

THE JUNIOR OFFICER CHRONICLES



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DESIGNED FOR JUNIOR OFFICERS BY JUNIOR OFFICERS**

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- ◆ ***The Junior Officer Advisory Group (JOAG) is a public health professional group whose purpose is to provide advice to other Corps and non-Corps entities on interests and concerns specific to junior officers in the United States Public Health Service (USPHS) Commissioned Corps.***
- ◆ ***The Junior Officer Chronicles (JOC) is a quarterly publication produced by the JOAG Communications & Publications Committee (CPC) JOC Subcommittee. The 2018-2019 JOC Co-Leads are: LCDR Tara Jatlaoui and LT Roseline Boateng. The CPC Co-Chairs are: LCDR Christine Corser and LCDR Stephanie Kenez and the Executive Committee (EC) Liaison is LCDR Stephanie Kenez***
- ◆ ***Send editorial comments and concerns to [LCDR Tara Jatlaoui and LT Roseline Boateng](#).***
- ◆ ***To contribute to a future edition, submit articles to [LCDR Tara Jatlaoui and LT Roseline Boateng](#).***
- ◆ ***Any opinions or thoughts presented in The Junior Officer Chronicles are solely those of the author and do not represent the USPHS, United States Department of Health and Human Services (HHS), or any other government agency.***

MESSAGE FROM THE CHAIR

Greetings Fellow Junior Officers!

Welcome to the 2018-19 operational year! I am very excited to work with all of you this year. As we move into the 18th year of JOAG, the future holds unlimited opportunities. We talk often about JOAG representing all Junior Officers (JOs), and we hope to reach everyone this year, but what does that really mean? As of Oct. 10th, there are 2,751 JOs, serving in 19 different agencies/departments, in all 50 states, D.C., several territories, and various countries. As you can see, JOs are everywhere and we make up approximately 44% of the Corps. The theme for this year is "Increasing Reach, Greater Connection, A Stronger Voice." We want to determine how we can better reach JOs, especially those located in remote areas, or those JOs who work in areas with few officers close by. We want to encourage greater participation in JOAG at all locations, help forge stronger connections between JOs, and increase esprit-de-corps. By increasing JOs involvement in JOAG, we will have a stronger united voice for advocating on the issues specifically affecting JOs. For some officers, at some locations, JOAG may provide their first link to Corps activities and we want to ensure it is a positive and value-added experience. JOAG exists to serve you, the Junior Officer. All the Voting Members (VMs), the Executive Committee members and myself, are here to serve you. JOAG can provide networking prospects, career development advice, general life tips, numerous volunteer and leadership activities, and countless other opportunities. But, we need your help! How can we reach more JOs? How can we make sure every JO is being served? Please email any JOAG Voting Member with any ideas or suggestions. A list of all VMs can be found on our membership roster website.



Thank you to those who applied for voting membership this year! To those not selected, I sincerely hope you will consider applying in the future. Please reach out to any Voting Member, if you have any questions about the process. We are thrilled that CAPT Sara Newman will continue her service as our Sr. Advisor, through March 2019. We are currently carrying out our selection process for our next Sr. advisor, whose term will begin April 2019. We have a fantastic slate of enthusiastic, dedicated and hard-working Voting Members and Executive Committee (EC) this year. I am excited to announce we have added a sixth member to the EC, a second secretary, and we will now have Co-Executive Secretaries. As any Organization would tell you, the secretary is an extremely important role and the additional help will alleviate some of the workload.

The only way JOAG will grow is by spreading the word and increasing participation. I encourage each of you to talk to everyone you can about JOAG - the benefits and opportunities. I fully understand we all have busy lives, including busy day jobs that come first, families, outside activities, hobbies, and personal time, but any time you can give is appreciated! We do not expect, or want you to drop everything you do to work for JOAG, but any participation/time you are willing to give to JOAG will help all JOs. And if you are already involved, Thank You! If able, I hope you will think about stepping up to a leadership or larger role within JOAG; be a subcommittee co-lead, secretary, or Voting Member. If you are not involved, please look at our 9 committees, you are sure to find something that piques your interest and volunteer. If you have any questions, you can reach out to the subcommittee's co-leads or the committee co-chairs.

As a young officer, I was the only JO in my state for a number of years, and JOAG provided my first real connection to the Corps and other PHS Officers, after OBC. I have had numerous opportunities to learn and grow, many rewarding experiences, and secured many lifelong friendships through JOAG. I truly believe and hope it can do the same for you.

There are many exciting things in store for this year and I hope you will choose to be a part of JOAG! If you see areas for improvement, please let us know and if you have solutions and the time to implement those changes, even better!

Again, thank you all for this amazing opportunity to serve you, the Junior Officer. I am thankful for the wonderful and encouraging previous Chairs, Voting Members, and fellow JOAG members that have helped me along the way and have left very big shoes to fill. I will do my best to follow in their footsteps and diverge from the path, as needed. I hope everyone has a great 2018-19 JOAG Operational Year!

Yours In Service,

LCDR Chris M. Sheehan, MS, MBA, NREMT

JOAG Chair

EXECUTIVE COMMITTEE SPOTLIGHT

LCDR Titania Brownlee

Category: Dental

Education: BS in Biology, Minor Chemistry (Fayetteville State University,'07) ; DDS (Meharry Medical School, '11); Enrolled- MPH in Global Public Health (UNC-Chapel Hill, anticipated completion date May 2019)

Agency: DHS, Coast Guard

Current duty station: Mobile, AL



1. Tell us a little bit about yourself: interests, position, family, hobbies

I am originally from Greensboro, North Carolina, and the youngest of 3 children. I was the first in my family to go to college. I attended Fayetteville State University where I was actively involved in the Student Government Association and Student Activities Council, I was also a student-athlete and a member of Delta Sigma Theta Sorority, Inc. I am currently a Dental Officer stationed at USCG Aviation Training Center in Mobile, Alabama. I am married with a puppy. I enjoy travelling and exploring new places.

2. How did you get involved in Public Health?

I believe that my purpose in life is to utilize my gifts and talents to serve others. "Res Non Verba".... Deeds not Words and "Worship of God Through Service to Mankind" were my schools' mottos and are what ultimately lead me into public health. I attended Meharry Medical College, School of Dentistry where much of the population we served were underserved or disadvantaged. Realizing the craft I was learning can have such a huge impact on the community I had been serving, was such a rewarding feeling and experience. After I graduated, I knew I wanted to go into public health and had learned that the Public Health Service was one of the ways I could do that.

