The Junior Officer Chronicles

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Presented by the JOAG Communications and Publications Committee

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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. Send editorial comments and concerns to LCDR Beth Wittry and LT Roseline Boateng.***
- ***To contribute to a future edition, submit articles to LCDR Beth Wittry 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 ACTING CHAIR

Greetings Fellow Junior Officers,

Welcome Spring! I hope you all are enjoying the start of warmer weather. It is hard to believe we are more than halfway through our operational year. We have many achievements to celebrate already, and many challenges to look forward to accomplishing. As we look ahead to the second half of JOAG's operational year, we continue to anticipate the execution of our many goals through our priority theme of "Building Bridges and Breaking Down Silos."

First and foremost, I want to give a huge thank you to our members. Your hard work over the past six months of the operational year allows JOAG, an all-volunteer organization, to continue to move forward in accomplishing our goals and stay on course to fulfill our mission. Also, thank you in advance for your continued efforts throughout the remainder of the operational year. Your dedication to the Corps and your fellow junior officers is unrivaled.

In this issue of the Junior Officer Chronicles, you'll find many great articles written by your peers on recruitment, deployment, uniform guidance, mental health, building relationships, the upcoming USPHS Scientific & Training Symposium, the Medical Reserve Corps, and many more useful topics. All junior officers are welcome to write an article and contribute to the Junior Officer Chronicles! I encourage you to submit your own article for the next Edition to xks5@cdc.gov and roseline.boateng@ihs.gov.

As you may recall from the Winter edition of the Junior Officer Chronicles, each issue this year will feature an introduction from a different member of the JOAG Executive Committee. In this edition, you'll hear from LCDR Christopher Sheehan, our Chair-Elect and the Chair of the Policy and Procedures Committee. His article contains valuable information on how he became a leader in JOAG and how he was led down his career path.

I will close out by encouraging all our junior officers to attend the 2018 USPHS Scientific & Training Symposium from June 4-7, 2018 at the Renaissance Dallas Addison Hotel in Dallas, Texas. Please join us for our only in-person JOAG General Meeting of the year on June 5, 2018 from 0700-0900 CDT. The Outreach Committee, who is responsible for planning all the great JOAG events at the Symposium, highlights the various activities we have planned and how you can participate below on pages 24-25. The Symposium is a great time to network, learn, reconnect, and rededicate ourselves to the Corps. We hope to see you there!

We always encourage you to share your voice with us by sending your comments, questions, concerns, or suggestions to our Junior Officer Voice email box at phs.joag@gmail.com. We look forward to hearing from you!

In Service,

LCDR Lindsay Hatch, MPH
Acting JOAG Chair

EXECUTIVE COMMITTEE SPOTLIGHT

Name: LCDR Christopher Sheehan

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

I am a program manager for the HHS Weapons of Mass Destruction (WMD) response and coordination program under the Office of Emergency Management within the Office of the Assistant Secretary for Preparedness and Response (ASPR) in Washington, DC. Another officer and I work with an interagency team to ensure that the U.S. Government can coordinate and respond to a WMD event. I have been in this position since October 2017 and previously worked for FDA at a lab in Arkansas. I have a Masters and Bachelors in Microbiology and a MBA from Oklahoma State University (Go Cowboys!) and I've also been an EMT since 2016.

I have been married to my wonderful wife for almost ten years. I have two wonderful young daughters and one dog. I'm a comic book fan with a love for Superman. I collect older comics and all kinds of Superman memorabilia. I enjoy reading, spending all the time I can with my family, exploring the new area where we now live and learning what I'm told are useless but interesting historical facts.

How did you get involved in Public Health?

I first became directly involved in Public Health as a regulatory microbiologist for the FDA in 2010. I spent a little over 7 years at an FDA lab in Arkansas and greatly enjoyed working to protect the public food supply. I began as a civilian employee and then commissioned in the US Public Health Service in September 2011.

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 joined JOAG in late 2011/early 2012, shortly after commissioning. I wanted to get involved but like so many did not really know where to start. My branch director, also a USPHS Officer, suggested JOAG. I looked into it and read all of the subcommittees' descriptions. I thought the Moral Welfare and Recreation (MWR) Subcommittee looked interesting and a good place to start, so I reached out and joined their team. The most interesting aspect is that with each year of involvement and each increased level of responsibility I have learned more and more about the many things that JOAG does and other activities officers are involved in. It is constantly inspiring to see how officers are working to better the USPHS, JOAG and themselves. JOAG and the dedicated officers that make it function do a lot! I would also add that the opportunity to work with and learn from officers all over the globe has been extremely informative and interesting.

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LETTER FROM THE EDITORS

Welcome to the Spring Edition of the Junior Officer Chronicles. Gary Zukav once said "The spring wakes us, nurtures us and revitalizes us. How often does your spring come? If you are a prisoner of the calendar, it comes once a year. If you are creating authentic power, it comes frequently, or very frequently." As USPHS Officers, I hope our spring comes very frequently so that we can always be ready to protect, promote and advance the health and safety of the nation.

In the last edition (Winter Edition), we introduced the Co-Leads for the 2017-2018 JOAG Operational Year. We promised that you will meet all of our subcommittee members in future editions. In this edition, you will meet two of the subcommittee members who serve as editors: LCDR Tara Jatlaoui and LCDR Benjamin Bishop.

