



The JOAG Journal

A newsletter by junior officers for junior officers

ORIGINAL FEATURES

Tri-Service Warrior Care: [Page 1](#)

Junior Officer Spotlight: [Page 2](#)

Uniform Corner: [Page 3](#)

Admirals Corner: [Page 4](#)

Fitness Corner: [Page 5](#)

Meeting Information: [Page 22](#)

FROM THE COMMITTEES

Officer Promotions: [Page 17](#)

New Officers: [Page 18-20](#)

Merchandise: [Page 21](#)

OFFICER CONTRIBUTIONS

Turning a House into a Home:
[Page 6](#)

USPHSCC Deploys : [Page 7](#)

COSTEP Connection: [Page 8](#)

Sowing Seeds of Hope : [Page 9](#)

Beyond Basic Readiness: [Page 10](#)

Two Junior Officers: [Page 11](#)

USPHS Leadership: [Page 12](#)

Available Awards: [Page 13-14](#)

ACOA Officers: [Page 15](#)

National Prevention: [Page 16](#)

Editor:

LT Grace Chai

Copy Editors:

LT Benjamin Bishop

LCDR Zanethia Eubanks

LCDR Gene Gunn

LCDR Samantha Fontenelle

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.

Though most treatment sessions during the IOP are group-based, individualized curricula is developed based on the unique needs of each service member.

As a licensed speech pathologist, I provide those patients presenting in the areas of memory, attention and problem solving with both traditional and computer-based cognitive rehabilitation therapy on a daily



L to R: LCDR Michael Kluk and the Tri-Service Care Team

basis. These levels of supervision and intensity are not available in a traditional outpatient service.

The complementary and alternative component of our IOP has been especially well-received. One hour of each day is spent on yoga, breathing and relaxation or mindfulness. These groups are led by our clinic's registered nurse who is also a certified yoga instructor.

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.

Junior Officer Spotlight

Contributed by LT Amy Luo

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, Of-
fice of Translational Sciences, Office of Clinical Pharma-
cology, Genomics Group

Previous Assignment (s): N/A

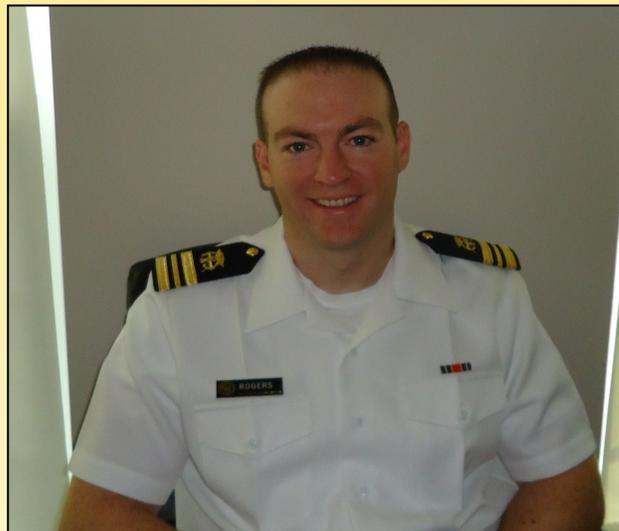
How did you find out about the PHS? Fellow classmates
from pharmacy school who are PHS officers encouraged me
to apply when I was considering employment with the
FDA.

**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 Protec-
tion 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 clini-
cian. I want to apply my knowledge of pharmacogenomics,
in order to positively influence drug development and pub-
lic 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 appli-
cants (or other Jr. Officers)?**