3. How long have you been involved with JOAG and what is the most interesting aspect of your involvement with JOAG and/or serving the mission?

I have been involved with JOAG since Fall of 2014. I was commissioned in Spring of 2013 and started listening to the JOAG General Meetings and kept an eye on the Listserv. I started out as Lead for the Professional Development Committee's Officer Spotlight. This role provided me with an opportunity to start seeing what JOAG does I started to see it more than just a named organization. It provided me with an opportunity to see what other officers were doing and other ways I could get involved. As a voting member, I became the Co-Chair for the Recruitment and Retention Committee. This is where I started to learn how things operate within JOAG and the position helped me to better understand how I can have an impact on the Public Health Service.

4. What committee do you liaise with and what is that committee doing this operational year?

I serve as the EC Liaison for the Membership Committee and Outreach Committee. Both committees are about getting more officers involved with JOAG whether it be through membership or activities.

5. What do you hope to accomplish/achieve in this position for the operational year?

This operational year I hope to get more Junior Officers in isolated areas involved with JOAG and PHS activities. Some junior officers have been fortunate enough to work with senior officers that are very knowledgeable about PHS and they have been willing to provide support and encourage them to pursue endeavors that will build on their career professional development. Ensuring that all junior officers not only have accessibility to that information but also knowing where to find the information is important.

6. What's your favorite piece of advice to share with fellow junior officers?

One piece of advice I would share with fellow Junior Officers is to not be afraid to reach out to other officers even if they are not in your category or in a higher rank. We can learn a lot from each other. In my five and a half years in PHS I have learned a lot from my peers and senior officers from within my category and from other categories.

LETTER FROM THE EDITORS

Happy Fall! Welcome to the Fall Edition of the Junior Officer Chronicles (JOC). Fall is here and so is hurricane season. For most people fall brings thoughts about the encroaching holidays, time with family, cold weather, and baking occasions. As officers, fall means we are constantly on standby status and ready to deploy at a moment's notice. We may not know when, where, and for how long, but our resilience, courage, and steadfast motivation leads us to accomplish our mission. Our charges vary: some offer operational support from their duty stations; some cover deployed officers' duties to maintain the PHS post mission; and some provide boots on the ground in whatever role necessary to achieve the task.

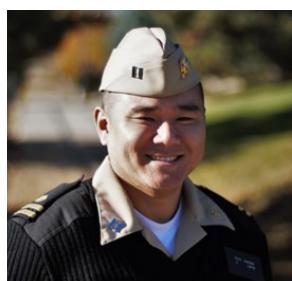
Thank you to all the officers who responded to Hurricanes Florence and Michael. Your dedication to the mission is truly appreciated. We would also like to recognize the hardship for officers living in the paths of Florence and Michael, and extend our thoughts for you and your families' swift recovery.

We are excited to announce that LCDR Tara Jatlaoui will be taking over as JOC Co-Lead and replacing LCDR Beth Wittry. LCDR Wittry has been selected to serve as a JOAG voting member to chair the JOAG Outreach Committee and liaise to the EHO Category.

In the prior JOC editions, we introduced some of our JOC subcommittee members. Meet two more of the JOC team who contribute to this publication and are key to its success: LCDR Grace Chai and LCDR Noah Buikema.



LCDR Grace Chai: I am a Pharmacist Category officer stationed at the Food and Drug Administration in Maryland. I serve as the Deputy Director of Drug Utilization for the Division of Epidemiology II in the Center for Drug Evaluation and Research. My role as the Deputy Director is primarily as the program lead for research and analysis of how drugs are used in the US. Recently, opioids has been the primary focus of much of my work and of personal interest. When not working, I enjoy spending time with my 3 active children.



LT Noah Buikema: I am an engineering officer detailed to the National Park Service, Intermountain Region in Denver, CO. I went to Michigan Technological University where I obtained my BS and MS in environmental engineering. My work focuses on the design, development, and implementation of engineered systems to solve potable water, wastewater, and environmental contamination problems in dozens of National Parks spanning eight states. Outside of work, you'll find me on the mountain bike trails, up in the mountains skiing, and in the shop woodworking.

In this edition, JOs will share their deployment experiences to depart some words of wisdom and lessons learned for officers currently on deployment and officers gearing up to deploy. We are honored to highlight the stories of leadership, service, integrity and excellence of the junior officers. Thank you to everyone who played a part in the compilation of the 2018 Fall Edition.

We welcome your feedback for ways we can better serve you. Submissions to be included in the 2018 Winter Edition can be sent to both LCDR Tara Jatlaoui and LT Roseline Boateng (kgz4@cdc.gov and roseline.boateng@ihs.gov) with the subject line: "2018 Winter Edition JOC."

We appreciate your support and thank you for your contribution to JOAG's premier magazine by junior officers for junior officers.

Happy Reading!

REPORT FROM THE RANKS

Testing Our Limits: Operation Argonaut at OBC 104

LT Kathryn McNamara, Industrial Hygienist, National Institutes of Health



ENS Candice Johnson and ENS Abigail Hawkins navigate a steep slope with encouragement from LT Brian Julius



OBC Class 104 Operation Argonaut Platoon L - R: LT Peter Jaeger, LT Kameron Baker, LT Brian Julius, LT Amy Schuh, ENS Abigail Hawkins, LT Chris Thirkill, ENS Candice Johnson, LT Kathryn McNamara, LT Billie Evans III, LT Fred Jaeger

According to ancient Greek mythology, the Argonauts were a band of heroes who sailed the world. Our Officer Basic Course (OBC) 104 class felt like a modern-day group of heroes as we completed Operation Argonaut, a unique opportunity to test officers' physical and mental limits. A contingent from OBC 104 traveled to the U.S. Naval Academy in Annapolis, Maryland, under the command of LCDR Danny Benbassat, to conduct marching drills, complete an obstacle course, and tour the United States Naval Academy.

