use can become a custom of how we all affirm our beliefs and express unity as PHS officers.

Now you may wonder, “Do we have a creed?” Not officially, but a PHS creed was authored by LTJG Alex Folami during OBC Class 60 and was read at the graduation ceremony in January 2013. The creation was inspired by an OBC assignment requiring officers to write a creative piece to be presented to the entire class, training cadre, and guests. Another version of the creed was produced by the 2013-2014 JOAG Development Committee Creed Workgroup, which was created to understand the purpose of a creed, further develop the creed, and ensure that the creed embodies our mission and code of conduct. The current version encompasses the mission of our service to protect, promote, and advance the health and safety of our Nation, and highlights the four core values. The workgroup solicited feedback about the creed from all of the Professional Advisory Committees, and the current version incorporates the comments provided. Official endorsement by the Office of the Surgeon General was requested.

In short, the creed sets the tone for our service, is a statement of beliefs, establishes the standard by which all PHS officers should live by, and inspires *esprit de corps* by uniting fellow officers as one voice. We hope it will inspire you! ■

Creed of the Public Health Service Officer



"I am a United States Public Health Service Officer.
My mission is to protect, promote, and advance
the health and safety of our nation.
I strive to prevent suffering and
will help to ease your burdens in adversity.
I serve where the need is greatest.
I will always protect the vulnerable and underserved.
Through integrity, I shall continue to earn your trust.
I lead by being an example of excellence
in public health practice.
I am a United States Public Health Service Officer.
I will prevail."

JOURNAL TALKBACK

Winter 2016

TALKBACK SEGMENT

PHS QUIZ

1. **VADM Vivek Murthy is the ____ Surgeon General?**
(Looking for a number)
2. **Name the “Five Conditions of Service!”**
3. **1798 is the birthdate of what?**
 - A.) US Army
 - B.) USPHS-CC
 - C.) USPHS
 - D.) 1st Surgeon General

TALKBACK SEGMENT

ANSWERS

- VADM Vivek Murthy is the ____
Surgeon General?
(Looking for a number)
- 19th**
2. **SMURF is an acronym to help remember our conditions of service.**
S - service before self
M - mobility
U - uniforms
R - readiness
F - flexibility
 3. **1798 is the birthdate of what?**
 - A.) US Army
 - B.) USPHS-CC
 - C.) USPHS**
 - D.) Surgeon General

History Brought to Life Through a JOAG Community Service Event

LCDR David Jackson

Recently I had the privilege of serving alongside other PHS officers and community members as a volunteer at the Joint Base Myer-Henderson Hall, Historic Ulysses S. Grant Hall Public Open House Event. May of 2015 marked the 150th anniversary of the military tribunal held at Grant Hall which tried those suspected of conspiring to assassinate President Abraham Lincoln in 1865. Each quarter, this recently restored historical gem is open to the public, and as PHS officers, we have the incredible opportunity to assist with staffing this event thanks to the JOAG Public Health and Community Service Committee.

Located on Fort McNair, Grant Hall was originally built between 1830 and 1831 as the eastern wing addition to the Federal Penitentiary at the Washington Arsenal. At the time of the military tribunal in May of 1865, the room on the third floor which housed the trial was the assistant warden's office and had to be quickly converted into a make-shift courtroom. While John Wilkes Booth, the famous stage actor who killed President Lincoln, was pursued and killed on April 26, 1865 prior to the trial and another co-conspirator, John Surratt, Jr., eluded capture for many years after the assassination, 8 other co-conspirators were tried and convicted in the trial. 4 were given prison sentences and 4 were hanged on gallows built on the grounds just outside of Grant Hall. One of those hanged, Mary Surratt, was the first woman ever executed by the federal government. Controversy over what role she played in the conspiracy, if any, still exists today, inspiring the 2011 movie about the trial directed by Robert Redford, *The Conspirator*.

Most of the Federal Penitentiary was torn down after the Civil War, but Grant Hall was left standing and has since served as the Army Engineer School, officers' quarters, and more recently office space. The renovation completed in September 2012 restored the third floor courtroom to its appearance in 1865 at the time of the military tribunal. A number of items displayed during the Grant Hall Public Open House Event were props used in *The Conspirator*.

