

Junior Officer

Advisory Group

A newsletter for junior officers by junior officers

Volume 2

Summer 2006



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[Our Mission](#)

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

Message from our Chair

Dear JOAG,

While preparing our last newsletter, we were also preparing for the Commissioned Officers Association annual meeting in Denver. Despite the DHHS-imposed cap on authorized travel to the conference - a rather frustrating start to the meeting - I was grateful to see that many of you made it there anyway. I would like to sincerely thank everyone who helped make JOAG's activities at COA this year so highly successful.

Much has happened since May, and it seems that the Corps' Transformation is officially underway. Our new tiered deployment teams were officially on-call with the start of this year's hurricane season. ADM Agwunobi and VADM Carmona recently announced the creation of 12 new positions within the Office of Commissioned Corps Force Management (OCCFM) and the Office of Commissioned Corps Operations (OCCO), devoted solely to implementing Transformation objectives. In addition, ADM Agwunobi announced his amendments to the "three and freeze" policy. This revised policy incorporates the following language: "...any officer who fails to meet the basic readiness standards (excluding officers who have a previously approved waiver in place) must be given a 'not recommended' outcome by the Board." In my humble opinion, this is a step in the right direction towards enforcing our new Force Readiness and other requirements. Hopefully, a few years from now, we won't need this in writing because meeting basic requirements will be a universal expectation.

One of my biggest frustrations this year as Chair is that I was unable to freely share all of the information I received concerning the Transformation. Officers who sat on one of the five Transformation workgroups, convened during January/February 2006, were asked not to disseminate the Transformation implementation recommendations. These recommendations were as broad-based and inclusive as possible, and represented what we would have hoped for given unlimited resources and unanimous agreement from all of our OPDIVs.

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Message from our Chair (continued)

(continued from Page 1)

Although I understood why we were asked not to share information that truly was in the "R&D" stage, I very much wanted to devote JOAG meeting time to open discussion of the workgroup activities, and promote dialogue among junior officers about the Transformation. Although we could not do this, we did take all of the concerns and issues that we had heard over the past year and compiled them into a position paper, which we have formally submitted to ADM Agwunobi and VADM Carmona. I would like to thank all of you who responded to my general requests for input via our listserv, as well as for your specific comments concerning the position paper. I hope that next year information about Transformation will be disseminated more frequently, and that JOAG will continue its vital role in the Corps' development.



On June 9, JOAG met with ADM Agwunobi and VADM Carmona. We discussed junior officer concerns and our vision for the Corps. ADM Agwunobi shared his hope that the future Corps is one which fosters *Collaboration* instead of competition; where *Pride*, not competition, drives *Excellence*; and where accolades from our history motivate *Excellence* in the future. He also said that in his view, the future Corps will be much like the Corps of the past, where we are dedicated to service, we are in it for reasons of the heart, and we are devoted to caring for the most vulnerable within our population. I know that many of you are already at this place in your hearts.

As the official JOAG operating year draws to a close, I will be stepping down as Chair one month early to pursue long-term training. It has been a privilege and an honor to work with JOAG over the past 5 years. I have learned more about the kind of person (and Officer) that I want to be, from working with you all than from anywhere else. I sincerely thank everyone for your hard work and commitment to JOAG. This is a tremendous organization, and I have no doubt the JOAG will continue to flourish under LCDR Pryor's leadership!

Best Wishes,

Claudine

New JOAG Voting Membership for 2006-2007:

LCDR Mehrdad Amani, Dental, DHS, Alameda, CA
 LCDR Brian Campbell, Pharmacy, IHS, Whiteriver, AZ
 LCDR Rhondalyn Cox, HSO, OS/OCCO/DCCR, Rockville, MD
 LCDR Jean-Pierre DeBarros, HSO, HRSA/DIHS, Washington, DC
 LCDR Karen Dorse, Nurse, HRSA/DIHS, Aquadilla, Puerto Rico
 LCDR Richard Henry, HSO, OS/OPHS, Rockville, MD
 LCDR Kristina Joyce-Pittman, Pharmacy, FDA, Sicklerville, NJ
 LCDR Jackie Kennedy-Sullivan, Nurse, DOD/TMA, Falls Church, VA
 LCDR Rona LeBlanc, Scientist, FDA, Rockville, MD
 LCDR Thomas Pryor, Nurse, IHS, Phoenix, AZ

LCDR Jonathon Rash, Engineer, IHS, Escondido, CA
 LCDR Madelyn Renteria, Nurse, HRSA, Rockville, MD
 LCDR Erica Schwartz, Medical, USCG, Washington, DC
 LCDR Ernie Sullivent, Medical, CDC, Atlanta, GA
 LCDR Allison Williams, Veterinarian, CDC, Atlanta, GA
 LT Heather Dimeris, Dietician, HRSA, Rockville, MD
 LT Jessica Feda, Therapy, BOP, Rochester, MN
 LT Jennifer Freed, EHO, CDC/ATSDR, Atlanta, GA
 LT Stacey Smith, Pharmacy, IHS, Ft. Washakie, WY
 LT Aimee Treffileti, EHO, CDC/ATSDR, Atlanta, GA

Congratulations! Welcome to both our new and returning members!

