Tri-Service Warrior Care

The overarching goal of the Tri-Service Warrior Care Clinic in Groton, CT is to facilitate the return to duty. This mission is accomplished by providing coordinated and comprehensive multidisciplinary assessment and treatment for active duty service members, from all branches of the military, with mild traumatic brain injury, post-traumatic stress disorder, sleep disorders and chronic pain.

Of particular note is our Clinic’s four-week Intensive Outpatient Program (IOP), which focuses on giving service members the tools needed to return to full duty. This cohort-based treatment program, consisting of 4-8 active duty service members, is designed to address both cognitive and psychological health concerns. While most service members will have sustained their injuries on the battlefield, the context of injury is not exclusionary. For example, we recently had a patient who sustained a brain injury after falling down a flight of stairs aboard a submarine.

Prior to being accepted into the program, each service member will have completed a thorough multidisciplinary evaluation by a team of providers which may include experts in neurology, social work, speech pathology and occupational therapy.

The program also offers a variety of group therapies, focusing on issues such as anger management, communication and intimacy, trauma processing, nutrition, substance abuse and pain management in a safe, supportive, military-focused atmosphere.

Care does not end after the four-week program is completed. Monthly follow-up visits are scheduled with each service member to measure progress and to address ongoing needs. Please contact Michael.Kluk@med.navy.mil or at 860-694-7508 for questions or further information.
Officer: LCDR Hobart L. Rogers

Category: Pharmacist

Education:
Doctor of Philosophy, Clinical Pharmaceutical Sciences, University of Maryland, School of Medicine, Baltimore, MD
Doctorate of Pharmacy, University of Maryland, School of Pharmacy, Baltimore, MD
Bachelor of Science in Chemistry, Salisbury University

Home town: East New Market, Maryland

Agency: FDA

Current Assignment and Duties: Research Officer, Office of Translational Sciences, Office of Clinical Pharmacology, Genomics Group

Previous Assignment(s): N/A

How did you find out about the PHS? Fellow classmates from pharmacy school who are PHS officers encouraged me to apply when I was considering employment with the FDA.

What was the most challenging part of applying for the PHS? The tremendous amount of background information that I had to supply and the passage of the Patient Protection and Affordable Care Act resulted in a tedious process with a long wait. In my judgment, it was well worth it.

What are your goals with the PHS? My short term goal is to utilize my skill sets as both a basic scientist and clinician. I want to apply my knowledge of pharmacogenomics, in order to positively influence drug development and public healthcare. My long term goal is to continue to grow and develop as a professional who can best serve the PHS.

What is your most memorable PHS experience so far? My experience at OBC (Officer Basic Course) allowed me to meet numerous outstanding officers, many with whom I still maintain contact with today. The two week orientation training for all new officers at OBC allowed me to grasp the “big picture” of the multitude of integrative services that the PHS is capable of providing.

What advice would you give to prospective PHS applicants (or other Jr. Officers)? They should do the most they can to differentiate themselves by possessing a unique and valuable skill set for the Corps. Along with a willingness to serve, additional advanced degrees and a key understanding of public health measures are features that the PHS would find beneficial. I would also tell them that they will be able to truly appreciate the opportunities as a PHS officer when they become dedicated to something that is bigger than they are.

When do you feel personalized medicine will become mainstream? Undoubtedly, the genomic revolution has changed the landscape of healthcare. Some of the early benefits of personalized medicine are becoming common practice in many therapeutic areas. We will see further examples in the near future as drug development using genetic biomarkers becomes more common. Personalized medicine will impact the future of medicine in this country.

How do you feel personalized medicine fits into the role of the PHS? Using genetic markers, we can identify patients who may respond to specific treatments, require alternative dosing strategies, and are more likely to experience adverse effects. The “personalized” approach aligns nicely with goals of the PHS mission.

If you are interested in appearing in the next Junior Officer Spotlight, please contact LT Amy Luo at amy.luo@ihs.gov.
Proper Wear of the Summer White Uniform
Contributed by LCDR Gene R. Gunn, Jr.

The days are getting longer and hotter. Summer is in full swing, so what better time to go over the regulations covering the wear of the Summer Whites uniform than now.

The Summer Whites are a required uniform and are only to be worn after the release of the Surgeon General’s POM, the latest of which was released on 04/05/13 (http://dcp.psc.gov/eccis/documents/POM13_001.pdf).

I have seen several inappropriate versions of this uniform worn by officers. Please refer to Figure 1 for the required components. If you are still unsure of how to wear the uniform or require more information on the components of the uniform please refer to:

- Uniforms for Male Officers

http://dcp.psc.gov/eccis/documents/CCPM26_3_5.pdf
- Uniforms for Female Officers

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. You may also wish to contact LCDR James “Kyle” Lyons who is the Uniform Coordinator in the Office of the Surgeon General.

Visit JOAG at: http://www.usphs.gov/corpslinks/joag/
Admiral’s Corner
Contributed by LCDR David Wright

Rear Admiral Elizondo serves as Regional Health Administrator (RHA) for Region VI. He also works closely with the Regional Emergency Coordinators of the Assistant Secretary for Preparedness and Response to provide regional leadership for emergency planning, preparedness and response to all-hazards public health emergencies.

AC: Congratulations on receiving your second star, Sir. Leading Region VI is an enormous responsibility. Please share with us what challenges you face on a daily basis.