LCDR Hobart L. Rogers

They should do the most they can to differentiate them-
selves by possessing a unique and valuable skill set for the
Corps. Along with a willingness to serve, additional ad-
vanced 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 appreci-
ate 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 land-
scape of healthcare. Some of the early benefits of personal-
ized medicine are becoming common practice in many ther-
apeutic areas. We will see further examples in the near fu-
ture as drug development using genetic biomarkers becomes
more common. Personalized medicine will impact the fu-
ture 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:

http://dcp.psc.gov/eccis/documents/CCPM26_3_4.pdf
- Uniforms for Male Officers

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

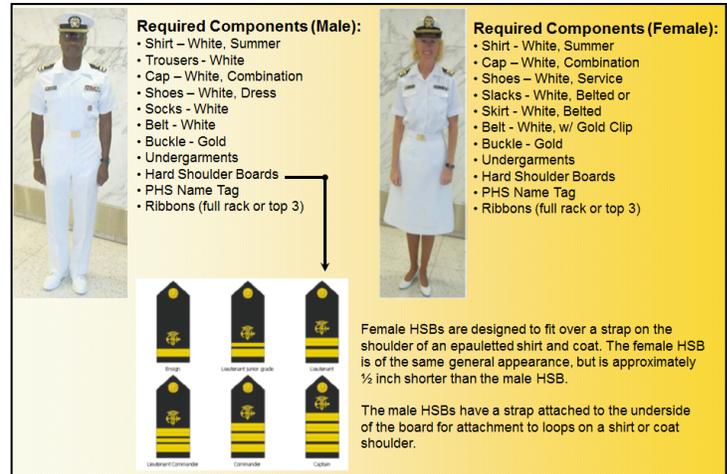


Figure 1

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.

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 for-



Rear Admiral Epifanio Elizondo

ture 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



LCDR Tara Daugereau

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.

Turning a House Into a Home

Contributed by LCDR Jennifer Myles, LTs Joyce Davis and Tracy Smith

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, DC.

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



L to R: LTs Tracy Smith, Jessica Cole, Velisa Jackson, Yemisi Akinneye, Jennifer Cheng-Dobson, Christine Corser, LCDR Minh-Huong Doan, LCDR Jennifer Myles, LCDR Ian Myles, LT Joyce Davis

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

JOAG's mission is to provide advice and consultation to the Surgeon General, Chief Professional Officers, Professional Advisory Committees, & other Commissioned Corps groups on issues relating to professional practice and personnel activities affecting Junior Officers in the USPHS Commissioned Corps.

The United States Public Health Service Commissioned Corps deploys with FEMA

Contributed by LT George Chow

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.



L to R: Ms. Johnson, Mr. Riecke, Mr. Cole, Mr. Dickerson, Ms. Breeding, LT Chow, Mr. Soto, Ms. Spence, Mr. Mejia, Ms. Paton.

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.

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.

Sowing Seeds of Hope with Brushes

Contributed by LT Hyewon Lee

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



LT Hyewon Lee

African children's creativity and broadened 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.



Vanessa Cadamus and LT Jordan Davis

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/>

USPHS Leadership Training - Learning from our Stars!

Contributed by LCDRs Elizabeth Garza and Heidi Hudson
On Behalf of the Professional Development Committee

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 0-4, 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.

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

Awards Available for Junior Officers

Contributed by LCDR Patricia Corbin

[Continued from page 13](#)

Physician PAC “Junior Physician of the Year Award”: O3 & O-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 O-4 or below with achievement in environmental health.

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

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

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

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

Veterinarian “Junior Veterinarian Officer of the Year Award”: O-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 encourage-



L to R: LCDR Loren Rodgers, LCDR Marydale Oppert, CAPT Diana Bensyl, LCDR Bryan Christensen, LT Matt Lozier and CDR Mike King

ment 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/>

The USPHS and the National Prevention Strategy

Contributed by LT Shauna Mettee

Authorized 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)