It PAYS to know your A.C.R.O.N.Y.M.S.

Contributed by
LT Lori Evans, CDC

Most junior officers are familiarized with acronyms such as CCRF, DCP, and TSP early in their commission. But some of the ones you might *not* have heard of could be the key to getting the most out of the benefits extended to you as a Commissioned Officer.

SGLI
(<http://www.insurance.va.gov/sgliSite/default.htm>)

It's likely that the first time you saw this term was on your monthly pay stub. **Service-members' Group Life Insurance** provides group term life insurance, meaning: upon your death, money will be paid to the person(s) you designate to receive the insurance (does not have cash or loan values and does not pay dividends).

Upon your first day of active duty, you are automatically covered for the maximum amount of \$400,000. You may choose to decline or reduce coverage by submitting a SGLV 8286 form to the Compensation Branch. Making a change to your beneficiaries is also done using this form. Take advantage of the "Life Insurance Needs" calculator on their website that serves as a handy tool as you face a growing family or other life changes.

ROA (<http://www.roa.org/>)
The **Reserve Officer's Association** serves as an advocate group for all 7 Uniformed Services. They ensure the language for annual pay increase includes "uniformed service member" instead of "military" – a crucial measure for ensuring pay equality for USPHS and others.

New officers are eligible for a one-year gift membership during their first year of commission. Membership in ROA gives an officer access to insurance programs, scholarship funds (for yourself and your children), and professional development and training conferences. JOLTS, or Junior Officer Leadership Training, is open to USPHS junior officers.

MOAA
(http://www.moaa.org/membership_why.htm)
Another lobbying voice for uniformed service members is the **Military Officers Association of America**. This association plays an active role in personnel matters and proposed legislation affecting the active force, retirees, and veterans of the uniformed services.

MOAA membership starts at \$12/year and offers a 1 month free trial. This

grants an officer access to TOPS, the Officer Placement Service which gives resume advice and other assistance to members in career transition. There's also a scholarship fund for which your children are eligible.

ADMGIB (the GI Bill)
(<http://www.gibill.va.gov/>)

The **Active Duty Montgomery G.I. Bill** grants \$37,224 worth of education benefits in exchange for at least three years of service and a reduction in pay of \$1,200 (\$100 per month) for the first year of service. Here's the most important part: one *must* elect whether or not to participate in the ADMGIB upon their call to active duty...sorry, you can't change your mind later.

There are many positive aspects of this program, such as the ability to either use GI Bill benefits while on active duty or after retirement. This is not just a benefit for officers wishing to "go back to school". Licensing, certifications, and even their renewals are covered - the VA approves PROGRAMS of education NOT Schools. For more information on enrollment, see their website or call 1-888-GI-BILL-1 (1-888-442-4551).

**Congratulations
to all recently
promoted
officers!!!**

Paying for school using the Montgomery GI Bill

Contributed by
LT Varsha Savalia, FDA

Join in for JOAG's monthly meetings via teleconference or in person. Our meetings are the 2nd Friday of each month from 1300 to 1500 EST. Call in information:

Phone: 866-772-5230

Password: 4413222

Surgeon General's
Conference Room (18-57)
Parklawn Building, 5600
Fisher's Lane, Rockville,
MD



Officers who first entered active duty after June 30, 1985, and contributed to an education fund are generally eligible for the Montgomery GI Bill. Some Vietnam Era veterans and certain veterans separated under special programs are also eligible. The bill also includes a program for certain reservists and National Guard members. Upon commissioning, officers have the option to deduct \$100 a month (pretax) for the first 12 months from their salary to participate in the Montgomery GI Bill. An officer can only opt for the GI Bill once in a lifetime. If declined, the process is irreversible. Depending on a 2 or 3-year commitment before withdrawing the funds for education, one may receive up to \$840 per month (full-time student with 2-year commitment) or \$1,034 per month (full-time student with 3-year commitment) for tuition and fees. Hence, an officer with a 2-year commitment, who is pursuing a MPH full-time with two courses per quarter will receive \$2,520 or the cost of the tuition for the two courses that quarter, whichever is less. A part-time student will receive up to \$527 per month for a 3-year commitment and up to \$420 for a 2-year commitment. These funds are set by Congress and are periodically increased. Funds cannot be utilized until two years after the officer's active duty date. Benefits may be used for up to 10 years after the officer is discharged.