RADM Elizondo: Thank you for congratulating me on my promotion to Rear Admiral – Upper Half. It is a distinct honor that I humbly accepted in August 2012. This achievement is very important because I had the great privilege of serving as an enlisted Hospital Corpsman in the U.S. Navy, as Warrant Officer and Commissioned Officer in the U.S Army Reserves and Kansas National Guard, and as a Commissioned Officer in the U.S. Air Force, prior to cross-service transferring to the U.S. Public Health Service. It’s been a great and interesting life in uniform and it has been a pleasure for me to serve this great nation.

I serve as the senior public health official for OASH in the region, and I administer the regional offices of Minority Health, Women’s Health, Population Affairs, Regional Resource Network for HIV/AIDS and the Medical Reserve Corps.

Currently, we are working with the public health leadership in the states, to disseminate pertinent and helpful information to communities in need of assistance. At the forefront of our outreach are the ACA, National Prevention Strategy, Million Hearts, Let’s Move Cities, Towns, and Counties, Adult and Childhood Immunizations and healthcare associated infections.

AC: You are the Chief Professional Officer of the Health Service Officers Category. How would you characterize your tenure and the overseeing of all PHS HSOs?

RADM Elizondo: The HSO Category is the most professionally diverse category and one of the largest in the Corps. While these characteristics make the CPOs responsibilities complex and challenging it also keeps things interesting. We HSOs see diversity as a major pillar of our category’s strength. I believe that our category alone could set up a treatment facility/shelter and run it until additional assets can arrive. The category’s personnel assets include health administrators, information technologists, epidemiologists, physician assistants, optometrists, podiatrists, medical technologists, dental hygienists, social workers, psychologists, as well as officers representing other professions.

And finally, as CPO I have had great opportunities to visit our officers, including HSOs, in a variety of venues. These are remarkable moments for a CPO. For example, I had the good fortune to spend time with the officers deployed to Operation Lone Star where our officers were recognized as critical to the delivery of medical, dental, and behavioral health services to medically underserved communities along the US-Mexico Border. I also had the distinct pleasure to visit officers deployed to Lackland Air Force Base in support of the Office of Refugee Resettlement’s Unaccompanied Children Program. It was also great to serve as the Social Workers’ Luncheon speaker and visit with officers detailed with the U.S. Army at Fort Hood, Texas. I finished up 2012 by visiting officers deployed to Hurricane Sandy and by participated in several VIP activities as part of the New York City Veterans Day Parade. The day ended by standing proudly as a contingent of representatives of the Greater New York Area COA and officers deployed to Sandy marched in Formation in the parade.

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?

RADM Elizondo: I see the continuing need to educate others about the U.S. Public Health Service not as a burden, but rather as an opportunity to express to others the uniqueness and greatness of our service. As members of the USPHS we have opportunities to talk about our service’s distinguished history, its place among the other uniformed services, the broad spectrum of our outreach to underserved communities, cutting edge research, prevention activities, and emergency response details.

I would encourage all officers to learn all they can about the USPHS and to be very proud of their affiliation with it. Officers should demonstrate their pride by wearing their uniform, keeping physically fit, and having a great work ethic and a commitment to both the Corps and their place of employment. These traits will speak as stridently as the spoken word about the officer and the Commission Corps.
Fitness Corner
Contributed by the Public Health & Community Service Committee

Officer: LCDR Tara Daugereau
Category: Nursing
Current Location: Austin, TX
Agency: DHS-ICE Health Service Corps (IHSC); Enforcement Removal Operations (ERO)

What do you do to stay fit?
I am a bodybuilder, an avid runner and a cyclist. I train with weights and perform cardio 4-5 times a week. I love to work out! I enjoy both weight-training and cardio sessions, but I must admit I haven’t always had a healthy lifestyle. Balancing nursing school, a full-time job and the demands of motherhood was often a struggle. What I’ve learned through my fitness journey is that by taking an hour a day to improve my health, whether from the rush of a good cardio session or the pump achieved from lifting some iron, I became more efficient and effective in both my personal and professional life.

In order to maintain physical fitness, nutrition is equally as important, if not more, than working out. I eat a common bodybuilding lifestyle food plan. I consume fish, chicken, tuna and egg whites as my lean protein sources; oats, quinoa and brown rice are my carb (energy) sources. And I eat plenty of green vegetables! When not training for bodybuilding competition, I allow myself a “free” day to indulge in other food choices. Dark chocolate is my favorite!

What are your fitness accomplishments?
I competed in the Alaska Bodybuilding and Figure and Fitness Championships in 2008. It was my first competition and I won the heavyweight class, most muscular and best arms. Last year, I completed a personal challenge of 10,000 push-ups in 6 months; I usually performed 200-300 push-ups daily. This challenge helped me achieve a Level 4 on my APFT at the 1st Annual Officer Fitness Challenge during the 2012 USPHS Symposium. I also placed first for the most push-ups performed by a female in my age division; I performed 80 in 2 min! I’ve competed in numerous 5K/10K races over the past 10 years, raising money for local charities, including the Agape Pregnancy Center in Round Rock, Texas. This past January, I ran my first half-marathon here in Austin. I beat my projected time by 20 min!

What are your fitness goals for the future?
I plan to compete in another bodybuilding competition this winter. Additionally, in 2014, I will compete in my second half-marathon. As an officer and nurse, I believe it is important to push myself beyond perceived personal limits. I plan to become a personal trainer in the next 5 years in order to help others do the same.