LCDR Tara Jatlaoui: I am a medical officer stationed at the Centers for Disease Control and Prevention in Atlanta, GA. As an obstetrician/gynecologist and medical epidemiologist in the Division of Reproductive Health, I work on contraception guideline development, dissemination and implementation, and I lead the abortion surveillance system for the United States. I also volunteer at Grady Memorial Hospital teaching residents and medical students in the Department of Gynecology and Obstetrics at Emory University where I did my training. Outside of work, I enjoy getting outside with my husband and son--playing soccer, running or biking around Atlanta.

LCDR Benjamin Bishop: I am a pharmacist from Arizona but have spent my entire PHS career with the FDA in Maryland. I work in the Division of Nonprescription Drug Products where we regulate the OTC Monograph and review OTC labeling. I was privileged to deploy to West Africa for the Ebola response and currently serve on the PharmPAC. My wife and I have 5 children ages 1-11.

We received numerous submissions showcasing the exciting work of our officers. We are very excited to share the stories of leadership, service, integrity and excellence of the junior officers. We would like to thank everyone who took time out of their busy schedule to submit, edit or in any way contribute to the publishing of this Spring Edition.

We welcome your feedback for ways we can better serve you. Submissions to be included in the 2018 Summer/ Symposium Edition can be sent to both xks5@cdc.gov and roseline.boateng@ihs.gov with the subject line: "2018 Summer/Symposium 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!

JOC Co-Leads,

Beth and Roseline

REPORT FROM THE RANKS

10th Annual Atlanta Anchor & Caduceus Dinner Commemorates 129th Corps Birthday

LCDR Alison Ridpath, Medical Officer, Centers for Disease Control and Prevention

The Tenth Annual Atlanta Commissioned Officers Association (ACOA) Anchor and Caduceus Dinner was held on Saturday, January 27th to commemorate the 129th birthday of the Commissioned Corps. As in previous years, the dinner was held at the Druid Hills Golf Club, located in the historic Druid Hills neighborhood.

The evening began with a cocktail reception. Guests then processed through a receiving line where they introduced themselves to the dinner's hosts. After guests had taken their seats in the main dining room, the formal program began with the entrance of senior leadership, followed by the presentation of colors by the Atlanta-area Honor Cadre, the National Anthem and PHS March led by the PHS Music Ensemble, the Invocation by CDR Ali Danner, and the End of Watch Bell Ceremony.

Photo: RADM Anne Schuchat and LTJG Jeffrey Walker, the Dinner's most senior and junior guests, respectively, cut the ceremonial birthday cake using RADM Wanda Barfield's PHS sword.

The night was filled with exceptional speakers. LCDR Erika Odom, ACOA President, began the evening with a welcome and introductions. RADM Wanda Barfield, Director of CDC's Division of Reproductive Health, served as keynote speaker and delivered an inspiring address highlighting 'pearls of wisdom' she had gleaned throughout her career. COL (Ret.) Jim Currie, COA Executive Director, provided the audience with important updates about COA's effort to support Corps officers. Throughout it all, the Dinner's Master of Ceremonies, RADM Michael Iademarco, Director of CDC's Center for Surveillance, Epidemiology, and Laboratory Services, kept the evening on track and kept the guests entertained. RADM Anne Schuchat and LTJG Jeffrey Walker, the most senior and junior active duty officers present, respectively, did the honors of cutting the USPHS 'birthday' cake with RADM Barfield's PHS sword. Throughout the evening, ACOA hosted a silent auction and raffle to raise funds for the Commissioned Officers Foundation Dependent Scholarship Fund.

Other USPHS leadership in attendance included RADM (Ret.) Clara Cobb, former Health Administrator of Region IV; RADM (Ret.) Sven Rodenbeck, former Chief Engineer Officer; RADM (Ret.) Patrick O'Carroll, former Health Administrator of Region X; RADM Anne Schuchat, CDC Acting Director; RADM Pamela Schweitzer, Chief Pharmacist Officer; RADM Edward Dieser, Chief Engineer Officer; RADM Jonathan Mermin, Director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; RADM William Mac Kenzie, Deputy Director for Science for the Center for Surveillance, Epidemiology, and Laboratory Services; and CDR Deborah Dee, Director of Commissioned Corps Activity at CDC/ATSDR. In addition to USPHS leadership, several other distinguished guests representing CDC attended, including Dr. Rima Khabbaz, Director of the Office of Infectious Diseases; Dr. José Montero, Director of the Office for State, Tribal, Local, and Territorial Support; Ms. Sherri Berger, Chief Operating Officer; and Mr. James Howgate, Senior Advisor.

By any measure, it was a great success, breaking records for attendance and scholarship fundraising in the same night!

REPORT FROM THE RANKS

Paying It Forward: Recruitment Trip

LT Alesha Harris, Personnel Management Officer, DCCPR

Think about the last time you were asked, "What is the Commissioned Corps of the U.S. Public Health Service (USPHS)?" Did you take a deep breath and a long pause like I did? I normally begin by saying, "We're the Surgeon General's crew." My follow up statement is usually, "We're not a part of the armed forces, but, similar to Army, Navy, Air Force, and Marines, we are uniformed and deployable. We protect the nation's health!" If the awkward stares persist, I go into examples of the agencies for which we work and the categories of which we are made up. I am also likely to mention some of our famous deployments. I am getting excited about the importance the Corps just writing about it! Are you enthusiastic when you speak about the Corps? Hopefully so! I am guessing that someone was kind enough to share their excitement for PHS with you. Have you returned the favor? Go ahead, pay it forward!