Dietitian

Merel Kozlosky 04/01/2013

Engineer

Jennifer Lynn. Caparoso 04/01/2013

Tanya Hoogerwerf Davis 04/01/2013

Matthew Jude Vojik 04/01/2013

Environmental Health Officer

Travis Edward Chapman 04/01/2013

Luis O. Rodriguez 04/01/2013

Health Services Officer

Bayo Civilla Arthur 04/01/2013

Jon Todd Baughman 04/01/2013

Craig Hank Hodge 04/01/2013

Christopher Chi-Hung Lim 04/01/2013

Anthony Gene Perry 04/01/2013

Todd Michael Raziano 04/01/2013

Hung Quoc Tran 04/01/2013

Deidre Michelle Washington-Jones 04/01/2013

Nurse

Michael Robert Harrison 04/01/2013

Judith Mather 04/01/2013

Linda Marie Mcdannold 04/01/2013

Monica M Morris 04/01/2013

Pharmacist

Shary Marris Jones 04/01/2013

Yvette Ward Waples 04/01/2013

To Lieutenant Commander (O-4)

Engineer

Christopher Thomas Fehrman 04/01/2013

Quynhnhu Thi Nguyen 04/01/2013

Sadaf Aliya Toor 04/01/2013

Health Services Officer

Terry Jo Carnes 04/01/2013

Jennifer Wing-San Cheng-Dobson 04/01/2013

Cindy Mercedes Eugene 04/01/2013

Jose R. Finn JR 04/01/2013

Angela Michele Hodge 04/01/2013

John M. Mastalski 04/01/2013

Kate Rose Migliaccio 04/01/2013

Patrick Daniel Neubert 04/01/2013

Michelle Sandoval 04/01/2013

Rafael O Torrescruz 04/01/2013

Nurse

Alfredo Garcia 04/01/2013

Amanda Mytt Hill 04/01/2013

Amber L Jones 04/01/2013

Matthew William Pettit 04/01/2013

Pharmacist

Philip Thomas Gorz 04/01/2013

James Garrett Sims 04/01/2013

JOAG Welcomes Our Newly Commissioned Officers!

(January 2013 – June 2013)

Contributed by the JOAG Welcoming Committee

ACF

LT Allen Owen Applegate

ATSDR

LTJG Jona Marie Ogden

BOP

LCDR James Darrell Dixon
 LT Grant Thomas Abernathy
 LT Stephanie Lajuan Avent
 LT Stacey Jean Barkauskas
 LT Kristina Renee Behrens
 LT Kevin Blake Bishop
 LT Heather Leire Cline
 LT Bradley Austin Cook
 LT Juan Felisa Figueroa
 LT Sarah Jane Gossett
 LT Laryn Nicole Hanline
 LT Raquel Leigh Jett
 LT Michael Ryan Krok
 LT Jennifer Amy Lee-Ramos
 LT Raul Leija
 LT Kimberly Shay Litton-Belcher
 LT Shanna Nicole Mezyk
 LT Vanessa Dionne Patterson
 LT Kelly Grace Pierce
 LT Kaitlin Loadholt Rainwater
 LT Sara Elizabeth Rasmussen
 LT Odalys Rodriguez-Irizarry
 LT Kelli B Shaffer
 LT Julie Michelle Smoot
 LT Drew Gordon Swigart
 LT Beverly Thomas-Lepage
 LT Taneka Marshaye Walker
 LT Yvon Yeo
 LTJG Sarah Helena Bailey
 LTJG Vincensia Omolo Barnes
 LTJG Michele Bedford
 LTJG Stevie Dawn Camp
 LTJG Cherlyn Crockerham
 LTJG Jamie Anne Hamilton
 LTJG Andrea Lanette Johnson
 LTJG Catherine Kane Kaminski
 LTJG Magdaline Mandaza
 LTJG Barbara Mason-Fulcher
 LTJG Staci Racquel McNair

LTJG Comfort Ezinne Ogidi
 LTJG Carlos Romero
 LTJG Micaela Smith
 LTJG Nicholas Michael Smith
 LTJG Bobby Gene Taylor
 LTJG Michael David Wagner
 LTJG Li Juan Zhang
 ENS Alexa Soto