Visit JOAG at: http://www.usphs.gov/corpslinks/joag/
Across the U.S., 95 million people have housing-related problems, including disproportionately high payments, overcrowding, poor quality structures, and homelessness. These conditions foster a variety of public health concerns, such as high stress levels; exposure to infectious disease, allergens, and neurotoxins; and limited resources for nutrition and health care. The promotion of Healthy and Safe Community Environments, which includes safe and affordable housing, is one of the four Strategic Directions of the National Prevention Strategy (NPS) as developed by the National Prevention Council in 2011.

The NPS Subcommittee is charged with coordinating community service projects that are in line with the NPS vision. In January, the NPS Subcommittee focused on promoting healthy and safe community environments through partnership with the Habitat for Humanity of Washington, D.C.

The mission of Habitat for Humanity of Washington, D.C. is to eliminate poverty housing and homelessness in the nation’s capital by building energy and resource-efficient homes which people in need can afford. They work with non-profit partners and offer low-interest first-time mortgages and no-interest gap financing on the below market value on the homes that they build.

On January 26, 2013, ten United States Public Health Service junior officers volunteered to help make a house into a home for several families, one building at a time. Officers reported to Ivy City in northeast Washington, D.C. at 8 a.m. on a very cold Saturday morning. Inside the home, PHS officers were tasked with covering the floor insulation with cardboard, cutting insulation and installing it on hard-to-reach areas, caulking the floor boards, wrapping the hot water piping with insulation foam, and gluing the insulation to adjacent plastic around the border of the crawl space. Everyone reported having a great time learning new construction skills and working alongside one of the prospective homeowners, all while creating a positive image of the Commissioned Corps in the community.

If you are interested in joining the NPS Subcommittee, leading a Habitat for Humanity Build Day in your area, or if you have a new project idea, please contact LCDR Jennifer Myles at mylesjg@cc.nih.gov.
On a normal day, I am in the Nation’s Capital working with multiple program offices at the Federal Emergency Management Agency (FEMA), Office of the Chief Information Officer (OCIO) overseeing Information Technology Investments and compiling reports that are submitted to the Office of Management and Budget (OMB). When Hurricane Sandy was threatening the Mid-Atlantic and North East corridor, I asked to be put on the volunteer list to be deployed as a FEMA asset for Disaster Response efforts. Because I had only served at FEMA for less than two months, I did not expect to be activated and did not know what my role would be if deployed. Shortly after placing my name on the volunteer list, I was activated; I was very excited and nervous. I always wanted to be in a position where I could assist with disaster response or recovery efforts and help survivors get the help they need, and this was my opportunity.

I was deployed with FEMA to support Hurricane Sandy recovery efforts at the National Processing Service Center (NPSC) and served as a NPSC Call Center Agent handling hundreds of phone calls for Hurricane Sandy survivors. I was responsible for registering survivors for disaster assistance, answering questions about applicant’s status on receiving assistance and conducting interviews to ensure applicants had their basic housing needs met.

This was a great experience as a Public Health Service (PHS), Commissioned Corps Officer; I was able to make a direct impact on survivors’ health and safety. The deployment also allowed me to meet and network with new people and better understand how my regular work at FEMA relates to disaster response and recovery efforts. I also learned new skills that I can apply to my regular work and career.

Most importantly, I was very proud to represent the Commissioned Corps while on this deployment.

I had several occasions where I was able to explain and educate other deployed team members about the PHS and our mission. One of the team members, a retired US Army Master Sergeant, said she had heard of the PHS, but she had never met a PHS Officer in her 20 plus years of Army service.

The hardest part about the deployment was not being home with my family for the holidays. The deployment started on November 10, 2012 and was scheduled for 60 days. However, after conducting several interviews of hurricane survivors, I was humbled by their stories, and quickly put things into perspective. Even though I was away from my family, there were families who completely lost everything from the storm, and that helped me to focus on getting those applicants the help they needed. The impact I made on many families health and safety made the work and overall experience exceptionally rewarding. I am very honored and proud to have completed this deployment with FEMA as a PHS Officer.

Visit JOAG at: http://www.usphs.gov/corpslinks/joag/
COSTEP Connection

Contributed by LCDRs Caroline Le, Isabel Espinosa and Selena Ready
On Behalf of the Recruitment & Retention COSTEP Connection Subcommittee

The Junior Officer Advisory Group (JOAG) Recruitment and Retention (R&R) Committee established the Commissioned Officer Student Training and Extern Program (COSTEP) Connection Subcommittee in 2003. The primary mission of the subcommittee is to increase the number of students commissioned via COSTEP. This is accomplished by enhancing students’ active duty experience through providing valuable information about the Commissioned Corps during their training and externship.

To assist in their mission, the COSTEP Connection Subcommittee recruits Commissioned Corps Officers to volunteer as mentors to COSTEP students during their tour at a federal agency. It is encouraged that officers who are interested in volunteering are basic ready and have either completed the Officer Basic Course (OBC) and/or the Independent Officer Training Course (IOTC). Taking one of these courses helps to ensure that the officers have enough experience to answer basic questions about the Commissioned Corps and have knowledge of where to obtain additional information. The COSTEP Connection Subcommittee provides supplemental resources and guidance to officer volunteers upon their match with a COSTEP student.