The obstacle course was three miles of challenging wooded terrain and included 11 obstacles such as a cargo net, rope bridge, wall vaults, and monkey bars. If we failed to complete any two obstacles, we failed our mission. The course was a great opportunity to test our fitness, confidence and leadership. Along the way, we also strengthened our camaraderie as squad mates and encouraged one another to complete the obstacles. There is nothing quite like the feeling of scaling a wooden balance beam perched high in the air as your squad mates cheer and offer suggestions for making it down the other side. How often in our daily lives do we get the experience the thrill (or exhaustion!) of sprinting uphill in single file and finding the fortitude to keep going in order to not let down the squad?

All officers took turns honing their leadership abilities by serving as a squad leader. At each obstacle, the squad leader led a conditioning exercise for the entire squad in cadence while calling the correct preparatory commands and commands of execution. As new PHS officers, it was a valuable experience to practice Physical Training commands in a safe environment.

In fact, safety was a priority. We had to read an Operational Order (OPORD) with a detailed risk assessment, provided by LCDR Benbassat. The OPORD also included the operation's intent, mission, and logistics. Squad leads also read a safety briefing on how to negotiate each individual obstacle (and any pitfalls to avoid) before attempting it.

Operation Argonaut ended with a tour of the U.S. Naval Academy. It was fascinating to walk around and see members of our sister sea service everywhere. We especially sympathized with the new Naval Academy Midshipmen who were drilling in the hot sun as part of their "Plebe Summer" experience. Overall, Operation Argonaut was a memorable part of our OBC experience and certainly helped us to develop that "esprit de corps!" Our platoon showed our PHS pride and felt like we lived out our class motto: "Hardcore! Good to the Corps! OBC 104!"

REPORT FROM THE RANKS

Deployment Experience Interview with LCDR Stephanie Begansky

2018 Unaccompanied Minors Mission

Category: Pharmacy

Education: PharmD, Master of Legal Studies, Certificate in Global Health (anticipated 2019)

Hometown: Silver Spring, MD

Agency: FDA

Current duty station: FDA/CDER/OND/IO



1.What was your role on your deployment? Where were you assigned and how did you respond?

I was in an administrative role on this particular deployment. That is my current assigned role through RDF-1 and was happy to deploy in this capacity. I was assigned to a detention center in Southern Georgia and had about 24 hours from alert to boots on the ground to respond.

2.What unexpected situations occurred and how were they addressed?

Going into any deployment, you can expect the unexpected. This particular deployment was covered heavily by the media and we were staying in hotels amongst the general public so being discreet for safety was a challenge. Our team did a great job working together to make sure we remained safe.

3.What did you consider to be the biggest challenge(s) for this assignment?

This particular deployment was morally challenging. It was difficult to remain neutral on such an impassioned topic and stay focused on the task at hand. The media coverage was unnerving and without the awesome team that I was deployed with, I could see resiliency being an issue.

4.What did you consider to be your major accomplishment(s) for this assignment?

Our team was able to focus on the task at hand and complete our entire mission prior to the cease and desist order that took place. It was really rewarding to be able to work closely with other government organizations and come together to complete a single mission though we all had our own goals.



5.What was the most valuable item you took on your deployment?

Flexibility or shall I say, fluidity. Just being able to go with the flow and adjust priorities based on an ever-changing mission is critical for all deployments!

6.What advice do you have for JOs that haven't been deployed?

Deployments are an exciting time and opportunity that can sometimes come along with a lot of uncertainty and lack of clarity. Embrace that, lean on your teammates, and don't be afraid to ask for help when you need it. Everyone is there together and communicating and utilizing your unique skillsets will be invaluable to accomplishing the mission.

REPORT FROM THE RANKS

Recovery Deployment to Temporary Assignment: An Interview with LCDR James Gooch

Category: EHO

Education: MPH, Global Environmental Health (Emory University), BA, Environmental Studies and Sustainable Development (Rollins College)

Hometown: Melbourne Beach, FL

Agency: CDC's National Center for Environmental Health

Current duty station: St Croix, US Virgin Islands

1. What was your role on your deployment? Where were you assigned and how did you respond?

I was deployed to US Virgin Islands (USVI) under Recovery Support Function for Health and Social Services as Deputy Field Coordinator and Public Health Branch Chief for Hurricane Irma and Maria.



2. What unexpected situations occurred and how were they addressed?

The first unexpected situation was actually being selected for this mission. Having never deployed in a recovery role, I was a bit uncertain on what this mission would entail. Recovery (as I have since come to discover) is very different from response, and yet at a similar pace. So to address this first situation, I did a deep dive on the recovery mission. I spent a few days reading everything I could find on FEMA's National Disaster Recovery Framework, Department of Health and Human Services publications from ASPR and CDC, and just about anything else I could find on the web. That background reading provided a foundation to conduct some stakeholder engagement with recovery leads from the Harvey recovery in Texas (special thanks to CDR Eva McLanahan and CDR Arthur Wendell for sharing their insights and best practices). Once I arrived to the joint field office in St. Croix the day after Christmas in 2017, I quickly realized that all my studies were not going to prepare me for the realities of the field. The recovery mission is very specific to the specific needs, issues, and resources of the jurisdiction. And USVI as it turns out is very unique, wonderful, and challenging on many levels. That would be my second unexpected situation.

3. What did you consider to be the biggest challenge(s) for this assignment?

The biggest challenge in this assignment was actually leaving this assignment. If the response mission is a sprint, the recovery mission is 100 marathons over 100 days. This sustained effort required creating, supporting, and growing multiple relationships and projects across numerous stakeholder segments. To be effective in this approach, continuity of communication and coordination was critical. However, you can't be deployed for five years (or can you?), so each rotation of staff meant we had to start over on relationship building with recovery. Even with being on a four month deployment (1 week home and three weeks in rotation) the work was a slow build to a number of long-term outcomes. Progress was sometimes incremental and small. The person who had an idea didn't necessarily get to see it to fruition in many cases. Also, it wasn't until I completed my last rotation did I fully appreciate the breadth and depth of work completed or the effort it took to reach that point. The biggest regret I have was not fully documenting my effort and plans in a comprehensive final report so that others could continue my lines of engagement. I will not make that mistake again.

Continued on next page

REPORT FROM THE RANKS



FEMA provided tarps on the roofs of St. Thomas damaged structures

4. What did you consider to be your major accomplishment(s) for this assignment?

My major accomplishment for this assignment is a very selfish one. I have been afforded the opportunity to extend the mission for the next few years. I returned to the USVI in late September 2018 as a technical consultant to the Department of Health. I am providing direct assistance under CDC's hurricane supplemental funding to support activities around improving children's environmental health and community resiliency to future disasters.