LT Gayle Tuckett (pharmacist and event lead), LT Corwin Howard (pharmacist), and I (LT Alesha Harris, scientist) paid it forward recently with a recruitment trip in Williamsburg, Virginia. On March 17th, 2018, we hosted an information table at the Virginia Health Occupations Student Association (HOSA) State Leadership Conference. HOSA is an organization providing educational and career-oriented opportunities for middle school, high school, and postsecondary students enrolled in pre-health science programs. We mingled with the students to discuss their career goals and encouraged them to consider accomplishing their goals with the Corps.

LT Tuckett and I presented a 60 minute overview of the Corps. Approximately 100 students attended, many of which were very engaged, volunteered answers, and posed questions to us officers. The students and advisors were surprised to hear about the variety of categories, agencies, and training opportunities available via the Corps.

An additional presentation, the Ask-Advise-Refer Youth Module of the USPHS-Rx for Change: Tobacco Cessation Training Program, was delivered by CDR Ivan Pierce (nurse) and LT Tuckett as part of the Nicotine Cessation Services Access Workgroup's Training Resources Committee. The presentation covered the evolution of electronic cigarettes and emphasized the dangers of e-cigarettes. The students were empowered with "how-to" tips to encourage their personal circles to avoid or quit tobacco use.

Since the Corps still seems to be the "health profession's best kept secret," it is important that officers make time to recruit the next generation of public health professionals. Hopefully, this friendly reminder inspires you to present at your local career fair or health professions conference!

This trip was organized by LT Tuckett. Similar events have been held in five different states and there are already 22 events scheduled across the Nation now through June 2018. To get involved, contact JOAG HOSA Subcommittee Leads LCDR George Grimes (ylt2@cdc.gov) and LT Karly Lucero (karly.a.lucero@ice.dhs.gov).

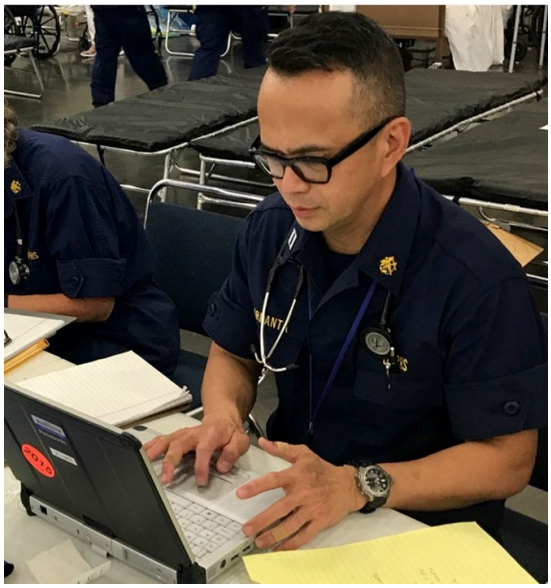
REPORT FROM THE RANKS

Unprecedented Response to Hurricanes Harvey and Irma: Perspectives from an Augmented Junior Officer of United States Public Health Service (USPHS) Commissioned Corps

LT Neil P. Barranta, Clinical Manager 3 SWS ICU

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

The deployment for Hurricanes Harvey and Irma was my very first deployment; I was augmented as part of the 79 USPHS Officers of Rapid Deployment Force (RDF) Team 5. We were initially deployed on August 24th for two weeks in Houston, Texas to staff a Federal Medical Station (FMS) to meet the public health and medical needs of the impacted communities. On the night of September 9th, we were later mobilized to several locations in West Florida including, Fort Myers and Sarasota County in response to Hurricane Irma. Two days before the deployment, I was informed by my supervisor about the potential deployment to Texas, which I immediately prepared for with two weeks worth of deployment equipment and supplies. I also prepared my family for the imminent deployment. During the deployment, I worked as a clinical nurse in an FMS. I provided direct clinical care to the patients/evacuees that were mostly suffering from chronic conditions. I also worked with the Disaster Medical Assistance Team (DMAT) to provide primary and acute care, triage of mass evacuees, including stabilization, and preparation of sick or injured to be transported to the hospital or FMS.



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

The back-to-back response from the two hurricanes was a unique deployment experience. The magnitude and the adverse outcomes of the hurricanes was unprecedented, of which was equally responded by a historical deployment response by USPHS officers. During the deployment, we were always on alert to move downrange to the most needed areas and stayed prepared to be mobilized to different locations or whatever the situation called for. Because the mission was so dynamic and constantly changing due to rapidly evolving hurricane situations, it was a "hurry up and wait" mindset, we stayed prepared for mobilization in a moment's notice, but also were ready for any last-minute changes.

You have to be very flexible and resilient to adapt to the ever-changing situations. Those unexpected changes were not exactly unexpected. During deployment you are expected to adapt in fulfilling the mission at hand. For example, there were instances that officers were preparing to go home for demobilization only to find out at the last minute, that they had to be extended because of an overwhelming need of our service. Expecting the unexpected helped us adapt to change. Another instance was when we were waiting for our flight all day, to find out it was cancelled. In the middle of the night, we were summoned to board on a C130 Military Flight to support a new mission. That is what we do to fulfill our very purpose. While being deployed officers are expected to pack a lot of resilience and flexibility.