Basic steps to apply for your GI Bill Benefits:

- 1) Call the VA Benefits 1-800-827-1000 to confirm that the program and/or school is approved by VA. In general, education or training must go towards a degree or certification.
- 2) Check with the school to confirm acceptance of the GI Bill for payment.
- 3) Submit VA Form 22-1990 online: <http://vabenefits.vba.va.gov>. Print the completed form and submit it to OCCO VEA, Attn: Norman Chichester, for verification of active duty status. This form, with an OCCO signature and the officer's signature, needs to be submitted to the VA office indicated on the last page of the form. Without this signed form submitted to VA, direct deposit payments will be withheld.
- 4) Check with the school to confirm your enrollment into the VA program.

Be aware, funds only cover the cost of tuition and fees. They do not cover books, software, or other educational expenses. Funds cannot exceed the cost of tuition and fees for the school. Payments are divided into monthly amounts and they may be received for up to a maximum of 36 months.

An officer can choose to purchase additional funds after the first year for up to \$600, which will pay the student up to an extra \$150 per month. Please note that the increase in funding is only beneficial for full-time students. Students attending school part-time will not benefit from the "buy-up". To purchase additional funding, submit DD Form 2366-1 Montgomery GI Bill Act of 1984 (MGBI) Increased Benefit Contribution Program to:

Division of Commissioned Corps Officer Support
OCCO
Attn: VEA
1101 Wootton Parkway, PL Room 100
Rockville, MD 20852

For additional information on Montgomery GI Bill, visit <http://www.gibill.va.gov>.

Get Involved!!! Recruitment Activities

The JOAG Recruitment and Retention Committee is encouraging junior officers to get out there and promote the Commissioned Corps! The school year will soon begin at colleges and universities across the country, and with that will come numerous opportunities to attend career fairs, host information sessions, and develop relationships with faculty and students. To facilitate this effort, the R&R committee has compiled information on upcoming career fairs and would like officers to share their experience and advice. Career fair information will be periodically distributed via the JOAG listserv and will be published on the R&R Committee's page of the JOAG website. Officers who submit summaries of their recruitment activities can have them published on the website as well. For more information, please contact LCDR Alex Dailey or LTJG Ben Chadwick at (315) 682-3167 or alexander.dailey@ihs.gov / benjamin.chadwick@ihs.gov.

Junior Officer Spotlight

Contributed by
LCDR Diane Kelsch, FDA

Officer: LTJG Leslie Cartmill
Category: Environmental Health Officer
Education: Eastern Kentucky University,
B.S., Environmental Health Sciences (2003)
Home town: Louisville, KY
Agency: FDA

How did you find out about the PHS? Several students in the Environmental Health Program at my University participate in the COSTEP program each year. Throughout the fall semester, students who completed COSTEPs during the previous summer share their experiences with the other students. When I heard about all of the opportunities the PHS had to offer, I knew it was a career I wanted to pursue.

What was the most challenging part of applying for the PHS? I was fortunate, during my COSTEP experience, to meet people who were able to walk me through the application process. Initially, I was apprehensive about the availability of positions I would qualify for as a recent graduate. However, I was pleasantly surprised with the variety of opportunities available for all levels of background and experience, including entry level positions.

Current Assignment: Investigator, FDA, Office of Regulatory Affairs, Florida District Office

Previous assignments: Environmental Health Officer (COSTEP), IHS, Office of Environmental Health and Engineering, Oklahoma City Area Office.

Current Agency's mission: FDA's mission statement: "The FDA is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation. The FDA is also responsible for advancing the public health by helping to speed innovations that make medicines and foods more effective, safer, and more affordable; and helping the public get the accurate, science-based information they need to use medicines and foods to improve their health."

Current duties: I spend the majority of my time conducting inspections of FDA-regulated firms to ensure conformance with applicable regulations. Some of my additional duties include: consumer complaint follow ups, special investigations, FDA-regulated product sample collections, and compliance testing of diagnostic x-ray systems. I also monitor the Florida District's Tissue Residue Program, which was developed to protect consumers from potentially harmful drug residues in the foods they eat.

What are your goals with the PHS? Although I have many, my greatest goal is to grow professionally in order to become a highly effective resource for both my Agency and PHS category.