5. What was the most valuable item you took on your deployment?

I brought with me a six pack of small (3"x5") waterproof notebooks. I logged each of my days with notes on discussions and meetings as well as major assignments and tasks. The subsequent documentation was invaluable while deployed. Working 6 days a week at 12-16 hour days, it starts to feel like Groundhog Day. This small process helped keep me organized and allowed me to revisit conversations to identify themes and rework ideas.

6. What advice do you have for JOs that haven't been deployed?

Late into my recovery deployment, I finally got the nerve to ask the field coordinator why I was selected for this wonderful opportunity. She cited the first and only time we met – sharing a taxi in early October of 2017 in St. Croix during the initial hurricane response. I was being demobilized and she was arriving. She claims I left a very good first impression. This is strange, as I only vaguely recall the interaction. I was sleep deprived, without a shower for a few days, and had just experienced a very stressful previous 24 hours. I was ready to go home. When I pushed further for what stood out in that first impression, she said it was the fact that I was still smiling and joking despite the overwhelming challenges I experienced during the response. As she put it, attitude determines your altitude.

JUNIOR OFFICER SPOTLIGHT

LCDR Kemi Asante

Category: Pharmacy

Education: PharmD: Howard University; MPH: UMass Amherst

Hometown: Highland, Maryland (born and lived in Lagos, Nigeria until age 12)

Current duty station: Food and Drug Administration (FDA), White Oak, Maryland

How did you find out about the PHS?

I first found out about PHS at a career fair in pharmacy school. I stopped by the PHS booth and talked to the officers but I didn't have a good understanding of what PHS was really about. It wasn't until about 5 years later when I started talking to a few of my classmates who had become officers that I really got a clear understanding of the mission and values of PHS. I was especially drawn to the service component of PHS and knew immediately that I wanted to be a part of this organization.

What are your goals with the PHS?

My goal with PHS is very much in line with my goal in life - to add value and to make a positive impact on every project, group or individual that I'm involved with. I am especially passionate about global health and would eventually like to take on an assignment that will enable me to contribute to HHS' efforts in establishing international arrangements and policies that aim to improve health and drug quality and safety on a global scale.

What does your current assignment entail?

In my current position as Health Science Policy Analyst with FDA's Office of Medical Policy/Office of Prescription Drug Promotion, I serve as Subject Matter Expert and Technical Lead for new guidance and policy statements involving complex and high-priority public health matters that are central to the mission of the Office. I lead multidisciplinary working groups and I draft or review proposals for new guidance and policy statements. I research, analyze and author documents embodying policy and decisions on Office initiatives. I also make presentations at conferences and professional meetings that communicate current policy developments at the Agency and serve as a means of eliciting the concerns and criticisms of the regulated industry.

Have you served on any deployments? What was your role?

My first deployment was for the 2014 National Independence Day Celebration. I served **Continued on next page** as a pharmacist/logistics officer at the warehouse in Frederick, Maryland, leading up to



JUNIOR OFFICER SPOTLIGHT

the event, as well as on the day of the celebration. I also had the opportunity to deploy for three months to the Monrovia Medical Unit (MMU) in Liberia during the Ebola Response. In addition to providing pharmaceutical care to patients, I was responsible for the inventory and coordination of the transfer of approximately 400 different types of medications from the MMU pharmacy to the Ministry of Health. I was also involved with a clinical trial for an Ebola vaccine, as well as capacity building efforts for Liberian healthcare workers by providing practical hands-on pharmacy training.

What is your most memorable PHS experience so far?

My most memorable PHS experience so far is my MMU deployment. My experience in Liberia was both challenging and fascinating and helped me discover my passion for work with a global impact. Consequently, when I returned from Liberia, I enrolled in UMass Amherst and recently earned my Master's in Public Health and a Graduate Certificate in Global Health.



PHS Collateral duties?

I have been active with several PHS groups throughout my career, including BCOAG, JOAG and PharmPAC. I am privileged to serve as the current Chair of BCOAG, a group that has been instrumental in my success and development as an officer. I also have been active in JOAG and have held leadership positions on the Awards Committee and Communications and Publications Committee. With PharmPAC, I serve as a University Point-of-Contact (UPOC) for Howard University and I'm a part of the Planning Committee for the Pharmacy Category Day at the annual symposium. I also joined the Global Health Track a couple of years ago. It's a group under the HSO PAC, but they allow officers from other categories to join. I have truly enjoyed being a part of the Global Health Track because it provides excellent global health-related lectures, trainings and field trips that allow me to develop my Global Health competencies.

Do you have a personal leadership philosophy or mentor? Is there anyone that inspires you to become a better leader?

I like what Dr. Wayne Dyer, self-help author and motivational speaker, says about leadership: "*Truly inspiring leaders get results by their own example: They encourage others to be responsible and do the right thing...they create space for others to be inspired and to achieve their own greatness.*" Dr. Dyer provides the following suggestions for how to inspire others: Kindness Inspires Others. Gratitude Inspires Others. Generosity Inspires Others. Listening Inspires Others. Being at Peace Inspires Others. I try to practice these virtues daily.

REPORT FROM THE RANKS

Black Commissioned Officer Association Group (BCOAG) Officers Support the Tree of Life Health Fair

LCDR Kimberly Calvery, Clinical Social Worker, Department of Defense

Based in Columbus, Georgia, the Tree of Life Healthcare is a non-profit medical and eye clinic designed to serve the needs of patients without the money or medical insurance to cover initial doctor's visits and other medical needs. Their mission is to provide quality, compassionate healthcare to the medically underserved.