As volunteers, PHS officers not only have the opportunity to view the amazing restoration of this historic site, but they also get to learn from knowledgeable historians assisting with the event. These experts, some of whom were wearing Civil War era dress when I was there, truly make the experience for visitors come alive. It is wonderful to see excited members of the public of all ages asking insightful questions and expressing their gratitude to all those assisting with the Open House. This volunteer opportunity serves not only to increase public visibility of the Commissioned Corps and officers' individual historical knowledge about the trial, but it also allows you to meet other PHS officers and those who serve or have served with other Uniformed Services. If you have time, I would highly recommend volunteering for this wonderful event. I can assure you that you will not regret it! ■



Grant Hall Public Open House Event

JUNIOR OFFICER DIRECT

REPORTS FROM THE RANKS

Commissioned Corps Recruitment Virtual Call Center- New and Improved

LTJG Lusi Martin, MPH, MS, RD, CHES, Lead Officer, Corps Recruitment Call Center

The U.S. Public Health Service Commissioned Corps' Recruitment Call Center is an integral service provided to support the Corps' mission. The Call Center is the applicant's first personal contact with the Corps, and primary point of contact for responding to public inquiries. In March 2015, the Recruitment Call Center transitioned from an out-sourced, outdated-system, to an in-sourced, virtual service. This effort required implementing a new system in a short time to successfully launch the virtual Call Center on schedule and within cost. Call Center staff utilizes standardized screening processes for the 11 professional categories and a formal business process for responding and tracking calls/emails. This innovative accomplishment has led to:



The first Virtual Call Center for the Corps.

- ◆ Improved customer service experience and reporting system.
- ◆ Advanced workforce management and functionality.
- ◆ Ability to continue recruitment mission even during government closure.
- ◆ Call Center agents can be located anywhere with no additional platform costs.
- ◆ New virtual-system provides seamless, efficient and accurate reporting.

During specific category open enrollment periods, the Call Center completes all preliminary screenings to confirm applicants meet the basic minimum qualifications to join the Corps. If successful, these individuals will progress to the next step in the application process. Since launching the Call Center in March 2015, the Call Center has handled over 14,200 phone inquiries, and responded to over 7,000 emails. The timely recruitment and processing of highly qualified applicants for call to duty remains mission-critical for providing agencies with the best qualified officers to address the health of our nation; especially under-served and vulnerable populations. The Recruitment Call Center is committed to providing timely and accurate information to all requests and inquiries regarding the Corps and its mission. We look forward to any feedback you may have to improve processes that will ensure the recruitment and retention of high caliber Corps officers. ■

Commissioned Corps Call Center

Phone: 1-800-279-1605

Email: CorpsRecruitment@hhs.gov

Commissioned Corps Officers Volunteering at a Local Health Clinic

Contributed by [CDR Kun Shen](#)

Reviewed/Edited by [CAPT Samuel Wu](#), [LCDR Trang Tran](#), and [LT Mandy Kwong](#)

The Pan Asian Volunteer Health Clinic (PAVHC), located in Gaithersburg, Maryland, is one of 12 clinics in Montgomery County providing free health care services to low income and/or uninsured county residents. PAVHC serves mostly Asians, many of whom have limited English proficiency and low health literacy. PAVHC is staffed by a cadre of volunteer physicians, nurses, pharmacists, and administrative assistants. Since opening its door in 2003, a number of Commissioned Corps officers have volunteered at PAVHC. Currently, there are five Commissioned Corps officers volunteering at the clinic: Four pharmacists (CAPT Samuel Wu, CDR Kun Shen, LCDR Trang Tran, and LT Mandy Kwong) and one physician (LCDR Xu Lei). Past volunteers include CAPT Astrid Szeto and LCDR Theresa Liu.

Asians make up approximately 14 percent of the total county population, and they have the highest reported proportion of limited English proficiency in the county. In Maryland, Asians are more likely than whites to be without insurance, to be unable to afford doctor's visits, and to be without routine medical checkups. Due to barriers such as income, language, and culture, this population has limited access to culturally and linguistically appropriate health care and social services.

PAVHC provides free primary care and medications and some specialty care such as diabetes, ophthalmology, women's wellness, and pain management. In partnership with local government and non-profit organizations, PAVHC runs a special initiative, the Stop B project, which provides free screening, testing, vaccination, and treatment of hepatitis B as well as raising awareness and prevention. In the past year, PAVHC served a total of 584 patients. Working with navigators, the clinic helped more than 200 people obtain an affordable, quality health plan through the Maryland Health Connection — Maryland's official health insurance marketplace.



Picture caption: From Left to Right: LCDR Trang Tran receiving Certificate of Appreciation from the PAVHC Director Ms. Kate Lu.