What is your most memorable PHS experience so far? Finding out I was going to deploy in response to Hurricane Katrina (Port Allen, LA). As I watched the news and saw the devastation, I was moved by the compassion I felt for the victims. When I received notice I would deploy, I knew I was a part of something important and I was making a difference.

What advice would you give to prospective PHS applicants? Make copies of absolutely everything in the event that any paper work needs to be re-submitted. Everyone who has applied to the Commissioned Corps seems to have a different experience and although the application process may be tedious for some, it's definitely worth all of the hard work.



Junior Officer Spotlight

Contributed by
LCDR Linda Ellison, NIH

Officer: LCDR Steve L Morin RN, OCN
Category: Nurse
Education: University of Southern Maine
 Bachelor of Science in Nursing (1997)
Home town: Auburn, Maine
Agency: Division of Immigration Health Services

How did you find out about the PHS? When I worked at the National Institutes of Health (NIH) as a civil service travel nurse, I met a variety of PHS Officers and I was amazed with what the PHS could offer me as a nurse. I was also impressed with the pride and dedication these Officers displayed to the Corps, as well as to their patients and families.

What was the most challenging part of applying for the PHS? The most challenging part was the paperwork. Fortunately, I worked and lived near headquarters which made it easier to hand deliver my documents and ensure I wasn't missing information that could delay the commissioning process. I worked with some very dedicated and incredible people who made the process as smooth as possible.

Current Assignment: Clinical Nurse Specialist, Department of Immigration Health Services, Florence, AZ

Previous assignments: Research Nurse Specialist, National Cancer Institute at NIH

Current Agency's mission: We protect America by providing health care and public health services in support of immigration law enforcement.

Current duties: I conduct medical screenings of recently detained illegal immigrants. Screenings include interviewing immigrants for medical conditions, medication needs, allergies, basic vital signs, and Tuberculosis (TB) screening. As the Infection Control Officer, I work with local, state, and national Health Departments in monitoring and tracking TB and work with the CureTB and TBNet Agencies (who assist Central American countries with medical administration and TB care for the immigrants deported from our facility). I also assist Immigration and Customs Enforcement (ICE) with the deportation of illegal immigrants who need medical supervision.

What are your goals with the PHS? To obtain my Masters degree in Public Health, to continue to support the USPHS mission, and to educate the American public on the many wonderful things the PHS does for America and the world.

What is your most memorable PHS experience so far? Attending the Air Force Aeromedical Evacuation Flight Nurse Program in San Antonio, TX (March of 2006). I learned about the types of aircraft used, as well as how to configure the planes, load and unload patients, and care for patients with limited supplies and changes in air pressure. This class provided a true joint operational environment involving Air Force, Air National Guard, Navy, Army, and PHS personnel. As one of two PHS Officers attending this course, I answered questions about who we are, what we do, where we work, and how to join the PHS.

What advice would you give to prospective PHS applicants? Find a mentor, someone who has recently joined the PHS and can walk you through the process.

If you are interested in being featured in the Junior Officer Spotlight, or know of an officer you think should be spotlighted, please contact LCDR Diane Kelsch at diane.kelsch@fda.hhs.gov.



**Help to ensure
the future of the
Commissioned
Corps
Apply to become
an Associate
Recruiter today!
Information
available at
<http://dcp.psc.gov/ARPMaterials.asp>**

What have you been doing lately?



LTJG Brandon Groh with VADM Richard Carmona at COA



LCDR David Cross treating a mock casualty on the USNS Comfort



LT Merel Schollnberger posing as a mock casualty on the USNS Comfort



Mustering for an abandon ship drill on the USNS Comfort



USPHS Officers deployed to USNS Comfort for a Combined Joint Medical Exercise: LT Merel Schollnberger, LCDR Teresa Fox, LCDR David Cross, LT Daryl Crutchfield, CAPT John Moran



Manning the JOAG Booth at COA



LT Raquel Peat and CDR Bersani, HSO Category Day at COA



Unwinding after a day full of meetings at COA



Looking good Ladies!!!



Officers at work during a Healthy Start Grantee meeting in VA

The History of the PHS Uniform

Contributed by
LCDR Diane Kelsch, FDA

Why do we wear the uniform? Commissioned Officers of the United States Public Health Service (USPHS) are members of the Uniformed Service. The Uniformed Services include members of the armed forces (i.e., Army, Navy, Air Force, Marine Corps, and Coast Guard) as well as the Commissioned Corps of the National Oceanic and Atmospheric Administration and the Public Health Service. Historically, members of the USPHS have been assigned to armed forces both domestically and internationally.