BCOAG members LCDR Elfriede Agyemang, LCDR Kimberly Calvery, LCDR Natasha Hollis, LCDR Felicia Warren, LCDR Marcienne Wright and LT Okezie Okoli descended upon the Columbus Civic Center Saturday, April 7, 2018, and provided the following public health interventions:

- Addressed the Surgeon General's priorities of opioids, addiction and tobacco; 130 individuals were educated and provided treatment and recovery resources.
- Performed phlebotomy services for 27 men; elevated prostate-specific antigen (PSA) detected early for 3 of those men tested.
- Conducted 40 glucose screenings; 4 individuals given personal glucometers and diabetes self-care consultation after registering elevated glucose readings; all individuals screened received education on diabetes prevention.
- Utilized the National Prevention Strategy resources to provide health fact sheets on chronic, preventable diseases that affect many residents of the region—hypertension, diabetes, substance use, obesity, cardiovascular disease and HIV/AIDS— during screenings and at information booth; over 200 individuals actively engaged to increase health literacy.
- Recorded height and weight readings for 50 individuals; all were educated on the connection that weight management, exercise and healthy eating habits have on overall general wellness.
- Partnered and collaborated with Tree of Life health fair organizers and local resources to ensure all individuals served had follow-up care and the extension of services that would ensure access to ongoing and regular health care.



LCDR Okoli performing glucose screening



LCDR Agyemang educating hypertensive patient

These six junior BCOAG USPHS officers actively participated in this effort and significantly impacted the successful outcomes of the mission through ensuring timely and thorough provision of services. Their hard work during the Tree of Life health fair resulted in a major contribution to the community, positive exposure of USPHS CC capabilities to the East Alabama/West Georgia region; thereby increasing volunteer awareness of Chattahoochee Valley community efforts to improve lifestyles through preventive health activities, healthy lifestyle education and prevention.

Their participation in the Tree of Life health fair contributed to impacting several hundred residents from various age ranges and health statuses from the region. Based on conservative numbers pertaining to doctor's visits and exams, individuals receiving services at the Tree of Life health fair received medical care valued at \$1,200-1,600. Between deferred labor and professional expenses, approximately \$151k-\$201k of medical care was rendered to residents of the Greater Chattahoochee Valley community. Most importantly, relationships were solidified for annual service activities for the good of the community which mirrors Surgeon General Adams' motto of "better health through better partnerships."

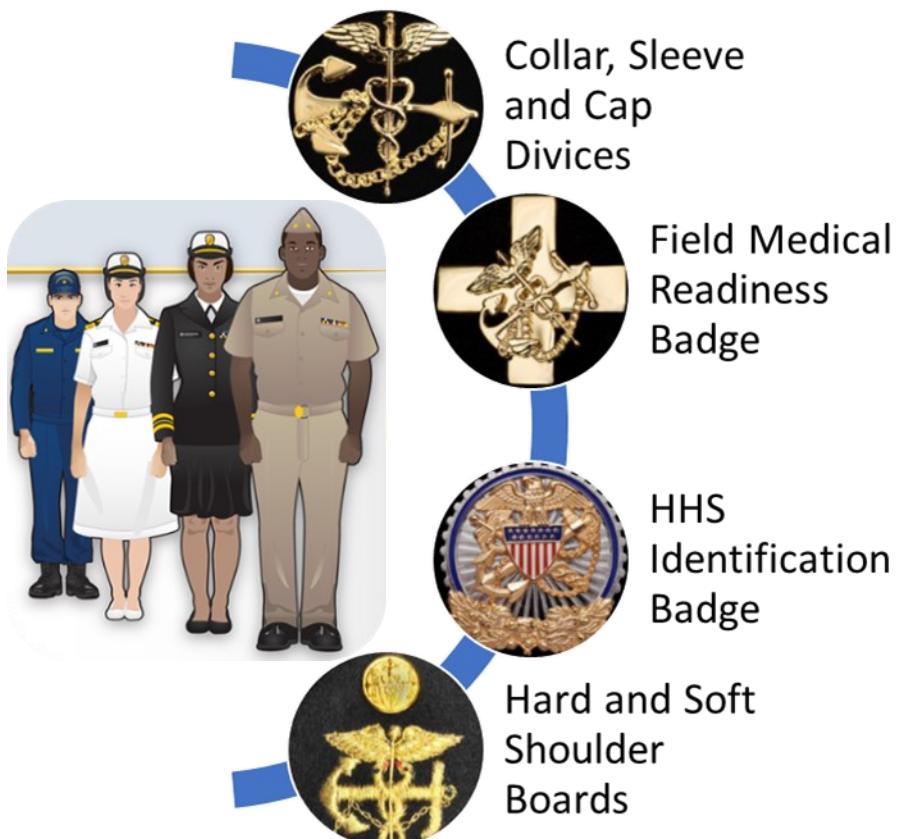
UNIFORM CORNER

The Importance of “Milspec”

LCDR Charles Darr

Proper wear of the U.S. Public Health Service (USPHS) Commissioned Corps uniform, with pride and distinction, includes ensuring your uniform and all its insignia and devices are in order and that they meet military specifications (milspec). As we are moving into the fall season, why not check your milspec items?

On January 1, 2015 the old PHS-specific insignia were phased out. All officers should possess and display the new milspec devices and insignia. Milspec allows for uniformity among officers and ensures standardization to the design and materials used for the uniforms of the USPHS. For a detailed listing and policy reference to the insignia and devices that are milspec, see [Commission Corps Instruction CC431.01](#). It is the officer's responsibility to ensure proper wear of his or her uniforms. Use caution if you've acquired uniform components from other officers as a donation or through a shopping forum. While it is a good natured gesture to hand uniform components down to a rising officer or offer to others at a bargain, they may be dated and non-conforming to current regulations. The Atlanta Commissioned Officers Association previously published a [helpful document](#) that includes photos and detailed descriptions of the milspec changes, however officers should always reference USPHS policy for the most accurate and up-to-date information.



REPORT FROM THE RANKS

Valuable First Deployment Experience: An Interview with LT Tiffany Pfundt

Category: Pharmacy

Education: PharmD (University of Michigan)

Hometown: Flushing, MI

Agency: FDA

Current duty station: FDA at Silver Spring, MD

1. What was your role on your deployment? Where were you assigned and how did you respond?

I was deployed as part of a Logistics Team assigned to the 2018 National Independence Celebration. The team was comprised of PHS Officers, National Disaster Medical System (NDMS), and Logistics Response Assistance Team (LRAT) individuals. I served as both a pharmacist and a general logistics team member on this deployment. We were deployed to MSC Frederick (Frederick, MD) and spent part of our deployment on site at the National Mall in Washington, DC. As a pharmacist, I was responsible for overseeing the safe distribution of medications to the teams that would be manning the tents on the National Mall on the 4th of July. As a general logistics team member, I did a lot of different things – drove gators, swept cargo trucks, loaded and unloaded cargo trucks, inventoried material, unpacked and repacked tents, learned to tie a couple different knots... anything they asked me to do!