JUNIOR OFFICER DIRECT

REPORTS FROM THE RANKS

PAVHC operates weekly on Friday afternoons. The pharmacy's formulary consists of 25 to 30 essential medications that treat chronic conditions such as diabetes, hypertension, hypercholesterolemia, and hypothyroidism and some community-acquired infectious diseases. One of the most challenging aspects for the pharmacists is the language barrier and the patients' lack of, or limited knowledge about, their medications. To ensure patients take medication correctly, the labels contain treatment indication and direction for usage in Chinese, since a majority of the patients seen at the clinic are Chinese.

The officers have also mentored a number of students from the University of Maryland Baltimore, School of Pharmacy who have volunteered at the clinic in the past. They introduced career opportunities in the USPHS. For example, Dr. George Yeh, a 2015 graduate who volunteered at the clinic for four years, joined an Indian Health Service clinic in Arizona, and he is actively pursuing a career in the USPHS.

For their dedicated community service, the PAVHC volunteers received certificates of appreciation from Montgomery County Executive and Governor of Maryland. ■

Picture caption: From Left to Right: CAPT Samuel Wu, LT Mandy Kwong, and CDR Kun Shen.



Pandakar

ENS Colin M. Smith, USPHS

In 2012 I began my first year of medical school at the Uniformed Services University of the Health Sciences (USU), "America's Medical School." Prior to entering, I was commissioned as an Ensign in the US Public Health Service under the aegis of the Indian Health Service. In 2015, as a fourth-year medical student, I was fortunate enough to participate in the most unique and comprehensive simulated medical exercise in American medical education.

During each fall, since 1978, fourth-year USU medical students travel to the notional country of Pandakar (central Pennsylvania) to participate in this one-of-a-kind simulated deployment exercise aimed at testing operational medical skills. In "Operation Bushmaster", as it is affectionately known, students are deployed in platoons to support a week-long combat operation, serving various leadership roles, such as Platoon Leader, Battalion Surgeon, Preventive Medicine Officer, and Medic, under realistic deployment conditions.

It was day four of our weeklong mock deployment in Pandakar, and I was already overwhelmed. I was tired, cold and anxious, and, as acting Battalion Surgeon, I was now tasked with leading a team of medical providers into a cholera-ridden Pandakari village to provide medical care and support

On arrival, the village doctor rushed our team to a small shanty where a man lay on the ground, pale with a hacking cough. His pulse was fast and skin clammy and warm. We administered liters of IV fluids and antibiotics, but his blood pressure was dropping, and his pulse was increasingly thready. I continued to think through the ACLS algorithm, calling out each step to my medical team, when I heard over the radio that we were urgently needed elsewhere by our command. My medic voiced that further care was perhaps futile, and that we were needed elsewhere. In what was the most difficult decision of my training I determined to end care. The patient died.

I'm not sure we made the right choice to stop

JUNIOR OFFICER DIRECT

REPORTS FROM THE RANKS



Picture caption: ENS Colin Smith on lunch break **BEFORE** the training effort.

care, but the decision still impacts the way I reflect on my deployment, which highlights the value of this exercise, and the many lessons learned along the way, three of which I would like to humbly share.

1. Master the trade: The first is that we must master our respective trades. As stress increases, as in the above scenario, so too will performance, until a maximum level of stress leads to a decrement in performance. When completing well-learned tasks, we can increase the threshold whereby our performance would otherwise decline. Conversely, unfamiliar tasks will decrease this threshold (1). During the deployment I felt comfortable delivering medical care because I had practiced frequently and diligently. My performance in completing novel tasks, such as operating a radio, however, became nearly impossible under fire.

2. Understand the role: We must also know our role and stick to it. As clear as it may be that the Battalion Surgeon should not be pulling security, it is as important that the surgeon is not starting an IV or delivering medicines if a medic is available to do so. The Platoon leader

must similarly delegate tasks when possible. I found this to be particularly challenging when assigned to a role that I perceived myself to be “overqualified” for, such as when I was asked to work as a litter bearer. However, it was clear that things functioned best when we all stayed in our lanes.

3. Effectively communicate: Perhaps the most crucial lesson learned was to practice closed-loop, bidirectional, and team-oriented communication. This is important in emergency scenarios, as when my medic voiced her concerns above, and in other non-medical leadership roles as



Picture caption: **AFTER-**ENS Colin Smith days later with little to no sleep.

well, as when acting as a Platoon or Team Leader. Even if my colleagues and I were doing our jobs, and doing them well, unilateral, fractured or implied communication undermined our success.