It should be noted that COSTEP students often need varying levels of support from their assigned volunteers depending on their location and preceptor. The JOAG volunteer is not intended to take the place of the COSTEP preceptor, but will serve as an additional resource for the COSTEP student and should complement the preceptor who may or may not be a Commissioned Corps officer. Communication between mentor and COSTEP student generally does not occur until the end of the COSTEP’s tour of duty; therefore, the focus is primarily on making sure COSTEPs have an officer connection before departing from their work station. Connecting a COSTEP student with a JOAG volunteer, the COSTEP Connection Program hopes to assist the COSTEP student in making career contacts and developing lasting relationships within the Commissioned Corps.

Matching officer volunteers and COSTEP students is an efficient process. The contact information for COSTEP students are received from the Division of Commissioned Corps Personnel and Recruitment. The Subcommittee Co-Leads then match COSTEP students with the volunteers within the subcommittee. At the end of the operational period, a survey is distributed amongst the COSTEP students and officer volunteers to assess the quality of their experience and to make improvements for the following year.

Selected volunteers serve a one-year term and must commit to the necessary time-frame in order to perform any assigned duties and to interact with COSTEP students. A written Appointment Letter signed by the Subcommittee Co-Leads documenting the volunteer’s assignment and a written Letter of Appreciation signed by the JOAG R&R Chair (s) are provided to the selected officer volunteers for inclusion in their electronic OPF.

If you are interested in more information on how to volunteer, please contact the Co-Leads: LCDR Jan Linkenhoker at linkenhj@od.nih.gov or LCDR Isabel Espinosa at isabel.espinosa@fda.hhs.gov.
I was born in South Korea, raised in New Zealand, and immigrated to the U.S. as the bread winner for my family; I was fascinated by opportunities to be exposed to different cultures and customs. During my time in dental school, I developed an interest in serving children around the world by addressing their dental needs.

My previous volunteer work in developing countries opened my eyes to serving the underserved populations of the world. I enjoyed every moment that I spent with children, pregnant women, prisoners, and orphans in rural villages while treating their oral health problems. I joined in these efforts along with local dental students and volunteers from all over the world.

Life is full of surprises. I am now working as a Commissioned Corps dental officer for the Health Resources and Services Administration (HRSA), an agency of the Department of Health and Human Services. My daily duties include identifying collaborative opportunities with internal and external partners for cross-cutting oral health initiatives and activities. I also manage HRSA’s cooperative agreement with a national oral health organization, allowing me to measure and maximize the impact of existing oral health efforts and resources, while supporting HRSA’s senior staff in advancing oral health of underserved populations in the U.S. I embrace the goal of serving the underserved, but with a different perspective: from chair-side clinician to health policy and administration analyst.

While on leave from my agency I joined an international initiative, Brush with Hope Project, to help very underserved and orphaned 5 to 12 year-olds from Benin, West Africa. The project’s goal is to unleash African children’s creativity and broaden their hopes and dreams through various art media. With no formal education, these children are not often asked what they want to be when they grow up. When one child said she wanted to be a teacher, every child repeated the same response. We urged the children to paint from the heart and to be sensitive to their inner voice. By the end of the project, we could clearly see the change in their artwork – including more color, more liberty, and more hope.

Brush with hope. It was a perfect name for this project. And in my mind, there was another brush with hope project. I unpacked colorful toothbrushes and soon hundreds of children gathered around me. Then I pull out the gigantic tooth demonstration kit to share with the children. I taught children enrolled in our project about oral health and proper diet. Every single child showed me what they learned from me, and we all smiled at each other and often laughed. Above and beyond meetings, reports, and statistics of my daily work, I realized that the power that drives me to pursue my career was reflected on the faces of these children.

Visit JOAG at: http://www.usphs.gov/corpslinks/JOAG/
Beyond Basic Readiness: Are you ready for deployment?

Contributed by LT Zac Woodward

At 4:30 pm on Friday, as I left my duty station my phone rang, “LT Woodward, can you deploy for the Hurricane Sandy response?” I have volunteered for every Tier 3 Roster D deployment since I joined the Corps. I felt more than ready and disaster response is a major reason I became part of the US Public Health Service.

I asked myself: am I ready to deploy? This would be my first deployment, and it had been several years since I attended the Officer Basic Course (OBC). I am “Basic Eligible”, but that is easy to maintain. However, it was too late to change my mind when the voice on the other end replied “OK, you will deploy with Rapid Deployment Force 3 (RDF-3). You leave for New Jersey tomorrow.”

Deployment readiness goes beyond maintaining basic readiness and having two uniforms packed. I learned along the way where I should be more prepared. The following tips may help any loose ends.

- Ensure your family is care for and know how to communicate with you, or Response and Readiness, in case of unforeseen situations. You cannot take care of others if your family is not well care for.

- Set your personal email address as your primary contact in Direct Access. Travel orders are received through this email and you need to access it outside your office.

- Make sure your Common Access Card is updated. You may be barracked on a military base and it’s very difficult to do things on base without a valid CAC.

- Create a credential file for your go bag. Include copies of professional licenses, certifications, and vaccine records.

- Store pocket references for your deployment role in your bag. References may not be included in the National Disaster Medical System (NDMS) cache. Electronic references are fantastic but it may take time before electricity and data networks are up.