2. What unexpected situations occurred and how were they addressed?

The word from our Command was that we were short-staffed the entire mission. Members from our team kept getting pulled to respond to other crises, including the Unaccompanied Minor mission, which was ongoing at the same time. This was my first deployment, so I don't have anything to compare it to, but didn't really get the sense that we were as understaffed as we were. I think that speaks to everyone from PHS, NDMS and LRAT being willing to take on any job, role, or duty in support of the mission. We were working with folks with a variety of experience levels and relied heavily on the leadership of those who had a lot of deployment hours under their belts. The mission would have been a lot different (in a bad way) had we not had such team-oriented people as part of the team and strong leadership.

3. What did you consider to be the biggest challenge(s) for this assignment?

In addition to, and as a result of, our being short-staffed, team members were asked to take on additional and new responsibilities. There were some moments where folks felt pushed out of their comfort zones, but at the end of the day, everyone rallied around one common goal – a successful and safe mission – and we accomplished that!

Continued on next page

REPORT FROM THE RANKS

4. What did you consider to be your major accomplishment(s) for this assignment?

Due to unforeseen scheduling issues, I was moved from night shift, which included another pharmacist, to day shift, where I was the only pharmacist. This happened the day before the event. I was a little nervous about being the only pharmacist and having sole responsibility for all the medications, including controlled substances, which were to be distributed to the medical tents for the event, especially since this was my first deployment. Knowing there was nothing I could do to change my circumstances, I decided to shake away my nerves and rely on the training I received that week and my training as a pharmacist in school. The morning of the event was a little chaotic, but I stayed calm and confident and executed my assigned tasks.

Overall, the mission was a success and the Command staff for our team had nothing but good things to say about the PHS officers who took part in the deployment. That was an especially proud moment.

5. What was the most valuable item you took on your deployment?

I didn't have it day one, but at the advice of many fellow team members, I bought a pair of work gloves. These were critical for the manual labor we did throughout the week. I would recommend all officers purchase a pair to keep with their deployment gear.

6. What advice do you have for JOs that haven't been deployed?

Be up for anything! You never know what you'll learn from even a seemingly "mundane" deployment or task. If you find yourself deployed for a planned event (versus an emergent event), take advantage of the opportunity to try different roles and ask questions of the more veteran team members (assuming you get clearance for said things from your Command). Don't be afraid to get your hands dirty or sweat a little! You will likely gain respect from your fellow team members, learn a few things along the way, and will be contributing to the success of your mission all the while.

Junior Officer Spotlight

Do you know of a deserving officer?

Do you know a junior officer that has a unique duty station? Is the officer a super star at work? Do they work tirelessly to support community endeavors, or just have a story to tell? We want to hear from you! Submit the officer's name and a short (50 words or less) narrative on why you think this officer's story should be shared. Submissions should be sent to: [LCDR Tara Jatlaoui](#) and [LT Roseline Boateng](#). All submissions will be reviewed and one junior officer will be selected and showcased in the Winter 2018 Edition of the JOC.

REPORT FROM THE RANKS

Engineering Challenges on Remote Islands

LCDR Travis Spaeth, Professional Engineer, Environmental Protection Agency

My current PHS assignment is with the US EPA, where I am stationed on the island of Saipan, and work for the Commonwealth Utilities Corporation (CUC). The CUC provides power and water to the islands of Saipan, Rota, and Tinian and sewer services to the island of Saipan. Saipan is located in the Northern Marianas Islands and is approximately 120 miles north of Guam and about 1,670 miles east of Manila, Philippines. In this assignment I oversee multiple water and wastewater projects on Saipan and direct the engineering for the entire water system on the island of Rota.

Rota has a very unique water system and serves a population of approximately 2,500 people in a 33 square miles area. The main source of water comes from a cave perched up on the side of the Sabana at an elevation of nearly 1,000 ft. The cave then traverses down along a distribution network to the village of Sinapalo and then around the island to the village of Song Song. While working in Rota, I discovered excessive water losses due to a water tank overflowing at such a high rate. Through some field analysis with pressure readings, as-built reviews, and system manipulation I determined the cause of the tank overflow and developed a plan to operate the system more efficiently, which reduced losses and improved the overall service to the communities of Rota.

The tank was originally built at the wrong hydraulic grade line for the communities it served. It should have been an elevated tank, but elevated tanks are generally never used on these islands due to environmental concerns with earthquakes and typhoons. The tank was basically an oversized pressure reducing valve (PRV). The cave outlet was also high in elevation so we were unable to isolate the tank without pressure control to eliminate the concern of excessive pressures throughout the system. Fortunately, a project was funded to provide water system improvements on the island of Rota with new valves, some PRVs, and backup wells for droughts. I made it my priority to add a new PRV to the system in a totally new location in order to eliminate the overflow at the tank. The PRV installation allowed us to instantly eliminate the overflowing tank, saving millions of gallons of water and improving service reliability to the communities. I also worked with the chief engineer at CUC to establish a new tank site to provide proper pressure to the higher homes in Sinapalo, which will eliminate pumping completely for the entire island and create a very efficient water system consuming zero power in the near future.

The main takeaways from this experience are trust your instincts and rely on your training and experience. It never hurts to question things when you can gather data to support your argument. It was rewarding and fun to use engineering logic to solve and improve a system design while working in a remote area.



Overlooking the Sasanhaya bay from Song Song Village on Rota

REPORT FROM THE RANKS

APHA Live: Virtual Continuing Education Opportunities for Officers

CDR Neelam Ghiya, Training Unit Lead and Emergency Coordinator, Centers for Disease Control and Prevention (CDC); LCDR Tracy Tilghman, Health Insurance Specialist, Centers for Medicare and Medicaid (CMS); LCDR Tcher/navia Gregory, Public Health Advisor, CDC; LCDR Charlotte Kabore, Public Health Analyst, CDC

Depending on your category, discipline, or licensure, chances are that you must complete continuing education units (CEUs) annually. CEUs are easy to obtain through annual conferences, meetings, and/or symposiums; however, the cost of attending can add up fast, officers get deployed, and many other factors can make attending in person a somewhat challenging feat. This appeared to be a conundrum until recently, when the American Public Health Association (APHA) embarked on an innovative virtual opportunity called *APHA Live*.