I admittedly have no real deployment experience, and further recognize that each deployment has its own unique challenges, which I certainly have not, and could not, address here. But I nonetheless hope that each of you can take something from my experience in Pandakar. ■

References:

1. Lupien, SJ, Maheu F, Tu, M, Fiocco, A, Schramek, TE. The effects of stress and stress hormones on human cognition: Implications for the field of brain and cognition.

Community Connections in Action: Educating on Hand Hygiene and Influenza in Houston

LCDR Marjorie Ceant, MCMSc, BHS, PA-C, CCHP

For the past few months, several United States Public Health Officers from Immigration Health Services Corps' Houston Processing Center and the Houston Federal Detention Center have been collaborating to establish the Houston Commissioned Officers Association. The goal for this endeavor is to create an active local chapter of the Commissioned Officers Association (COA) to advance National COA goals of being America's health responders as well as enable our local PHS Officers the opportunity and venue to serve our community outside of their everyday jobs.

As part of our main endeavors and missions as a new branch we sought to be more visible in our community. We are striving to positively impact our community through volunteer work and organizing health promotion and health awareness activities. Early part of November 2015, LCDR Marjorie Ceant and LCDR Deana Foster did just that. We reached out to a renowned corporation and organized a health promotion presentation for the Houston Four Season's Hotel staff members.

On November 17, 2015, these officers spoke on Hand Hygiene and the 2015 Influenza Season to 200+ employees. Our presentation promoted health awareness locally and globally since the clientele that the hotel serves originate from all parts of the world. We started our presentation by educating the staff about the USPHS, the Commissioned Officers Association and Immigration Health Services Corps. During our presentation we engaged and educated our audience on how to better protect themselves, their family, the hotel guests and colleagues from preventable illnesses such as the flu with proper hand hygiene and annual influenza immunizations. We provided the audience with handouts from the CDC website on influenza and hand hygiene but they flocked to our table for the pocket hand sanitizers. We referred them to the CDC websites and also to follow up with their primary care physician regarding immunization recommendations.

Not only did we enjoy doing the presentation but the feedback we received from the audience and the Houston Four Season's General Manager was phenomenal. They stated how impressed they were with the information presented, our appearance and our professionalism. They have requested that we return and do more presentations on various health topics in the near future. ■



Picture caption: From left to right: LCDR Deana Foster and LCDR Marjorie

Florida FDA Employees better their health one step at a time! LT Angelica Chica

Getting and staying physically fit is not an easy task. Many of us pledge or make a resolution at the beginning of the New Year to get healthy and fit once and for all. January 1st is typically the beginning of the “new healthier you.” According to the Statistic Brain Research Institute, losing weight is the # 1 New Year’s resolution. But unfortunately only eight percent of people who make New Year’s resolutions succeed. In short, the odds are against us BUT there is hope and all it takes is putting one foot in front of the other, liter-

As Commissioned Corps Officers it is our duty to be active participants to the Office of the Surgeon General’s Priorities and promulgate them in our workplace and communities. Armed with this latest CTA I decided to conduct a friendly challenge among the nine Food and Drug Administration Resident Post (RP) in the Florida District in an effort to shed those unwanted pounds, in essence a solution to a broken resolution. The challenge does not require fancy shoes or equipment; only the will to step up to the challenge to improve your health. The Florida District FDA Step it Up! Challenge is an 8 week program in which

individuals represent their RP and compete in either of two groups: most steps taken during the challenge; or, most improved during the challenge. Each participant will track their daily steps taken by using an application (ex. MapMyRun) or a device (ex. FitBit) and will turn in this data each week to the challenge coordinator. In addition to the daily log sheet, participants are also given a conversion chart so other activities such as swimming, cycling, or weight lifting can be tracked by converting the amount of time on the activity into

steps (<http://www.purdue.edu/walktothemoon/activities.html>)! During the eight weeks participants will receive motivational e-mails and resources to keep them on track in reaching their goals. The goal for the Step it Up! Challenge is to create healthy behavior changes that will last throughout the year and hopefully a lifetime. This is a friendly challenge that I would encourage all officers to start in their workplace and/or community. As stewards for public health we should be leading by example. Let’s all Step it Up! in an effort to prevent chronic disease, become healthier, and overcome the battle of the bulge once and for all! ■



Picture caption: Top row from, left to right (officers only-- in khaki uniform): LCDR Lundy Patrick and LCDR Omayra Rodriguez-Ruiz—Feb 2016

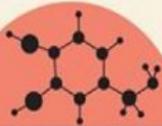
ally taking one step at a time. Step it Up! is the Surgeon General’s latest Call to Action (CTA) to Promote Walking and Walkable Communities. Daily walking is currently the simplest form of physical activity and can facilitate people reaching the #1 New Year’s resolution of losing weight and becoming healthy. Increasing physical activity levels will significantly reduce the risk of chronic diseases and related risk factors.