- Take wall and car chargers for your cell phone. Cell phones are the primary deployment communication tool. Text messaging may be one of the more reliable forms of communication when cell towers are not fully operational.

- If you have an iPhone, turn off i-Messaging until the towers are operational.

- Handy items that are essentials for your go bag include a head lamp, lots of socks and plenty of non-perishable foods.

- Purchase your seasonal weather gear well in advance. It’s much more stressful packing gear when your roster is activated for cold or wet weather environments and you leave in 3 days or less.

- Have several sets of casual clothes for off duty hours.

- Take your go bag everywhere on deployment! You don’t know when the weather might change, food deliveries won’t show up, or the power will go out.

- Most of all, be flexible. Conditions and mission goals change during deployment, roll with the flow and don’t become stressed.

- Deployments are great opportunities for professional and personal growth. Be basic eligible AND be ready when the time comes.
Two Junior Officers’ Commitment to Improving Patient Health
Contributed by LTs Jordan Davis and Robert Montierth

At the Clarence Wesley Health Center, formerly the Bylas Health Center, the pharmacy department’s commitment to immunizations has resulted in substantial improvements in vaccination rates.

The pharmacy immunization staff has achieved significant results in a short time. Prior to 2012, pharmacists were not offering immunization services to employees or patients at the San Carlos Service Unit. The pharmacists in conjunction with Dr. Theresa Covello, Medical director, prepared the policy for a service unit wide pharmacy-based immunization clinic and took it before the appropriate committees to obtain approval for the program to be implemented. After approval, LT Jordan Davis and LT Robert Montierth implemented the pharmacy-based immunization clinic at their facility and at the San Carlos Hospital.

Since implementation of the pharmacy-based clinic in September 2012, approximately 1,200 immunizations have been provided through the pharmacy immunization program, or roughly 225 immunizations a month. This additional task is being accomplished with the same amount of allocated labor force that has been in place in the recent past. The added pharmacy option for immunization services above the traditional clinic model has safeguarded many individuals in our community. The San Carlos Service Unit’s Pharmacy-Based Immunization Program is designed to protect healthcare workers and the community by vaccinating adults over 18 years old with an emphasis on influenza, pneumonia, shingles (over 60 years old), tetanus, diphtheria and pertussis. Without such an efficient program, community members would be more susceptible to the aforementioned disease states, thus increasing public health risk and potentially reducing the number of employees available to provide the provision of health care in an already underserved rural area.

Since implementation of the pharmacy-based immunization clinic at the Clarence Wesley Health Center, the influenza vaccination rate among all adults 19 years and older has increased to 74% from 52% the previous year when pharmacists were not involved.

Most notably the influenza immunization rate among 18 to 49 year old patients that are considered high risk has increased to 96% from 73% the previous year. The percent of patient with a Zoster immunization has increased 65% for an overall immunization rate of 80%, Tdap increased by 36% for an overall rate of 81%, and Pneumovax vaccinations are at 94%.

In addition to the improvement in patient care that the pharmacy-based immunization clinic offers, the pharmacists have implemented a service that is billable. The revenue generated from this service can now be used to pay for other much needed patient care services throughout the service unit.

Visit JOAG at: http://www.usphs.gov/corpslinks/joag/
In 2012 the USPHS Scientific & Training Symposium held the first ever pre-conference session on leadership. “Leadership in the 21st Century: Empowering Women Officers in the U.S. Public Health Service” was designed to inspire women PHS officers and provide them with the necessary skills and background to be great leaders in the PHS. To encourage our fellow officers to participate in this leadership seminar, we wanted to highlight our experience and share what’s new this year.

We were among the 75 women PHS officers attending the 2012 leadership course. Last year RADMs Boris Lushniak, Claire Helminiak, Penelope Slade-Sawyer, and retired RADMs Christine Hunter, Sandra Kweder and Marlene Haffner each provided lessons learned and best practices from their leadership experiences. During the leadership session, we were inspired to think about our own life’s stories and significant events that we’ve personally experienced and how these events shaped each of our values and beliefs. Motivated to reflect upon each of our own leadership skills, we connected the dots in our life’s past and future that led to the shared passion and motivation to serve the public’s health. As a result of our attendance in the first pre-conference, we were able to update the JOAG Reading List with some of the suggested books recommended for future USPHS Leadership sessions.

Learning from our Stars! What better way to grow as leaders in the Commissioned Corps than learning from some of our own leaders. Here are a few of the insights that we gained:

- “leadership starts the day we put on the uniform”
- “remain calm and cool under pressure”
- “accept unique, challenging, and unusual assignments”
- “emotional intelligence and self-awareness are keys to good leaders”
- “gain political skill to help cope with conflicting requirements of multiple constituencies”
- “healthy balance,” “good physical and mental health” and “nurture yourself”
- “bloom where you are planted”
- “deliberately maintain optimism and cognitive flexibility in an environment of change”
- “set a high ethical tone, respect and demand honesty, learn from others”

Building on the successes of the 2012 course, the 2013 USPHS Scientific & Training Leadership Seminar was opened to both female and male officers. The pre-conference course was offered at no cost and featured participation from all of the Chief Professional Officers. This year’s session focused on the qualities and behaviors of effective leaders, organizational ethical decision making, and acquire resources and tools to help build leadership skills. This session also featured outbreak discussions on coaching and mentoring in government, in addition to group coaching on officer’s personal plan for leadership development and career progression.