Continued on next page

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

Staying physically healthy and maintaining the sense of balance emotionally and mentally can be very tricky during a long deployment. During the deployment, I was constantly engaged in providing direct clinical care to fulfill the mission. Though my team members gave me several reminders to pace my activities, I didn't realize that I was about to reach the point of physical exhaustion. I was very fortunate to be with a great group of officers, supporting each other and reminding each other to pace our activities in order to prevent fatigue. We had an outstanding group of officers that provided support to each other and the members of the team. The Mental Health Team (MHT) not only provided resources and assistance to communities affected by the disaster; they also provided support to the members of the Team. Being constantly under stress in an austere environment and witnessing the devastating outcome to the community can take a great toll on the officers, so the constant awareness of the sense of well-being and use of all the available resources was critical to prevent emotional and mental fatigue. Furthermore, witnessing such devastation all around proved to be extremely challenging, but also very rewarding in fulfilling our very purpose. Reentry into regular life directly after deployment was very tricky too, but the resources and support provided by the Commissioned Corps were crucial to help the officers moving forward right after the deployments.

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

It was indeed an honor to be a part of fulfilling our very mission in promoting health and reducing the burden of illnesses of the affected community from the disaster. It was a privilege to fulfill the mission with the most dedicated and committed groups of people in protecting, promoting and advancing the health and safety of our Nation during the most challenging situations. I clearly remember after carrying out our mission for two weeks in Texas, we were advised to re-engage and prepare to deploy in West Florida. Some of us traveled from Houston to Atlanta and Dallas for staging, then in the middle of the night boarded a C-130 bound for a new mission in West Florida. After more than 24 hours of staying awake waiting for the orders, traveling all day, and driving through the night of September 9th from Orlando to West Florida, Hurricane Irma started to make a landfall. This made driving to our destination quite treacherous. Our team provided the much-needed services to the highly vulnerable population affected by the disaster, and made them feel better under an extremely challenging situation; that moment was incredibly fulfilling. That was a significant accomplishment for me.

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

Flexibility (Semper Gumby) and resiliency were the most valuable items I took with me during the recent deployment. They must be present during the deployment; they go hand-in-hand most especially when working under the most challenging environment and situations. Flexibility and resiliency bridge our ability to quickly respond to the ever-changing environment in meeting the public health needs and overcoming barriers under challenging circumstances.

6. What advice do you have for JOs that have not been deployed?

It's all about the preparation, physically, mentally and emotionally, and not only bringing your best but bringing tons of resilience and flexibility. You have to stay prepared because at a moment's notice your service will be needed. Deployment can be very challenging but most definitely very fulfilling!

REPORT FROM THE RANKS

Food Waste – Simple Changes, Huge Impact

LCDR Kathi Murray, Portland Area Diabetes Consultant, Indian Health Service

In recognition of March – National Nutrition Month 2018, I would like to take this opportunity to discuss food waste. Most people do not realize how much food they throw away every day, from uneaten leftovers to spoiled produce. According to the Environmental Protection Agency, about 95 percent of the food we throw away ends up in landfills or combustion facilities. In 2014, Americans disposed of more than 38 million tons of food waste. Reducing food waste in America by 15% could help feed more than 25 million Americans per year.

Reduction of food waste can begin in the kitchen by planning, prepping meals/snacks, and storing food properly. Plan your meals for the week and create a grocery shopping list. Check your cupboards and refrigerator before you make your list! Also consider prepping your foods soon after shopping. Take the time to wash, dry, chop, slice and place your fresh food items in clear storage containers for snacks and easy cooking. Remember to utilize your freezer. For example, freeze food such as bread, sliced fruit, or meat that you won't be able to eat in time. You also save time in the kitchen by preparing and freezing meals ahead of time. Let's look at food storage. It is easy to overbuy or forget about fresh fruits and vegetables. Consider learning out how to store fruits and vegetables so they stay fresh longer inside or outside your refrigerator. Many fruits give off natural gases as they ripen, making other nearby produce spoil faster. Store bananas, apples, and tomatoes by themselves, and store other fruits and vegetables in different bins. Wait to wash berries until you want to eat them to prevent mold. Also consider freezing or canning surplus seasonal produce.

Being thrifty is beneficial to reduce food waste. Be mindful of old ingredients and leftovers you need to use up. Over ripe produce may still be suitable for cooking soups, casseroles, stir fries, sauces, baked goods, pancakes or smoothies. Are you likely to have leftovers? Plan an "eat the leftovers" night each week. At restaurants, order only what you can finish by asking about portion sizes and be aware of side dishes included with entrees. Take home the leftovers and keep them for your next meal.

Lastly, I highly recommend looking for organizations that are fighting food waste by finding homes for "ugly" produce. This produce is not allowed to be sold in stores due to its appearance. Some organizations will deliver produce from farm to customer for 30-50% less than grocery store prices. What if your life is too busy to follow these recommendations? Consider diverting foods from landfills by donating to food banks to help those in need and compost food scraps rather than throwing them away. By spending a little extra time to incorporate these minimal changes in your routine, food waste can be prevented.

Gunders D. Wasted: How America is losing up to 40 percent of its food from farm to fork to landfill. Natural Resources Defense Council website. http://www.nrdc.org/food/files/wasted-food-ip.pdf. Published August 2012.