The United States Public Health Service was established by an Act of Congress, as the Marine Hospital Service, in 1798, to provide for the care and treatment of sick, injured, and disabled seamen. In 1870, the Service was reorganized into a centrally controlled, federally run, organization administered by the Supervising Surgeon (later named Surgeon General). In 1872, John Maynard Woodworth, the first Supervising Surgeon, adopted a military model of organization requiring physicians to pass entrance examinations and wear uniforms.

The first Service uniform was designed by Dr. Trulon V. Miller, Medical Officer in Charge of the Chicago Marine Hospital in 1878. Dr. Miller decided on a sea service-related uniform because the patients served by the marine hospitals were primarily maritime and naval personnel.

Towards the turn of the nineteenth century, the Marine Hospital Service was also tasked with the medical inspection of immigrants, communicable disease prevention, and research related to the field of public health. In 1889, this expanding public health role resulted in the formalization of the uniformed services component of the Marine Hospital Service, the Commissioned Corps. At that time, the Commissioned Corps was organized along military lines with titles and pay corresponding to Army and Navy grades, and commissions granted by the President and approved by the Senate.

Rather than appointing physicians to a particular hospital, they were appointed to the general service and assigned to a location based on need. The goal was to create a professional and mobile health corps, free from political favoritism, and able to deal with the public health needs of a rapidly growing and industrializing nation.

As the scope of the Marine Hospital Service's responsibilities evolved, the name was changed to the Public Health and Marine Hospital Service in 1902 and then to the Public Health Service (PHS) in 1912. Today, PHS responsibilities include disease control and prevention, biomedical research, regulation of food and drugs, mental health and drug abuse, health care delivery, and international health.

The PHS uniform remained a fundamental part of Service life until 1981 when a majority of the PHS hospitals and outpatient clinics closed. However, in 1987, Surgeon General C. Everett Koop created the Commissioned Corps Revitalization Plan, which once again required all officers to wear the uniform.

Currently, the Surgeon General directs wearing of the uniform at least once a week. However, each Agency/Operating Division/Program (OPDIV) along with one or more designated Local Uniform Authorities (LUA) can require more frequent wearing of the uniform.

Although the PHS uniform is composed primarily of Navy regulation uniform items, PHS Commissioned Corps officers wear the distinctive PHS Corps device which was designed by John M. Woodworth, in 1871. The horizontal fouled anchor signifies a sailor in distress, while the caduceus represents the public health duties of the Service.

The PHS uniform, as is the case with all other Uniformed Services, is an integral part of service life; wearing of the uniform is a privilege and an honor. As voluntary officers of the USPHS Commissioned Corps, it is imperative we wear the uniform properly, adhere to the established grooming standards, and be familiar with the military courtesies and customs expected of those wearing the uniform.

The Commissioned Corps Personnel Manual (CCPM) Pamphlet No. 61, "*Uniform Handbook*", Parts 1, 2, and 3, provides guidance on the correct wear of the PHS uniform and can be found at http://dcp.psc.gov/DCP_pubs.asp.

To BDU or not?

Contributed by
LT Stacey Smith, IHS

Where to find BDU Components and deployment gear:

The PHS Store www.first2aid.com or www.phsstore.com
PHS Uniform Supply Center: (225) 756-3793 or <http://bphc.hrsa.gov/nhdpc>
AAFES Exchange: (800) 423-2011 or www.aafes.com
Navy Uniform Depot, Norfolk, VA: (800) 368-4088
www.uscav.com for various field gear

Last year during the deployments for Hurricanes Katrina, Wilma, and Rita, there was a great deal of confusion about the proper way to wear the BDU uniform and where to get the components. There were many email discussions about this topic and unfortunately some conflicting information. Luckily, most of these issues have now been resolved. As of the most recent uniform guidelines, the components of the BDU (Woodland Green) are:

BDU Utility Cap- Navy style, large bright rank centered on front panel (O-6 eagle facing the wearer's right)

Undershirt- Black t-shirt with PHS name/logo in gold

BDU Utility Coat/Shirt- 1. "USPHS" tape, subdued olive drab tape with black writing, worn over left pocket. 2. Name tape, subdued olive drab with black writing, worn over right pocket- tapes should be 4 ½ inches long and 1 inch wide; all stitching should match olive drab color of tapes. 3. PHS insignia collar device, subdued, embroidered, sewn onto left collar. 4. Rank collar device, subdued, embroidered, sewn onto right collar. 5. PHS patch, subdued, sewn onto left shoulder- this has now been authorized as a regular component of the BDU

BDU Trouser- No tapes or insignia are stated in the current uniform regulations; assume they are not authorized at this time. Blousing straps may be used to blouse bottom of trouser at boots

Belt/Buckle- Black 1 ¼ inch black web or woven elastic web with black tip, black open-face buckle 1 11/16 inches X 1 11/16 inches