We hope we have inspired you to attend future leadership sessions, and look forward to hearing about the experiences from those who attended the 2013 USPHS Leadership Seminar.
Awards Available for Junior Officers
Contributed by LCDR Patricia Corbin

As Junior Public Health Service Officers, we are in the early stages of our careers. Striving to do an excellent job in our chosen field, we hope to receive recognition of our efforts. Besides receiving day to day feedback, which is vitally important in improving performance, officers should seek to obtain formal recognition by receiving PHS awards.

There are several PHS awards for officers to receive such as the PHS Achievement Medal, as well as, awards offered through PAC/PAG and professional organizations. These awards offer both recognition, and help to build CVs and improve promotion eligibility. More information can be obtained by going to the specific website of the organization listed. Be aware of posted deadlines to be considered and do not be afraid to seek a recommendation or nomination for a well-deserved award!

Here are awards specifically for junior officers:

**AMSUS “Rising Star Award”:** 0-5 or below with 1-5 years of experience in healthcare leadership experience; demonstrating excellence and achievement in initial assignment. This AMSUS award is open to all branches of the uniformed services.

**Asian Pacific AOC “Kenneth P. Moritsugu Award”:** 0-4 and below; officers who embody the spirit of RADM Moritsugu’s legacy through a demonstrated commitment to the PHS Commissioned Corps through their initiative, leadership, and contributing significantly to the nation’s public health. There is also another Moritsugu award, specific to BOP officers.

**BCOAG “George I. Lythcott Award”:** 0-4 or below who demonstrates genuine sense of public service and leadership; promoting the health and safety of our nation.

**Dental PAC “Ernest Eugene Buell Dental Award”:** 0-4 or below/less than 5 years in commissioned corps, for significant contributions in oral health education, research, or service; must be qualified basic ready.

**Dental Hygiene PAG “Junior Dental Hygienist of the Year Award”:** 0-4 or below serving with Indian Health Service, for excellence in core dental hygiene functions.

**Dietician “Junior Dietician of the Year Award”:** 0-4 and below.

**Engineer PAC “Ian K. Burgess Outstanding Young PHS Engineer Award”:** 0-3 or below with 8 years or less of professional experience.

**Healthcare Admin PAG “Excellence in Healthcare Leadership Award”:** for junior officers with 2 to 5 years of healthcare management or public health administration, demonstrating outstanding leadership and accomplishments.

**HSPAC “Joseph Garcia Award”:** for 02 to 04, honors an HSO junior officer with significant contributions in leadership, professional involvement, and contributions to the nation’s health.

**Optometry PAG “Richard Hatch Junior Optometrist Award”:** for exemplary work toward mission accomplishment within the Indian Health Service.

**Medical Lab Science PAG “Junior Officer of the Year Award”:** 0-4 or below, for outstanding leadership, clinical contributions, exemplary service and accomplishments.

Awards Available for Junior Officers
Contributed by LCDR Patricia Corbin

Continued from page 13

Physician PAC “Junior Physician of the Year Award”: 03 & 0-4 with significant contributions to the commissioned corps and assigned agency, demonstrating excellence and dedication.

Sanitarian/Environmental Health: two awards available; the “Edward Ted Moran Award” for 0-4 or below with achievement in environmental health.

Scientist “Junior Scientist of the Year Award”: 0-4 and below; for professional development and achievements.

Society of American Military Engineers “Green Medal”: 0-3 or below with outstanding contribution to public health engineering and science.

John C. Easing “Rising Star Award” for 0-3 or below who are talented newcomers to the field of environmental health.

Therapist “Junior Officer of the Year Award”: 0-4 and below for clinical excellence.

Veterinarian “Junior Veterinarian Officer of the Year Award”: 0-4 and below.

More information can be obtained by visiting each organization’s specific website. Although professional organizations may offer awards as well, officers would be competing with civilians and other officers. Many awards solicit nominations at the beginning of each calendar year, though some have a later nomination period. In any case, pay attention to both deadlines and eligibility requirements. Be sure to proof read your application and nomination several times to screen for typos and grammatical errors. If you are not self-nominating (many awards permit this), give your nominator specific facts about your background, skills, accomplishments, and overall officership.

Having served on award committees, I can safely say that board members who are screening applications are not impressed with “fluff” and can quickly differentiate between an outstanding officer versus a marginal candidate.

Superb performance deserves recognition. Do not sell yourself short just because you are a junior officer or lack the experience of more senior colleagues. These awards are tailored specifically to highlight the contributions of junior officers.

To receive a nomination speaks well of your dedication and commitment to your chosen profession and to the Commissioned Corps.
USPHS Officers Go All Out Spartan
Contributed by LCDRs Bryan Christensen, Loren Rodgers, and LT Matthew Lozier

On March 9, 2013, five USPHS Commissioned Officers (including four junior officers) participated as a team in the Reebok Spartan Race (www.spartanrace.com) at the Georgia International Horse Park. Prior to the event, the team worked out together at a local CrossFit (www.crossfit.com) gym to build cohesion and esprit de corps. The team promoted ACOA and the Commissioned Corps by creating team shirts and wearing them proudly at the event.