Identifying Depression in African American Men

LCDR Lynwood Carlton, Psychiatric-Mental Health Nurse Practitioner, Bureau of Prisons

Currently, I serve as a Lieutenant Commander in the United States Public Health Service (USPHS) Commissioned Corps. Our shared mission of the USPHS is to protect, promote and advance the health and safety of our Nation. My duty station is the Federal Correctional Complex in Butner, NC that houses approximately 5,000 multi-care level inmates. Almost half of the inmates in federal and state prisons have mental health problems: 56% of the federal prisons and 45% of the state prisons respectively (James & Glaze, 2006). The cited study goes on to state that female inmates had higher rates of mental health problems than male inmates: federal prisons: 61% females compared to 44% males and state prisons 73% females compared to 55% males. In North Carolina, African American men comprise 22% of North Carolina's total population, but account for more than 50% of the state's jail population (Shelton, 2015). This large population is underserved and in dire need of mental health care.

Depression is one of the leading causes of disability worldwide. The World Health Organization (WHO) estimates over 350 million people worldwide are affected by depression, leading to over 800,000 suicides each year (WHO, 2016). Significant research has focused on depression in the general population, and a growing number of research studies have focused on depression in African American women, but very little research has been done that focused specifically on African American men (Plowden, Adams, & Wiley, 2016). Studies have proposed that an estimated 6-7% of men will develop clinical depression in their lifetime, yet this population has been overlooked and understudied in the literature (Blumberg, Clarke, & Blackwell, 2015). Some studies suggest that suicide is misreported as risky behavior in African American males, which leads to a misrepresentation of the impact of depression and an inaccurate prevalence rate when compared to whites (Castle, Conner, Kaukeinen, & Tu, 2011).

African American men have the lowest life expectancy and highest mortality of any other racial/ethnic group in the United States (Sidney H Hankerson, Suite, & Bailey, 2015). Studies have demonstrated a strong correlation between depression and suicide. In 2011, the leading cause of death for African American men aged 15-34 was homicide (CDC, 2016). During the same time period, the third leading cause of death for African American men aged 15-24 was suicide (CDC, 2016). Researchers have also found a correlation between violence, depression and aggression with young African American males (Thomas, Hammond, & Kohn-Wood, 2015). These alarming rates of morbidity and mortality suggest that there is a need to address mental health and depression in African American men to reduce preventable chronic illnesses and death (Plowden et al., 2016; Valkanova, Ebmeier, & Allan, 2013).

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May 2018: #PHSNurses

Recognize our incredible PHS nurses with this #hashtag! Show us their day to day heroic duties or why you think they're incredible in and out of uniform!

REPORT FROM THE RANKS

Building Stakeholder Relationships

LT KaSeania Riley-Bass, Clinical Psychologist, ICE Health Service Corps
Co-authors: CDR Misty Rios, HSA, ICE Health Service Corps, LT Syllenia Jones, Nurse Manager, ICE Health Service Corps

As a junior officer with a doctoral degree, I commissioned and was almost immediately promoted to a leadership position. With this leadership position came the responsibility of communicating with various other leaders, some of whom were like-minded, but most of whom were not. I realized early on that the importance of building relationships was about much more than whom I wanted to have lunch with; it was more about effectively grabbing the attention of Senior Officers and staff, and successfully getting them to buy into my ideas while I embraced theirs. As junior officers, entering new territory within the Public Health Service and, simultaneously, within our respective agencies, can be an overwhelming experience. This is the reason why techniques to help build relationships with stakeholders is an important topic for junior officers to be exposed to.

Stakeholder relations are the exercise of building mutually advantageous connections with third-parties that have a "stake" in a collective interest. These relationships can cultivate credible, integrated voices about subjects, commodities, and/or services that are significant to a given organization. Lack of reliability and/or volume, could result in a single voice falling flat. Consequences can include a failure to promote the outline of a problem, influence an opinion, or push an action. Conversely, an ensemble of vocal declarations can harmoniously escalate, reaching preferred audiences with an accurate message at opportune times.

Show yourself to be human, with a history of rich experiences, personal characteristics, and preferences. This is referred to as "revealing the real you to others," or self-disclosure. Self-disclosure is about showing the inner you to the people with whom you interact. In practice, it entails saying something about yourself, your interests, your likes and dislikes, your personal stories, and so on. Radiate positive energy. Don't be afraid to ask questions. Asking the right questions at the right time and in the right way helps build bridges. Effective communicators use questions for a variety of purposes, including eliciting information, checking understanding, gaining attention and prompting discussion. Asking questions develops rapport and encourages others to open up.

Use your body language and voice effectively. Non-verbal language, such as folded arms, may signal that you are feeling defensive. Watch carefully how you say things. Language experts call this aspect of communication "paralanguage" because how you say something can indicate boredom, sarcasm, contempt, or excitement, interest and respect. It is essential to avoid preconceptions about other individuals when conducting stakeholder relations. As we are introduced to individuals who can impact our program, we must take them at face value. The goal is to try not to be influenced by what others say about this individual, but rather forming your own opinion. Putting yourself in another's shoes is an excellent way to attempt understanding how they feel. It is important to view situations and reactions from others' perspectives and seek to find resolutions that will benefit all parties. Try not to "psychologize," that is, do not pretend to discern why the person is acting the way they do. Criticizing a person's motives or character is a definite way of breaking a relationship. Also, try listening empathetically, as this is an important ingredient in developing new and strong relationships. Listen for the feelings behind what is being said and reciprocate your understanding to show that you have got the message. If the situation is emotionally charged, speak calmly and concentrate on process issues, staying away from discussions about personalities.