WALK FOR HEALTH

Add a little music to your walks!
Listen to the [Surgeon General's Walking Playlist](#) on Pandora.

WALK

YOUR WAY TO IMPROVED HEALTH



BOOSTS ENDORPHIN

Triggers positive feelings in the body.
Reduces stress, anxiety and depression.



LIMITS DISEASE RISK

Wards off diabetes and slashes the risk of developing asthma.



TONES YOUR LEGS

Giving great definition to calves, quads and hamstring.



BUILDS BONE MASS

Staves off conditions such as arthritis and osteoporosis.

ANATOMY OF Walking

BURNS MORE FAT

Than jogging.

DEMENTIA RISK

Prevents up to 40% and avoids brain shrinkage.

PHYSICAL FUNCTION

Prevents physical disabilities in older persons.

HEALTHY EFFECT

Improves measurements around your waist and hip.

REPORTS FROM THE RANKS

Stress Relief Through Running

LT Kayla Dewitt

My name is LT Kayla Dewitt. I graduated from The University of Oklahoma Health Sciences Center with a Doctor of Physical Therapy Degree almost 4 years ago. I am stationed at The Oklahoma City Indian Clinic providing out-patient physical therapy care to the Native American population. I am the sole physical therapist and one of three officers at the clinic. I have proudly been in the Corps since August 2012 and like other officers, I strive to be the best I can be and represent the Corps well. Being the only physical therapist can be stressful at times, but I have found a great way to keep my brain and body “running.”

Life is full of stress. Stress can be in the form of work, friends, family, the loss of a loved one, illness, money, lack of sleep, conflict, or even your thoughts. Everyone should have something in their life that helps decrease that stress. Listening to music, talking to a close friend, getting a massage, exercising, and mediating are just a few examples of how to lessen stress. Personally, my favorite way to de-stress is running.

Running does more than just keep me physically fit. It helps me sleep better, make healthier choices throughout the day, and sometimes just gives me a much needed break from the stresses of life. Running gives me a chance to clear my head and return to positive thoughts. A run allows me to think and come up with new solutions or a fresh perspective to difficult problems. If I have a day where I feel out of control, I will lace up my shoes and head out the door. Running is something I always have control over. I control the speed, distance, and intensity. I can go for a run in the morning and it will increase my alertness for the day and/or allow me to meditate while in motion. I can be tired at the end of my day, but an evening run will rejuvenate my spirit and increase my energy level. Running gives me increased confidence, self-esteem, and improves my mood. Running is “me” time. It allows my body to breathe and release the tension in all my muscles. And when I have a run that is challenging, it reminds me that I should always push forward even in the most difficult times. If I run a new distance or set a new PR, I am reminded that I can accomplish much more than I ever thought possible. It’s true when they say, “no one regrets going for a run,” “one run can change the day,” and “there is no such thing as a bad run.” So, when the day gets rough, I challenge you to get up and move, not only to improve the body, but to help the brain cope with stress. ■