Boots- 10 inch black combat boots with plain toe, leather or leather/cloth combination (jungle boots)

Socks- Olive drab or black boot socks

Black Command Ball Cap- May be authorized by the Local Uniform Authority for wear during deployments

Deployment Roles and the Tiered System of Response

Contributed by
CDR Denise Hinton, FDA

To inform Commissioned Corps officers of proposed deployment roles and response teams, RADM Babb, Director of OFRD, initially provided a detailed description of the tiered system in a memo dated April 28, 2006. The tiered system of deployment was organized based on a recommendation written in the White House Publication, *The Federal Response to Hurricane Katrina: Lessons Learned*. It was recommended that HHS organize, train, equip and roster medical and public health professionals in workgroups in pre-configured and deployable teams.

All officers were asked to enter the OFRD website at <http://oep.osophs.dhhs.gov/ccrf/> and fill out the Deployment Role and Team Selection Form. All officers should notify their supervisors that they will be on a rotating schedule and can expect to be on call for deployment approximately every five months. As of July 1, 2006, the past rosters are no longer valid. Please log in to the OFRD website for information on your scheduled rotation.

A brief description of each tier is as follows:

TIER ONE will gather in a centralized location and consists of five Rapid Deployment Force (RDF) teams and ten Incident Response Coordination Teams (IRCTs) that will train and deploy together as a unit. Individuals assigned to TIER ONE will report to a point of departure within 12 hours of notification.

RDFs

- consists of five Rapid Deployment Force (RDF) teams
- are clinically focused
- include applied public health personnel, leadership and management staff
- Each of the four RDFs is composed of 105 officers who will be deployed from locations within 200 miles of Washington DC, Raleigh-Durham, Dallas, Oklahoma City, Phoenix, and Albuquerque

IRCTs

- are centered in each of the 10 PHS Regional Offices
- are composed of 30 officers from anywhere within a PHS region
- will provide oversight, management, and liaison activities for field operations

As of August 1st, all 5 RDF teams have completed an initial 2-day training. CDR Sara Linde-Feucht (Operations Section Deputy Chief, RDF-2, Washington D.C.) was the first Commissioned Officer from the newly-formed teams to deploy. CDR Linde-Feucht was deployed to assess the potential medical needs of persons returning to the United States following evacuation from Lebanon.

TIER TWO involves five Applied Public Health Teams (APHTs) and five Mental Health Teams (MHTs). Individuals assigned to TIER TWO will report to a point of departure within 36 hours of notification.

APHTs

- are composed of 47 officers
- individuals will have skills that reflect the functions found in public health departments
- will be capable of replacing or augmenting a decimated county health department

MHTs

- are composed of 26 officers
- provide mental health/behavioral health services after a disaster or as a consequence of an urgent public health need

TIER THREE consists of all individuals not placed on Tier One or Tier Two.

- Report to a point of departure within 72 hours of notification
- May be deployed on a regular basis to augment Tier 1 or 2 or to provide specific requested skills as required

Officers designated as "mission critical" by their agencies will be placed under Tier Three. However, these officers will not be on monthly rotations and will only be deployed in extreme circumstances.

Log on to http://ccrf.hhs.gov/ccrf/response_team_description.htm for more information on the Commissioned Corps Response Team Structure, Personnel, and Missions.

The Deeper Meaning behind JOAG's New Medallion

Contributed by
LTJG Jessica Schwartz, NIH



A very special thanks to the Medallion Development Workgroup:

LCDR Cecile Town ,
LT LaTonya Jiggetts,
LT Carolyn Oyster,
LT Aimee Treffiletti,
LTJG Jessica Schwarz

As an active member of the Professional Development Committee and its Medallion Development Group I have been thrilled with the overwhelming response to the JOAG medallion. The inclusion of the Officer's Code of Conduct was the central message of the medallion, but you might not be aware of its deeper meanings. The JOAG medallion's colors and symbols were chosen for their distinctive heraldic meanings as they relate to Junior Officers, Commissioned Officers, and the Commissioned Corps.

The medallion's base color is gold, inferring the distinction of all JOAG members as officers in the Commissioned Corps. The use of gold also denotes generosity and elevation of the mind, an ideal for which Junior Officers strive.

The outer ring contains the words *Junior Officer Advisory Group* followed by *United States Public Health Service*. These two phrases are joined by stars, representing goodness and nobility. Blue was chosen for the outer ring, not only for readability but also to symbolize the historic ties of the Corps to merchant seamen. Blue was also chosen for its heraldic meaning of truth and loyalty. It is to be the personal concern of a member of JOAG to uphold the ties between junior and senior officers for the accomplishment of our mission of "Protecting, promoting and advancing the health and safety of the Nation." Further, the use of blue as a ring encircling the JOAG seal denotes fidelity.