APHA Live is a unique platform developed by APHA that allows registered users to attend the annual APHA conference virtually. Registered users can choose to attend the conference “live” or on-demand for up to a year following the conference. Either option provides users with the ability to catch all 14 premier sessions and earn up to 19 CEUs in several credentialing categories*. In order to obtain credit, registrants watch the sessions and take a brief quiz. Once completed with a successful percentage (typically 80%), registrants receive a certificate via email, which they can then upload or mail to the certifying credentialing service of their choice.

This unique offering is the brainchild of LCDR Tracy Tilghman, who thought it would be great for officers to take advantage of the APHA virtual conference using the group membership option. Although it was an idea that came about at the last minute, LCDR Tilghman was able to get over 80 officers registered last year to participate in the virtual conference. Many more officers expressed interest following the start of the conference, which prompted a more coordinated effort to ensure all officers interested would be able to attend live or on-demand moving forward. This year, over 200 officers across all United States Public Health Service (USPHS) categories to date have registered to participate in this exciting endeavor. Moving forward, we are hopeful that our partnership with APHA will increase the opportunities for officers to attend this and other conferences virtually.

This opportunity is being provided again this year to all officers through the coordination and collaboration of the Health Education and Health Promotion (HPHE) and Generalist tracks, which is a subgroup of Public Health Professional Advisory Group (PHPAG) within the Health Services (HS) Category. For more information on *APHA Live*, please visit <https://www.apha.org/APHA-Live>.

We are happy to work with officers and other categories within USPHS and encourage officers to participate in these training opportunities. For more information on how to participate in this endeavor next year or to learn more about APHA, please email TTilghman@hrsa.gov.

*Please note: the current certifications for CEUs are as follows: CHES®, MCCHES®, CME, CNE, CPH, OP (ask your licensing/certification board if they accept CME for Non-Physician).

REPORT FROM THE RANKS

PHS Officers Operational in the DoD

LCDR Carla Chase, Chief, Office of Outcomes & Assessment, Department of Defense

The Military Health System Research Symposium (MHSRS) is a leading systematic convention hosted by the Department of Defense (DoD). This meeting focuses on showcasing new scientific information relevant to military specific medical exploration and growth. The MHSRS agenda included plenary, breakout, and poster sessions that emphasized the distinctive medical needs of the Warfighter serving in the Army, Navy, Airforce, and Marines. This four-day educational seminar drew nearly 3,000 attendees.

The conference opened with presentations from leaders across the military health system, including Acting Assistant Secretary of Defense for Health Affairs, Acting Deputy Assistant Secretary of Defense of Health Readiness Policy & Oversight, Director of Defense Health Agency and the Commanding General of the Army Medical Research & Material Command. The speakers focused on clarifying DoD lines of effort, shaping planned urgencies, advancing combat support, and producing collaborations. The first afternoon consisted of breakout sessions involving artificial intelligence and data analysis using machine and deep learning, as well as predictive analytics. One of the more popular sessions explored new findings in the world of alternative, non-pharmacological and rehabilitation management of concussions/mild TBIs.



CAPT Alicia Souvignier and LCDR Carla Chase at the MHSRS conference

During the next two days of training we learned about the ways in which new brain injury research is impacting medical practice, such as using novel biomarkers and wearable sensors to detect TBI. There were also nearly 1500 poster sessions that related to rehabilitation, traumatic brain injury, blood management, prolonged field care, clinical decision supports, organ failure following trauma, pain management and military women's health. Other topics included Combat Casualty Care, Military Operational Medicine, Clinical and Rehabilitative Medicine, Medical Simulation and Information Sciences, Military Infectious Diseases, and the Radiation Health.

The USPHS was well-represented, as CAPT Alicia Souvignier was a co-presenter with the Defense and Veterans Brain Injury Center (DVBIC) staff from the Evans Army Community Hospital in Colorado Springs, CO. I was also invited to represent the DVBIC Headquarters in Silver Spring, MD as a participant and poster judge. Other PHS officers in attendance were LCDR Aysha Akhtar, representing the Office of the Surgeon General for the Army, along with several officers from Psychological Health Center of Excellence.

REPORT FROM THE RANKS

United States Army Medical Department Junior Leadership Course

LCDR Alexander Ross, Health Services Officer; LCDR Elizabeth Goodger, Health Services Officer; LT Aaron Grober, Nurse



From left to right: LCDR Elizabeth Goodger, LCDR Alexander Ross, LT Aaron Grober

In April 2018, LT Aaron Grober (HSO, CDC), LT Alexander Ross (Nurse, NIH), and LCDR Elizabeth Goodger (HSO, HRSA) were selected to participate in the United States Army Medical Department Junior Leadership Course (AMEDD JLC). AMEDD JLC is an annual course designed to ensure junior officers in all branches of the Uniformed Services are prepared for leadership positions and exposed to senior leaders and issues relevant to the military healthcare system. The top one percent of junior officers from their respective branches were chosen to attend the course. LT Grober, LT Ross, and LCDR Goodger were nominated by their PAC Leadership and selected based on their outstanding performance and leadership potential.

Throughout the five-day course, JLC attendees were provided strategic insight into global, national, and Department of Defense issues that will affect future policy and actions, including high-level briefings from numerous senior military leaders. The Surgeon General of the Army, Lieutenant General Nadja West, expressed the strong need for readiness and the Director of the Defense Health Agency (DHA), Vice Admiral Raquel Bono, provided an update on many changes that will impact the future of military medicine. JLC attendees were given a unique opportunity to tour the Capitol, the Pentagon, and receive a Sentinel briefing at the Tomb of the Unknown Soldier. All the different categories (Nurse, HSO, Physician, etc.) were also provided with breakout sessions which allowed for category specific questions. These sessions provided a unique opportunity to have a senior level military leader provide us with some valuable life/career experiences to inspire junior officers. The course served as an outstanding opportunity to network with officers in other Uniformed Services and to provide education to other officers regarding what we do in the Commissioned Corps, and some of the history behind this service.