CDC

CDR Leanne Michelle Fox
 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 Almea 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
 LCDR Aaron Miles Samuels
 LCDR David Charles Schnabel
 LCDR Aditya Sharma
 LCDR Steven Allan Sumner
 LCDR Snigdha Vallabhaneni
 LCDR Candice Lashell Williams
 LCDR Kari Ann Yacisin
 LT Patrick Robert Ayscue
 LT Virginia Barton Bowen
 LT Matthew Michael Dahm
 LT Jason Keith Dailey
 LT Meredith Gillis Dixon
 LT Diane Loreli Downie
 LT Joseph Derek Forrester
 LT Jason Earl Ham
 LT Robert Reid Harvey
 LT Brooke Elizabeth Hoots
 LT Erin Kuulei Imada
 LT Kara Melissa Jacobsslifka
 LT Eric Wayne Jamoom

LT Matthew James Maenner
 LT Lauren Heather Marcewicz
 LT Lucy Alexandra Mcnamara
 LT Jonathan Gregory Meiman
 LT Alexander James Millman
 LT Alberta Meus Mirambeau
 LT Kelsey Rae Mirkovic
 LT Jocelyn Clare Mullins
 LT Bryan David Shelby
 LT George Raymond Sims
 LT Kathryn Elizabeth Spruit
 LT Erica Dahl Thomasson
 LT Rebakah Vaughn Tiller
 LT Tyson Alexander Volkmann
 LT Laura Ann Vonnahme
 LT Felicia Michelle Warren
 LT Kristen Ann Wendorf
 LTJG Kevin Lee Dunn
 LTJG Charlotte Denise Kabore
 LTJG Paul Wayne Smith
 ENS Erin E. Gymburch
 LT Rebecca Day Merrill

CMS

LT Jinean Alicia Carabal
 LT Israel Hethlon Cross
 LT Lisa Dewan Jarvis-Durham
 LT Paul Edwin Lees
 LT Stephanie Christine Magill
 LT Marie Elizabeth Manteuffel
 LT Rena Chanelle McClain
 LT Jennifer Jean Pieters
 LT Leann Deneen Poole
 LT Teisha Abigale Robertson
 LT Francis Phuc Vu
 LTJG Anca Mihaela Tabakova

DHS

LCDR Mayra Arroyo-Ortiz
 LCDR Preciosa Pacia-Rantayo
 LCDR Mark Robert Scheckelhoff
 LCDR Carol Joan Marie Wong
 LT Precious Ronea Antonio
 LT Matthew Gary Dunbar
 LT Andrew John Felix
 LT Donald Lee Gaither

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

JOAG Welcomes Our Newly Commissioned Officers!

(January 2013 – June 2013)

Contributed by the JOAG Welcoming Committee

DHS

LT Andrew Christopher Hickey
 LT Torane William Hull
 LT Darlene Jones
 LT Laura Elizabeth Katz
 LT Mariely Marquez-Lorenzo
 LT Titania Lee Martin
 LT Jennifer Lynn Merte
 LT Malcolm Mitchell Nasirah
 LT Karen Yadira Riedl-Figueroa
 LT Loquita Roberts McClain
 LT Virginia Lyn Schmit
 LT Kristina Marie Snyder
 LT Jay T Wong
 LTJG Rafael Ivan Amezga
 LTJG Gabriel Garza
 LTJG Kari Lynn Herber
 LTJG Marthania Jean-Baptiste
 LTJG Paul Anthony Jones
 LTJG Jason Michael Lejeune
 LTJG Ali Atega Patino
 LTJG Felicia Denise Peterson
 ENS Arthur Dale Beames

DOD TMA

LT Patrick Wayne Crook
 LT Yaneke Tamara Duffus
 LT Wade Thomas Keckler

EPA

LT Shannon Eve Aldrich
 LT Jessica Noelle Cleck-Derenick
 LT Deborah Potter Cox
 LT Gwendolyn Naquia Hudson
 LT Jonathan Andrew Leshin
 LT Thomas Joseph Maruna
 LT Kevin Samuel Ninan