The JOAG seal symbolizes the close relationship and sharing of ideals and resources between the Public Health Service, Commissioned Corps, and Department of Health and Human Services. It is through the marriage of these three entities that our mission is best accomplished. Black denotes constancy and is used for the three circles of the JOAG seal to represent the constant bond of these three allies in public health.

The reverse side of the medallion contains an excerpt from the JOAG Officer's Code of Conduct, developed in 2002 by the PD Committee. These statements from the Code epitomize the ideals for which all officers should strive. The affirmation that "*I represent all officers, past, present and future, and they represent me*" is coupled with "*Together we are the Corps*" and is made bold to remind the bearer of an important principle: the value of the Junior Officer lies in the fact that while we must learn from those who came before us, it is our responsibility to uphold the ideals and purpose of Junior Officers to better the Corps, for in truth, we borrow it from those to come after us.

I hope that this additional knowledge will make holders of the medallion increasingly proud to be an officer serving both JOAG and the Corps. I hope you cherish your medallion as much as I cherished working on and developing it. Carry it proudly and consider it your own little piece of Esprit de Corps!

*****If you are interested in ordering a JOAG coin, please use the enclosed order form.*****

We are ALL Recruiters: Building a Stronger USPHS Corps

Contributed by
LCDR Geoffrey Wachs, IHS

The Commissioned Corps of the United States Public Health Service is an elite force of over 6,000 Commissioned Officers. The HHS Secretary has expressed the need to increase our Corps to 6,600 officers, which will become the highest active duty force in PHS history.

We are all recruiters for PHS; we should know how to recruit and where to find information on recruitment. The Professional Advisory Committees provide guidance on recruitment and specific information for each category. Junior officers who have recently graduated usually have strong contacts with their universities and should continue to maintain those connections with their alumni and faculty. Officers can also get involved in the JOAG Recruitment and Retention Committee. There is now more incentive to recruit with the recent strengthening of the Associate Recruiter program and recognition for recruiters such as the USPHS Recruitment Ribbon.

All officers can help increase our Corps numbers and achieve the highest active duty force in PHS history, in order to meet our mission of protecting, promoting, and advancing the health and safety of the Nation!

Potentially Helpful Websites for Recruitment:

Commissioned Corps Transformation
<http://dcp.psc.gov/ccbulletin/articles/Transformation.htm>

Welcome new junior officers (ref CC Bulletins)
http://dcp.psc.gov/ccbulletin/articles/ActiveDuty_042406.htm
http://dcp.psc.gov/ccbulletin/ccbulletin_main.aspx

CCPM policy on the recruitment ribbon
http://dcp.psc.gov/PDF_docs/2316ARP.pdf
http://dcp.psc.gov/PDF_docs/MC382.pdf

USPHS information on recruitment
<http://www.usphs.gov/html/application.html>
http://dcp.psc.gov/ccbulletin/articles/CCbulletin_041906.htm

The State of the Commissioned Corps (March 2000)
<http://dcp.psc.gov/MAY00CCB.PDF>

USPHS officers by Agency by Category
http://dcp.psc.gov/rpt_agency_by_category.asp

JOAG Welcomes the Corps' Newly Commissioned Officers!!!

From BOP:

LT Chad Garrett, Nurse, Rochester, MN
LTJG Tanesha Nobles, Therapist, Butner, NC

From CDC:

LT Daniel Bowman, EHO, Atlanta, GA
LT Julie Morris, HSO, Anchorage, AK
LCDR Pilgrim Spikes, Scientist, Atlanta, GA
ENS Adam Zandman-Zeman, HSO, Atlanta, GA

From DHS:

ENS Dave Erez, HSO, Oakland, CA

From FDA:

ENS Denise Alexander, HSO, Rockville, MD
ENS Brenda Borders, Pharmacist, Silver Spring, MD
ENS Kenneth Jee, HSO, Rockville, MD
LT Kenneth Katz, Medical Officer, Silver Spring, MD
LCDR Hyon-Zu Lee, Pharmacist, Rockville, MD
ENS Brittany Makos, HSO, Rockville, MD
ENS Nicole Vesely, HSO, Rockville, MD
ENS Jessica Walker, HSO, Rockville, MD
LT Yi Zhang, Scientist, Rockville, MD

From HRSA:

LTJG Debbra Bonney, HSO, Los Fresnos, TX
LT Corey Palmer, HSO, Rockville, MD
LT Chiara Rodriguez, Nurse, El Paso, TX
LTJG Michael Serrano, HSO, San Diego, CA
LT Lydia Springs, Nurse, Washington, DC
LCDR Karen Yamane, Nurse, Tacoma, WA
LT Delia Zorrilla, Nurse, Los Fresnos, TX

From Interior:

ENS Michelle Kenney, HSO, Seattle, WA
ENS Pamela Motloch, HSO, Washington, DC

From NIH:

LCDR Candido Alicea, Scientist, Frederick, MD
ENS Daveta Bailey, HSO, Bethesda, MD
ENS Christopher Derienzo, HSO, Bethesda, MD
LT Sally Hu, Scientist, Rockville, MD
LT Hyejeong Root, Nurse, Bethesda, MD
LCDR Darrell Singer, Medical Officer, Bethesda, MD

From OS:

LCDR Jenny Elton, Therapist, Heidelberg, Germany
CAPT H. Hardison, Medical Officer, Fort Wainwright, AK
LTJG Rebekah Sagan, HSO, Washington, DC
CAPT Daniel Sprau, HSO, Greenville, NC

From IHS:

ENS Eun Ahn, HSO, Fort Defiance, AZ
ENS Andrea Bacher, HSO, Purcell, OK
ENS Tim Balderrama, HSO, Taos, NM
ENS Janie Blanks, HSO, Ashland, WI
ENS Tina Brown, HSO, Albuquerque, NM
ENS John Chandler, HSO, Escondido, CA
ENS Christopher Chevalier, HSO, Fort Hall, ID
ENS Susan Clauschee, HSO, Sells, AZ
ENS John Collins, HSO, Claremore, OK
ENS Lauren Corcoran, HSO, Warm Springs, OR
ENS Olivia Cunningham, HSO, Sparks, NV
ENS Ryan Cuzme, HSO, Seattle, WA
LT Robert Garcia, HSO, Whiteriver, AZ
ENS Susan Graham, HSO, Santa FE, NM
ENS Craig Grunenfelder, HSO, Pierre, SD
LTJG Janet Hanlon, HSO, Fort Defiance, AZ
LT Darren Heer, Therapist, Plummer, ID
ENS Lori Hilleson, HSO, Sisseton, SD
ENS Seth Holloway, HSO, Martin, SD
ENS Matthew Hunt, HSO, Albuquerque, NM
ENS Catherine Ippolito, HSO, Phoenix, AZ
ENS Sandra Johnson, HSO, Ukiah, CA
ENS Andrea Keel, HSO, El Reno, OK
LCDR Paul Link, Nurse, Chinle, AZ
ENS Sue Lor, HSO, Bemidji, MN
ENS James McLane, HSO, Pine Ridge, SD
ENS Deidra McLane, HSO, Pine ridge, SD
ENS Jessica Mehl, HSO, Billings, MT
LT Jinny Meyer, Pharmacist, Cass Lake, MN
CAPT James Mixson, Dental Officer, Ogema, MN
ENS Ricardo Montes, HSO, Fort Defiance, AZ
ENS Joshua Nelson, HSO, Cass Lake, MN
ENS Bradley Newsad, HSO, Phoenix, AZ
ENS Triep Nguyen, HSO, Crow Agency, MT
ENS Shannon Oliver, HSO, Gallup, NM
ENS Craig Otting, HSO, Winnebago, NE
ENS Andrew Patterson, HSO, Rockville, MD
ENS Jason Peterson, HSO, Mobridge, SD
ENS Heather Petersen, HSO, Winnebago, NE
ENS Sarah Poole, HSO, Manlius, NY
ENS Kristina Pounds, HSO, Billings, MT
ENS Carolyn Pumares, HSO, Phoenix, AZ
ENS Andrea Quinn-Matute, HSO, Rosebud, SD
ENS Amy Rogers, HSO, Tempe, AZ
LT Dennis Schufeldt, Pharmacist, Winnebago, NE
ENS Ashley Severin, HSO, Billings, MT
LTJG Mark Small, HSO, Wagner, SD
LTJG Terry Smith, Nurse, Tuba City, AZ
LT John Smith, Nurse, Bethel, AK

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Please note that officers with the rank of ENS are students participating in the Commissioned Officer Student Training and Externship Program (COSTEP)



Any questions regarding articles or to submit articles for future publications, please contact:
LT Stacey Smith
307-332-3924
stacey.smith@mail.ihs.gov



Junior Officer Advisory Group JOAG Medallion Order Form

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The cost is \$10.00 per coin + \$2.00 shipping, payable by check or money order, made payable to: Commissioned Officers Foundation.



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For more information please contact me at csamanic@comcast.net.