Partnerships are built on trust. Breaching trust can be a relationship killer during stakeholder relations. Give people a reason to trust you by always doing what you say you are going to do. Communication is a key factor in any successful relationship, as well as, getting program stakeholders on board. These are several of many practical techniques that can be used to influence your key stakeholders in a positive way.

Preventing "SMH": A Cell Phone Problem

LT Will Chang, Engineer, LT Chris Hooban, Emergency Manager; LT Jamillah Bynum, Health Services Officer; LTJG Julie McCandless, Nurse

Cell phones have become a norm in our society. Social media and access to information are only a few reasons for the rise in its social value. You likely are reading this article on your cell phone now. Cell phones have undoubtedly become valuable tools, however it is imperative that individuals understand the negative consequences that can accompany its increased use.

"SMH", short text for "shaking my head", should be our reaction to the alarming statistic that (per the National Highway Traffic Safety Administration (NHTSA)) 3,477 people died in the U.S. from distracted driving in 2015. That same year included 391,000 distracted driving injuries. Every day, there are an estimated 660,000 distracted drivers on the road which is likely the result of many believing the myth that they can multitask while driving. People need to know this is a myth.

The NHTSA defines distracted driving as any activity that diverts attention from the task of safe driving. Unfortunately NHTSA found in 2012 that 20% of drivers age 18-20 did not believe that texting affected their driving. NHSTA also found that 30% of drivers age 21-34 said texting actually had no impact. This belief is dangerous to the driver and others on the road, crosswalks or sidewalks. People need to know that distracted driving can lead to death or injury.

Society is addicted to cell phone usage. According to the PEW Research Center, 67% of smartphone owners have admitted to checking their phone for calls or messages when their phone didn't vibrate or ring. This is a warning sign of addiction and more studies are coming out with supporting evidence. Cell phone addiction can lead to anxiety, depression, relationship problems, and sleep disorders. People need to know that cell phones can impact their emotional health.

A possible solution is simple, yet difficult to accomplish. We need to admit that we are addicted to our cell phones and identify possible behavior changes. Can I simply put the phone away while driving, at the dinner table, or in a social setting? As the uniformed service that protects, promotes, and advances the health and safety of our Nation, we should take it upon ourselves to organically start a "no cell phone" pledge similar to our no smoking policy in uniform. What would this pledge look like? Maybe it is as simple as:

Not using a cell phone when driving.

Not using a cell phone when eating with friends and family.

Not using a cell phone during meetings.

Not using a cell phone 30 minutes before bed.

We challenge fellow officers to practice and promote changes that promote a healthy use of cell phones.

REPORT FROM THE RANKS

NOAA TDY

CDR Patricia D. Corbin, Senior Clinical Physician Assistant

Photo. CDR Corbin in a cold water immersion suit

In the spring of 2015, as a LCDR, I found out about a TDY opportunity available with National Oceanic and Atmospheric Administration (NOAA). I jumped at the chance to go onboard a ship, as I love the ocean, and came very close to joining the Navy right out of high school.

The ship needed a medical officer onboard for a 2- week stint in the Bering Sea. Onboard, the mission of the ship's scientists was hydrographic surveying of the ocean floor. Apparently, due to tide, storms, time, shipwrecks, etc., the ocean floor can change. If charts aren't updated on a regular basis, this can pose a hazard to ships traveling in the region.

I flew into Anchorage, AK and then on to Kodiak, AK where the NOAA Ship Fairweather was docked. One of the ship's NOAA officers met me at the airport. I was assigned a berth in the forward section of the ship, 2 levels down from the main bridge.

Besides the NOAA officers and scientists aboard, there were also wage-grade mariners, that took care of the day to day ship operations. As a medical officer, I was available 24/7 should a medical need arise. I spent about 1-2 hours a day in sickbay in the morning for anyone needing sick call. Additionally, I did hygiene and sanitation/safety rounds once a week, which included inspecting first aid kits, fire extinguishers, and freezer/fridge temperatures in the galley and elsewhere. One of the Ensigns showed me how to do water quality testing, and I did that as well while onboard.

Photo. MS Fairweather

Life onboard was interesting! Newcomers had orientation, and were fitted out with a cold water immersion suit. We also learned about man overboard drills, fire drills, and abandon ship drills, all of which were practiced weekly. The medical officer was responsible for evaluating any injuries (sometimes we had simulations) that may occur during these events.

We had a ship's mascot, a little Chihuahua that belonged to one of the mariners. She was well behaved, and all enjoyed having her aboard. Also onboard was a small workout room with several pieces of equipment below deck, a small laundry area with washers and dryers, and even a tiny ship's store.

The galley served amazingly delicious food! All ate in the common mess area. Since officers get separate rations (BAS), I did have to write a check at the end of my TDY for meals.

I was only seasick once, for about 8 hours at the beginning of our trip, as we went from calm water to 8-10 foot seas in about 8-10 hours; once adjusted, I was fine (with meclizine!).

Some highlights were sighting whales, going past a smoking volcano, making a trip to a small island onboard a dinghy, and shore liberty in Nome at the end of the voyage. This included a Polar Bear plunge in the 37 degree Fahrenheit water for the summer solstice!

Other NOAA ships go various places, such as in the Gulf Coast. I would highly recommend the TDY to anyone!