FDA

LT Jibril Bin Mikail Abdus-Samad
 LT Kelly Abraham
 LT Nabeel Babaa
 LT Caleb David Briggs
 LT Brutrinia Deaquanitia Cain
 LT Cindy Chu Hong
 LT Edward Richard Kay

LT Fred Kekaha Kelly
 LT Jessica Elaine Kreger
 LT Ji Hyun Larose
 LT Neali Hendrix Lucas
 LT Garrette Ford Martin-Yeboah
 LT Julie Villanueva Neshiewat
 LT Thuy Mai Nguyen
 LT Zachary Adam Oleszczuk
 LT Alison Jung-Ae Park
 LT Thomas Antoni Peter
 LT Ryan Scott Presto
 LT Susan Rhee
 LT Latoya Shenece Toombs
 LT Chi-Ming Tu
 LT Kuangshi Geoffrey Wu
 LTJG Stephanie Briguglio
 LTJG Michael Li Ming Gu
 LTJG Ronan Francis King
 LTJG Valeria Adrienne Moore
 LTJG Tara K Normandin
 LTJG James Michael Simpson
 LTJG Sarah Ann Wangsend
 ENS Hua Xin Chen
 ENS Justin Edward Deflorian

HIS

LT Phuong Ngoc Vu

HRSA

LT Israel Garcia
 LT Leticia Monique Manning

IHS

LCDR Melinda Astran
 LCDR Torrey Beth Darkenwald
 LCDR Jennefer Anne Kieran
 LCDR Thuc Xuan Ngo
 LCDR Tin Huu Nguyen
 LT Catherine Pendorf Arnett
 LT Tiana Marie Babb
 LT Fred Owusu Bamfo
 LT Teri Kaye Bartosovsky
 LT Amber Rochelle Beardslee
 LT Jeffrey Michael Benzmilller
 LT Selena Ann Bobula
 LT Danica Joan Brown
 LT Eric Halston Butcher

LT Jessie Zepeda Casberg
 LT Kent Mitchell Cole
 LT Kelly Jo Dalton
 LT Shawnell Deann Damon
 LT Amanda Susanne Dejong
 LT Walter Thomas Delong
 LT Andrew Steven Demotto
 LT Angela Mae Dickerson
 LT Malia Kae Dixon
 LT Bi Kakou Marc Eric Djassa
 LT Courtney Brooke Drevo
 LT Lance Adam Finnical
 LT Julie Marie Forrest
 LT Emily Marie Gaffney
 LT Adele Chandra Garrison
 LT Jesse Roland Gefroh
 LT Jesse Lee Goodman
 LT Alissa Kaye Grimes
 LT Lashley Wade Hatch
 LT Jeannie Jinhee Hong
 LT Jennifer Sue Huff
 LT Lindsey Diane Huffman
 LT Kristian Beau Jackson
 LT Juliane L. Junes-Harvey
 LT Praveen Kc
 LT Lars Erik Krusholm
 LT Jessica Lauren Landa
 LT Daniel Ta-Chung Lee
 LT Michelle Renee Locke
 LT Gina Lindsey Luginbill
 LT Karina Mancini Gushue
 LT Trisha Andrea McCurdy
 LT Dakota Eugene McMurray
 LT Scott Eugene Miller
 LT Noel Miller Miraflor
 LT Robert Jared Montierth
 LT Jodi Michelle Moore
 LT Craig Eli Morin
 LT Kathi Marie Murray
 LT Scott Hill Myers
 LT Julie Ann Nelson
 LT Matt Lance Oldacre
 LT Jonathan Hassan Owen
 LT Jun Woo Park
 LT Elizabeth Ann Peters
 LT Ryan Glenn Pett
 LT Cody Ray Plaisted

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

JOAG Welcomes Our Newly Commissioned Officers!