LCDR Loren Rodgers initiated the interest in the Reebok Spartan Race by posting it on the Atlanta Commissioned Officers’ Association (ACOA) website, and recruiting USPHS officers to participate. He registered our team, “Team Hard Corps,” and encouraged others to register. The event caught the eye of many, and Team Hard Corps began to coalesce.

Notably, several of the officers who registered for the race work out regularly at the same CrossFit gym in Atlanta. In the months before race day, Team Hard Corps members organized five team workouts designed to mimic the race by incorporating teamwork and exercises ranging from running, pull-ups, push-ups, sit-ups, and box jumps to burpees and weightlifting. We even had the pleasure of working out with RADM Scott Giberson, who was in Atlanta to give the keynote address at the 6th Annual ACOA and Caduceus Dinner.

After the workouts, we sat together as a team and talked about the race. Together we decided that the ultimate goal of the race was not to compete against others, but to experience and finish the race as a team; supporting each other along the way with encouragement and a boost (literally) if needed. These workouts allowed us to get to know each other better, and become friends with officers we had never met before.

We made team t-shirts to increase esprit de corps. With the t-shirts in hand and several workouts under our belts, Team Hard Corps was ready for race day.

The Reebok Spartan Sprint Race is a 4 mile, cross-country course with obstacles and challenges every few hundred yards. At the first obstacle, we hurdled short barriers, slopped through mud, and were sprayed with ice cold water. We quickly realized that this course meant business. About an hour and 50 minutes later, after lots of mud, freezing cold water, scaling 6-, 7- and 8-foot walls, climbing ropes, and many, many burpees, Team Hard Corps crossed the finish line together, covered from head to toe in mud, with big smiles on our faces.

Visit JOAG at: http://www.usphs.gov/corpslinks/joag/
Authorised by the Affordable Care Act, the National Prevention Strategy (NPS) identifies Strategic Directions and Priorities that promote good health and outlines federal actions that will improve the health of all Americans. The NPS aims to guide our nation in the most effective and achievable means for improving health and well-being. The Strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives. This Strategy envisions a prevention-oriented society where all sectors recognize the value of health for individuals, families, and society and work together to achieve better health for all Americans.

The Strategy identifies four Strategic Directions and seven targeted Priorities. The Strategic Directions provide a strong foundation for all of our nation’s prevention efforts and include core recommendations necessary to build a prevention-oriented society.

The four Strategic Directions are:
- Healthy and Safe Community Environments
- Clinical and Community Preventive Services
- Empowered People
- Elimination of Health Disparities

The Strategy’s Priorities are designed to improve health and wellness for the U.S. population, including those groups disproportionately affected by disease and injury. The Priorities provide evidence-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness.

The seven Priorities are:
- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury and Violence Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-Being

The U.S. Surgeon General, Dr. Regina Benjamin, promotes the NPS as a roadmap to move us from a system of sick care to one based on wellness and prevention. The Surgeon General chairs the National Prevention Council of 17 Federal Departments that drafted the NPS. Each of those federal departments, such as EPA, HUD, DOT and others, have different missions (and yet they’ve identified opportunities to promote health and prevention utilizing their own mission and framework. The USPHS is comprised of over 6,500 officers in 11 categories with a diverse range of specialties and skill sets. The NPS provides evidence-based recommendations that are fundamental to improving the nation’s health through the active engagement of society. PHS officers are well positioned to help achieve the four strategic directions. The USPHS Commissioned Corps mission is to protect, promote, and advance the health and safety of our nation. As America’s public health professionals, we can increase prevention to improve health and wellness nationally and in our community. Please visit www.surgeongeneral.gov/initiatives/prevention/
JOAG Congratulates all Junior Officers on their recent/upcoming promotions!
(Promotion Cycles April 2013 – June 2013)

**To Commander (O-5)**

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<tr>
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<td>Dietitian</td>
<td>Merel Kozlosky</td>
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<td>Travis Edward Chapman</td>
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<td>Luis O. Rodriguez</td>
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**To Lieutenant Commander (O-4)**

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<td>Quynhnhu Thi Nguyen</td>
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<tr>
<td>Engineer</td>
<td>Sadaf Aliya Toor</td>
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<tr>
<td>Pharmacist</td>
<td>James Garrett Sims</td>
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JOAG Welcomes Our Newly Commissioned Officers!
(January 2013 – June 2013)
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LTJG Michele Bedford
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LTJG Jamie Anne Hamilton
LTJG Andrea Lanette Johnson
LTJG Catherine Kane Kaminski
LTJG Magdaline Mandaza
LTJG Barbara Mason-Fulcher
LTJG Staci Racquel McNair

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LCDR Jessica Kimberly Adam
LCDR Holly Marie Biggs
LCDR Kevin Michael Chatham-Stephens
LCDR Malini Bridget Desilva
LCDR Lauren Hilary Epstein
LCDR Louise K Francois
LCDR Deborah Lynn Hastings
LCDR Joy Hsu
LCDR Almae Mara Matanock
LCDR Leisha Diane Nolen
LCDR Ikwo Kitefre Oboho
LCDR Daniel Michael Pastula
LCDR Kiran Mayi Perkins
LCDR Emily Elizabeth Petersen
LCDR Raina Maria Phillips
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LCDR David Charles Schnabel
LCDR Aditya Sharma
LCDR Steven Allan Sumner
LCDR Snidhga Vallabaneni
LCDR Candice Lashell Williams
LCDR Kari Ann Yacisin
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LT George Raymond Sims
LT Kathryn Elizabeth Spruit
LT Erica Dahl Thomasson
LT Rebakah Vaughn Tiller
LT Tyson Alexander Volkmann
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LTJG Charlotte Denise Kabore
LTJG Paul Wayne Smith
ENS Erin E. Gymburch
LT Rebecca Day Merrill