UNIFORM CORNER

USPHS Tailoring Guidance

-------- MADE SIMPLE --------

By: LCDR Michael Gu and LCDR Erin Evans

USPHS Buttons

- 35-line PHS gilt buttons
- Positioned with vertical caduceus staff

Sleeve Device

- Full-size new MilSpec Corps device
- Sewn on outer face of each sleeve centered midway between front and mid creases
- Anchor should point forward with vertical caduceus "don't drag your anchors!"

Skirt Hem

- Length may range from 1½" above or below the crease behind the knee

USPHS and Name Tapes

- Name tapes are sewn centered above the length of the right pocket flush to the top edge
- Name tapes may also be sewn in the same fashion above the right rear trouser pocket
- USPHS tapes are sewn centered above the length of the left pocket flush to the top edge
- Lettering is 5/8" in height of yellow/gold thread block style font. Names longer than 10 letters may be ½" in height

Sleeve Lacing

- Sewn parallel to cuff and completely encircle sleeve
- Lower edge of bottom lace is 2" from cuff edge
- ¼" between laces

Slack Hem

- Slacks should hang 2" from the floor at the back of the shoe
- Slacks should be tailored to include a 2" hem to provide material for adjustment

ODU Rank and Insignia

- Sewn centered on the collar along an imaginary line bisecting the angle of the collar point
- Rank on the right collar
- Insignia on the left collar

Skill Badges

- Skill badges, like the FMRB, are sewn centered ¼" above the USPHS tape

Fit

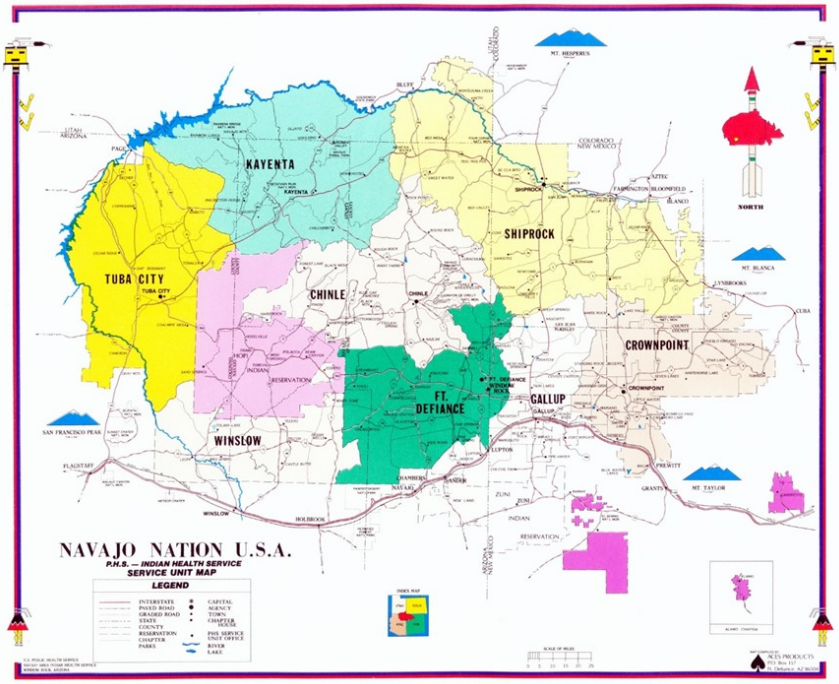
- Form-fitting alterations are not authorized. ODU should fit loosely

REPORT FROM THE RANKS

Blackhat Humane Society Silent Auction

LT Dylan Sinclair, Pharmacist

Navajo Nation has a huge problem with stray dogs and cats, with the stray animal population estimated to be between 100,000 and 400,000 animals. Stray animals can be a serious problem in rural communities where people run or walk outside with a real fear of being bit by a stray. In some cases the bites themselves can be quite grave, sometimes carrying the risk of infections like tetanus and rabies.



With so many strays on Navajo Nation, many hospital staff in Chinle, Arizona see this as an opportunity to bring strays into homes proving emotional support and potentially increased physical activity to a community in need. To help promote stray animal adoption and to highlight the benefits adopted animals can bring both on a personal and community level, a group of hospital staff chose to organize a silent auction fundraiser in support of the work of the Blackhat Humane Society. Since its inception in 2000, Blackhat has rescued over 200,000 stray animals within Navajo Nation, finding forever homes for stray animals and providing them basic medical care, including spay/neuter procedures.

Organizing such a great event in the rural town of Chinle, with a small grocery store and two stop lights, was a feat. Volunteers coordinated 7-hour round trip drives to Albuquerque to supply appetizers and drinks hoping to encourage participation and attendance. Volunteers were able to secure donated prizes including hand-crafted knives and hand-made silver jewlery, original native and non-native artwork, as well as guided hiking and baking classes! The night proved to be a huge success. People dressed in formal attire filled the event space and a local band, the Pinon Pickers, played in the living room. By auction's end, the event had raised an incredible $5,085!

The money raised far exceeded expectations, but it wasn't the biggest gain of the night. While volunteers helped clean up the mess, it was clear that the real benefit to our community was empowering ourselves to make the changes we saw as important to our community. We had set an example that charitable action and activism can be both fun and rewarding. Community engagement activities like this provide many intangible benefits: creating pride and confidence in the community, increasing engagement and interaction between staff and the community at large, and building trust and credibility within the community. It may be easy to trivialize a community project as they may not have measureable health outcomes or data to report impact, but if we take a step back, it becomes clear how fundamental projects like this can be. I hope this success story in our small rural community helps other officers find ways to engage with and improve the communities in which we all live and serve.