(January 2013 – June 2013)

Contributed by the JOAG Welcoming Committee

IHS

LT Karen Lea Ritscher
 LT Rachel Marie Sargeant
 LT Chelsea Nicole Sealey
 LT Brianna K. Siefkes
 LT Tasha Dee Standing Solider
 LT Christi Lynn Swaby
 LT Narisa Ann Tappitake
 LT Theresa Teas-Cornelius
 LT Jessica Kate Thompson
 LT Laura Cottam Van Der Waag
 LT Matthew Dwayne Wallis
 LT Adam Lee Walters
 LT Rachel Marie Washburn
 LT Jeffrey Lee Welsh
 LT Lisa Jayme Whitewater
 LT Anna Marie Woods
 LTJG Ryan William Autenrieth
 LTJG Cherilynn 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 Devera
 LTJG Edwige Dea Djassa
 LTJG Anatheia Marie Edleman
 LTJG Olalere Daniel Fasipe
 LTJG Reyna Rose Garcia
 LTJG Deanna Marie Harmon
 LTJG Kimberly Megan Lynes
 LTJG Chao Moua
 LTJG Rhanisha Gonazolez Smith
 LTJG Tristian 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
 ENS Jack Ryan Ammerman
 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 Bitsoie
 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 Tatyana Labovskaya
 ENS Cameron Lachappelle
 ENS Mathew James Laforest
 ENS Michael Tomasz Los
 ENS Sheila Kay Martin
 ENS Evan Allen Maves
 ENS Travis Lawford Mccauley
 ENS Matthew Jay Meyers
 ENS Warren Travis Miller
 ENS Michael James Mingo
 ENS Laura Jeanne Molander
 ENS Brandon Martin Montes
 ENS Stasha Lenae Morris
 ENS Jasmine Shantreece Napier
 ENS Sean Francisco Navin

ENS Myvi Nguyen
 ENS Anthony William Olson
 ENS Ethan Verlin Osborn
 ENS Alex Aaron Passow
 ENS Adriel Anthony Perry
 ENS Timothy Andrew Pierce
 ENS Andrew Martin Ramey
 ENS Adam Michael Ramos
 ENS Jonathan Schroer
 ENS Carley Jo Siewert
 ENS Taylor James Sorensen
 ENS Kenneth James Stearns
 ENS Matthew James Strauss
 ENS Joshua Logan Turner
 ENS Aaron Dean Vonasek
 ENS Amanda Louise Welk
 ENS Patricia Pia Wrona
 ENS Emily June Zamzow
 ENS Zachary Steven Zmudka

Justice

LTJG Lauren Deschamps Staples

NIH

LCDR Mark Jason Roschewski
 LT Michael Aaron Davis
 LT Megan Christina Morgan
 LT Gail Francis Tarlton
 LT Kelly Ann Verdin
 LTJG Louis Reginald Corbin
 LTJG Ariell Bernice Lawrence
 LTJG Jennifer Victoria Sisson
 ENS Kelly Lynn Bruvik
 ENS Stephen Gerard Mclane

OS

LT Charles Augusto Darr
 LTJG Laura Katherine Annetta
 ENS Trey Kenneth Draude
 ENS Melody Wen Sun

USDA

LT Jorge Gerardo Muniz-Ortiz
 LT Oliver Lihui Ou

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

Merchandise



JOAG Medallion

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

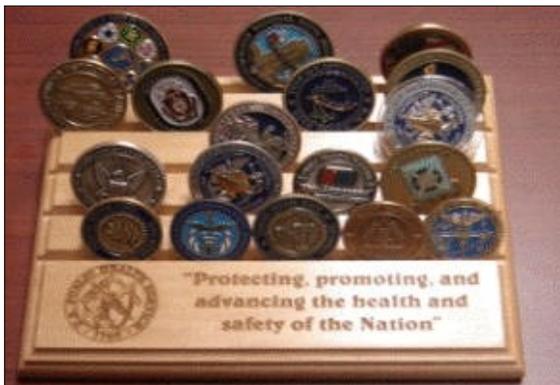
PHS Core Values Coin

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>

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

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

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#

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

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.

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

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