Picture caption: LT Kayla Dewitt

UPCOMING EVENTS

13 May 2016| JOAG Journeyman Series

16 May– 20 May 2016| USPHS Training Symposium

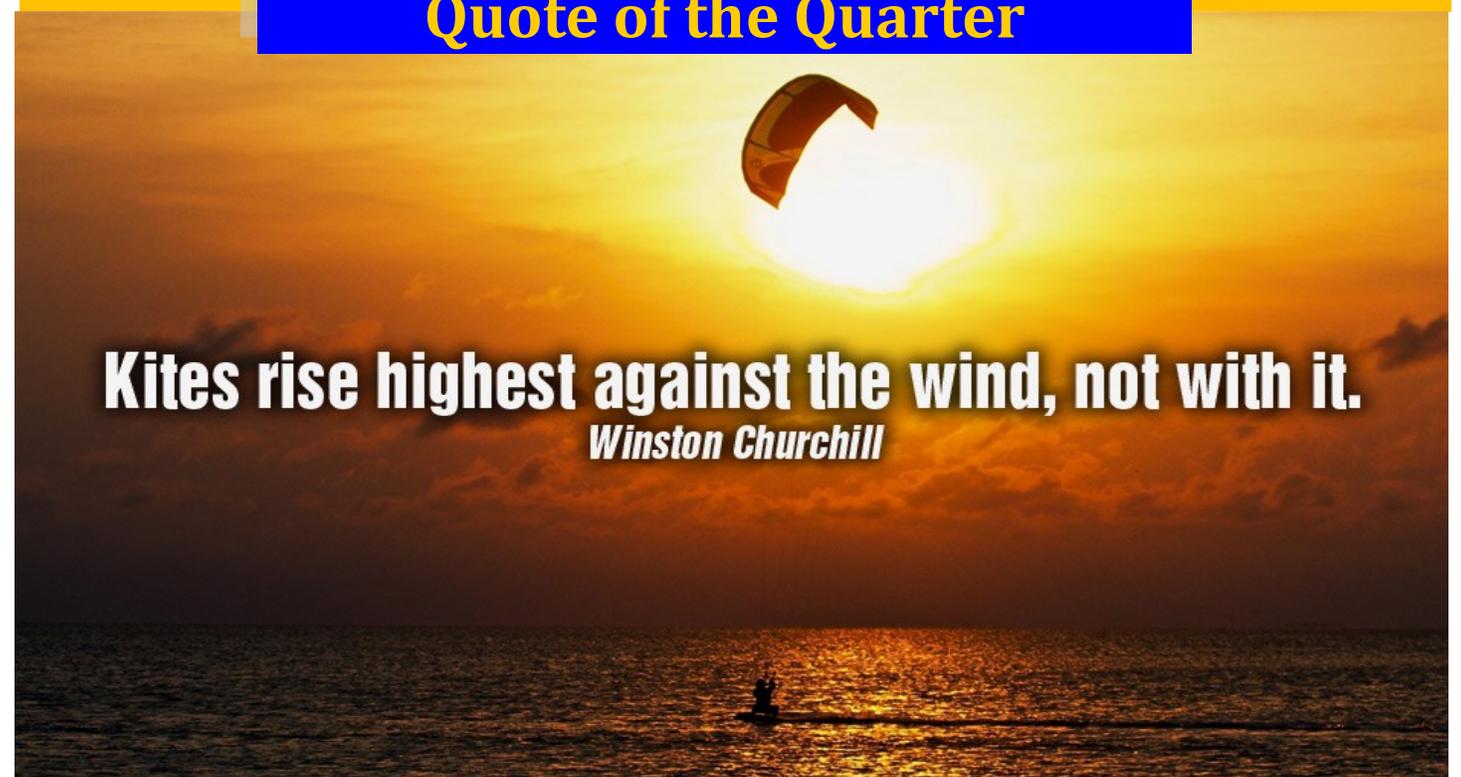
17 May 2016 @ 1245| JOAG General Membership Meeting

Join Remotely: (218) 844-1930; Passcode: 791-9605

24 Jun 2016| JOAG Journal Article Submission - Summer Edition
Deadline

26 Aug 2016| JOAG Journal Summer 2016 Edition

Quote of the Quarter



Kites rise highest against the wind, not with it.

Winston Churchill

JOURNAL TALKBACK

SPRING 2016

2016 JOAG JOURNAL SURVEY RESULTS

PARTICIPATION

131 OFFICERS



LEAST USEFUL

CALL TO ACTIVE DUTY ANNOUNCEMENTS



WHAT SHOULD WE CHANGE?

THE LENGTH OF THE JOURNAL.



MOST USEFUL ARTICLES

72% UNIFORM CORNER
57% DEPLOYMENTS
53% PROFESSIONAL DEVELOPMENT



SURPRISE FEEDBACK

'Where can this Journal be found?'
'JOAG Journal? How do I sign up to get this?'



Officers reported that the Journal points them in the right direction most often for uniform questions

Officers suggested removing promotion announcements and other repetitive material



The Journal Reader Survey provided a snapshot of current reader opinion, preferences, and trends. Expect ongoing changes to the Journal based on your feedback. Thanks to all who took time to complete the survey.





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The Junior Officer Advisory Group is a public health professional group advising the Surgeon General on issues affecting junior officers of the USPHS.

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Surgeon General Vivek Murthy, MD, MBA, serves as America's doctor, providing info to improve public health & leading the USPHS Commissioned Corps.



SCAN AND LEARN