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LT Israel Hethlon Cross
LT Lisa Dewan Jarvis-Durham
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LT Stephanie Christine Magill
LT Marie Elizabeth Manteuffel
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LT Jennifer Jean Pieters
LT Leann Deneen Poole
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LTJG Anca Mihaela Tabakova

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LCDR Preciosa Pacia-Rantayo
LCDR Mark Robert Scheckelhoff
LCDR Carol Joan Marie Wong
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LT Andrew John Felix
LT Donald Lee Gaither

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LTJG Cherylynn Lea Benally
LTJG Patrick Aaron Bloecher
LTJG Mark Allan Bramblett
LTJG Helen Jennifer Chavez
LTJG Jennifer Lynn Cuevas
LTJG Holly Ann Daverin
LTJG Melissa Myers De Vera
LTJG Edwige Dea Djassa
LTJG Anathea Marie Edleman
LTJG Olalere Daniel Fasipe
LTJG Reyna Rose Garcia
LTJG Deanna Marie Harmon
LTJG Kimberly Megan Lynes
LTJG Chao Mouta
LTJG Rhanisha Gonzalez Smith
LTJG Tristan Edward Strait
LTJG Talara Kay Taylor
LTJG Thomas Tran
LTJG Latasha Antrice Turner
LTJG Dale William Welsh
LTJG Mark Donald Westbrook
LTJG Brian Josh Windle
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ENS Devon Paige Anderson
ENS Nichelle Ariel Anderson
ENS Simon Bae
ENS Valerie Renee Barnett
ENS Deidre Lee Beck
ENS Elizabeth Anne Berger
ENS Krista Marie Beyer
ENS Christopher Robert Bishop
ENS Jacy Lynn Bitsioe
ENS Mikalah Mary Blomquist
ENS Caitlin S Brown
ENS Jonathan Allen Calkins
ENS Craig Warren Calvert
ENS Melanie Ann Carpenter
ENS Fiona Chao
ENS Linda Chen
ENS Shawn Roger Conard
ENS Kevin Michael Cowart
ENS Phillip Nicholson Dean
ENS Bryce Nathaniel Deguise
ENS Lynn Margaret Duijindam
ENS Leah Jane Eckstein
ENS Trevor Wallace Embry
ENS Samuel Thornton Frank
ENS Kevin Kristian Gan
ENS Kathryn Mae Gustafson
ENS Zachary Vincent Hargis
ENS Brittany Marie Harris
ENS Kimberly Dorothy Howe
ENS Nathan William Ikehara
ENS Grace Elaine Johnson-Bann
ENS Gerrick Matthew Jones
ENS Neil Jason Kellog
ENS Jamieson Patrick Knopf
ENS Ryan Michael Laber
ENS Tatayana Labovskaya
ENS Cameron Lachappelle
ENS Mathew James Laforest
ENS Michael Tomasz Los
ENS Sheila Kay Martin
ENS Evan Allen Maves
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ENS Sean Francisco Navin
ENS Myvi Nguyen
ENS Anthony William Olson
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ENS Alex Aaron Passow
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ENS Taylor James Sorensen
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ENS Matthew James Strauss
ENS Joshua Logan Turner
ENS Aaron Dean Vonasek
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ENS Patricia Pia Wrona
ENS Emily June Zamzow
ENS Zachary Steven Zmudka

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LTJG Arieil Bernice Lawrence
LTJG Jennifer Victoria Sisson
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OS
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LT Oliver Lihui Ou

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Merchandise

**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.

**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.

**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.

**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.

Interested in ordering? Visit the Merchandise section of the JOAG website to view a complete list of our merchandise and to obtain the order form and instructions: [http://www.usphs.gov/corpslinks/JOAG/merchandise.aspx](http://www.usphs.gov/corpslinks/JOAG/merchandise.aspx)

For questions related to purchasing items please or contact LCDR Tina Walther, JOAG Financial Liaison at Tina.Walther@fda.hhs.gov.

JOIN OUR MEETINGS

JOAG General Meeting and Journeyman Series 2013

Aug 9, 2013: JOAG General Membership Meeting, 1300-1500 EDT
Sept 13, 2013: Journeyman Speaker Series, 1300-1400 EDT

Join us for JOAG’s monthly meetings via teleconference on the second Friday of each month.

By Conference Call: (626) 677-3000
Passcode: 791-9605#

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 (USPHS), United States Department of Health and Human Services (HHS), or any other government agency.

Miss a JOAG Meeting? Don’t despair! JOAG meetings are recorded. Audio recordings are available “on demand” by e-mailing LCDR Hiren Patel at Hiren.Patel@fda.hhs.gov

This newsletter has been provided by the JOAG Communications & Publications Committee. For more information on how to contribute to future editions, please contact Committee Chairs LCDR Gene Gunn at Gene.Gunn@fda.hhs.gov, LCDR Willy Lanier at William.Lanier@fda.hhs.gov, or JOAG Editing Subcommittee Lead LCDR David Wright at David.Wright@tma.osd.mil

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