REPORT FROM THE RANKS

The Opportunities that are Deployment

CDR Chris Poulson, Psychologist, Bureau of Prisons

Last October, after Hurricane Maria devastated Puerto Rico and the US Virgin Islands, as a Junior Officer, I was deployed to Puerto Rico. Initially, I was quartered on La Suprema, an old, Italian cruise ship, contracted by FEMA to provide food and lodging for disaster responders. The term cruise ship conveys the wrong message, as the accommodations were modest, but the food was fresh and warm. Being deployed, we were highly motivated to find a way to help the people of Puerto Rico. In the aftermath of the hurricane, it took a while to assess needs and deploy assets. During the waiting time, we executed training. As a psychologist, I had an opportunity to work with team members on stress management techniques. During those few days of training on the ship, officers desperately wanted to be in the field working. They wanted to be serving the people of Puerto Rico. It was a challenge to find a way to cope with waiting. My own, and other Junior Officers', zeal for deployment carried us through the waiting.

Eventually, I was deployed to the Federal Medical Station (FMS) in Ponce, in a professional basketball team's arena. The FMS provided approximately 50 displaced, medically compromised patients with essential medical care. Medical diagnoses varied widely, but their conditions required constant access to electricity for medical equipment. I was pleasantly surprised to find their psychological needs being addressed by well-supervised interns from Ponce Health Sciences University. They provided excellent documentation, in English, making collaboration among different disciplines possible.

With the psychological needs of the patients being addressed, I was tasked as the discharge planner for the FMS. This was a different role than I fill daily at my permanent duty station. My flexibility as a Junior Officer was essential in meeting the needs of the mission. I assisted a young man with end-stage lung disease, in need of a lung transplant in the contiguous states. Another case involved helping a man who had a stroke during the hurricane. He was no longer able to communicate or live independently and his home was destroyed. I worked with the Veteran's Administration, Puerto Rico's housing authority, and Adult Protective Services (APS) to facilitate his placement. I learned about APS and discharge planning for a wide variety of patients. I gained additional experience in force health protection, helping officers cope with stressors unique to deployment. Even though I was not utilized in my traditional role as a Psychologist providing treatment, I felt meaning in my work.

Some of my most impactful lessons were learned once I returned home. It is important for me to remember that staging takes time. In the aftermath of a disaster, it may take days, or even a week, for the decisions and preparations to be made to put me into a position to be successful. I had downtime to recharge myself. I was able to reflect on my career and my future plans. I had the opportunity to create lasting friendships and a network of professional relationships. Those were invaluable opportunities. My advice to those being deployed would be to remain flexible (Semper Gumby), find the positives, and assist your teammates in appreciating reality, especially on deployments.

CONTINUING EDUCATION

HAVE YOU BEEN THINKING OF TAKING ONE OF

NEHA'S PROFESSIONAL CREDENTIALING EXAMS?



The EHO Symposium Planning Team is excited to announce a proctored test site for officers interested in taking the NEHA* credentialing exams during the **2019 USPHS Scientific & Training Symposium** in **Minneapolis, MN, May 6th to 9th**.

Holding a NEHA credential has many benefits beyond showing an officer's expertise in a particular field of public health. It is a milestone to reach within many of our respective category's benchmarks as one or more may be required for future promotional success.

If interested, please contact
LT Sandra Carpio,
EOH Symposium Planning Team
Cross-Category Networking Lead,
Sandra.Carpio@fda.hhs.gov
by December 3rd to indicate your interest.

Commitment needed by:
December 21st.

NEHA
credential exams
being offered:

[CFSSA](#) [RFSA](#) [CP-FS](#)
[REHS/RS](#) [CCFS](#) [CFOI](#)

*NEHA stands for National Environmental Health Association.

FOOD FOR THOUGHT

Fall Exercise

LT Danielle Terrett, Health Services Officer, IHS

I serve as a Medical Technologist for a laboratory in an Indian Health Service in Lame Deer, MT. I would like to provide some fall exercise tips and try to motivate you to exercise in the first place, but first would like to tell you a little more about myself. I have been in the Corps for 6 years and, now, with the new Policy for weight limits I feel the game has changed a bit. I have always been an active person and with 3 young children, I don't sit down much. However, I am still pretty close to my upper limit of healthy weight. I have done some long distance runs in the past like 5k's, a 10k, and even a couple half marathons. But three kids later, and it has not been easy for me to get my pace back. But, I recently signed up for a 10K anyways. It's called Hoofin' It for Hunger and it's in Miles City, MT. Sounds like fun right? I feel having a goal and a set date to reach that goal, is the only way to truly keep me motivated.

Why start now, in the fall, and not wait until January 1st? Here's why, in my point of view. New Year's goals always have such a stigma attached to them. Take the pressure off and start gradually now in the fall. From a physical standpoint, just see what you can achieve in the next 4 months. I am usually an all-or-nothing person, but recently I have learned to take smaller steps, train myself to have good habits, and find middle ground in the exercise part of life. It has made it much more rewarding, and it's not so hard to talk myself into a run or workout session. Also, I should have taken more pointers from my past because I learned the hard way that a cotton sweatshirt will weigh ten pounds after a road race in the rain!

Tips/Pointers/Advantages for Fall Exercise:

- It's not so hot, or cold yet, so outdoor exercise can be done at any time of the day.
- Staying hydrated is still important, but not as hard to do with the cooler temps.
- Dress in layers if needed and athletic clothing can optimize results.
- The landscape and scenery can be mentally refreshing—try to appreciate the beauty.
- Fall daylight hours are shorter, don't forget the reflective items for your safety.
- I would rather indulge during the holidays with the mentality that I "earned" it.
- Try doing different activities at different times of day and see what works best for you.
- Some of my best problem solving is accomplished during exercise which adds to my improved relaxation post workout.
- Diet can affect energy levels and weight loss goals, so try to make better food choices.
- Lastly, I don't think anyone ever regrets spending time exercising.

UPCOMING EVENTS

25 Dec 2018| Christmas Day

1 Jan 2019| New Year's Day

4 Jan 2019| World Braille Day

21 Jan 2019| Martin Luther King Jr. Day

7 Feb 2019| Give Kids a Smile Day

14 Feb 2019| Congenital Heart Defect Awareness Day

14 Feb 2019| National Donor Day

18 Feb 2019| President's Day

23 Feb– 1 Mar 2019| National Donor Day

Share your photos and ideas with the rest of your junior officers across all social media platforms with the hashtag **#JOAG** throughout the year! There is a new PHS-themed hashtag every month! Check out the monthly hashtags scattered throughout JOC.



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