JUNIOR OFFICER SPOTLIGHT

Name: LT Tara Lemons
Category: Dietitian
Education: Bachelor of Science (Nutrition and Dietetics), Diploma in Nursing (Registered Nurse), Master of Arts in Human Services (Health and Wellness), Master of Science in Nursing (Education)
Hometown: Originally from Atlanta, Georgia. Currently resides in Clarksville, Maryland
Agency: Center for Medicare and Medicaid Services (CMS)
Current duty station: Center for Clinical Standards and Quality (CCSQ) – Quality, Safety and Oversight Group (QSOG) – Division of Acute Care Services (DACS)

How did you find out about the PHS?

I was aware of the PHS while serving in the Army. After meeting an active duty PHS Dietitian Officer (CAPT Kristen Moe of the FDA) while stationed at Walter Reed National Military Medical Center, my interest grew. Upon arrival at my next assignment in Vilseck, Germany my path crossed another PHS Officer whose husband was my Army co-worker. I decided to join the listserv announcements and follow PHS on social media to learn of the next application opening for my category. In 2014, the opportunity presented itself, I resigned my Army commission and joined the PHS in February 2016.

What are your goals with the PHS?

I hope to bring new ideas and concepts that have positive lasting impact within and throughout the healthcare arena. My goal is to take advantage of the multiple opportunities where my skill sets may be utilized to benefit the Commissioned Corps, professional public health community and its beneficiaries. I enjoy sharing my knowledge and experience with others and hope to provide mentorship, encouragement and support throughout my tenure in the PHS.

What does your current assignment entail?

I am currently assigned to the Division of Acute Care Services (DACS) within the Center for Clinical Standards and Quality (CCSQ) at the Center for Medicare and Medicaid Services (CMS). I am a Public Health Program Analyst, responsible for developing a quality assurance and performance improvement tool(s) for the division which provides oversight of ten CMS nationally approved Accrediting Organizations (AO). This oversight involves tracking measurable performance indicators, survey processes and fostering a culture of quality and safety for every CMS approved AO.

Continued on next page

JUNIOR OFFICER SPOTLIGHT

What is your most memorable PHS experience so far?

The most memorable PHS experience so far has been joining Services Access Team #5 and being deployed to assist the victims of Hurricane Irma and Maria who were evacuated to Atlanta, Georgia from the U.S. Virgin Islands and Puerto Rico. My original role as a SAT 5 member was to provide case management and planning as a registered nurse, however, because I am also a registered dietitian, I was assigned to work with the Nutrition Renal Support Team, a group of highly talented dietitians from across the country, whom I'd never met despite being in the same category! I was able to capitalize on my experience and knowledge as both a renal nutrition support dietitian and a hemodialysis nurse to provide nutrition education and renal counseling to displaced victims and their family members. It was also great to connect and get to know others within the profession and PHS. I have made lasting friendships and met senior officers whom I can now reach out to for career advice.

Photo: Field members of the Nutrition Renal Support Team (NRST) – LT Daniel Johnson, LT Lusi Martin-Braswell, CDR Chris Dunbar and myself have just completed lunch pick up at the Georgia Tech University Stadium for the displaced hurricane victims. Once we departed the stadium, each team transports the meals to the various hotels north of the city for the residents to consume.

What are your PHS Collateral duties?

- Co-Chair for the COF/COA Symposium and Training Dietitian Category Day Planning Committee where organization efforts are led to ensure our category day at the symposium is enlightening and successful.
- Member of the Readiness and Deployment Committee assisting dietitians who are flagged as "not ready" to get "basic ready" before the approaching deadlines.
- Member of Services Access Team 5. One of two training officers for the team, responsible for tracking and sharing pertinent training opportunities & field exercises in preparation for deployment and team readiness.
- Member of JOAG: active participant in the peer-to-peer mentoring program
- Member of DCCOA: active participant in various volunteer opportunities
- Member of BCOAG: active participant in various volunteer opportunities

Do you have a personal leadership philosophy or mentor?

Due to years of service in various roles, in each position my challenge is always to lead by example. This means, stay true to oneself, remain optimistic, encourage self and others to always be and do your best, take advantage of every opportunity (and obstacle) because there is always something to learn, pray often and never give up.

Mentor(s): CAPT Kathleen Edelman, CDR Joe Woodring, LCDR Megan Hayden

Applying to the Commissioned Corps of the United States Public Health Service: Interview Highlights

Sarah Whittington, Public Health Nurse, Indian Health Service

Although deciding to pursue a career in the Commissioned Corps of the United States Public Health Service (USPHS) is an honor, the process by which one becomes an officer can be overwhelming. The time frame from completing all of the application requirements to receiving a call to active duty can be a true test of perseverance. The fairly recent addition of the telephone interview to the application process adds another factor for applicants to consider and prepare for.

As with any interview, preparation is essential to ensure one is portraying his/her best self. Proper preparation is actually more important when it comes to a telephone interview as telephone interviews don't allow those involved to utilize forms of communication other than verbal (non-verbal, body language, etc.) that often times can be advantageous during an in-person interview. When an applicant appropriately prepares for an interview, it is usually evident to the interviewer(s) as the applicant generally will appear confident and able to communicate more effectively.

Due to the nature of telephone interviews, they can easily be interpreted as less personal, further proving that verbal communication is key. Below are some tips for preparing for and participating in a telephone interview.

Conduct research about the history and mission of the agency you are applying for – This is probably the most important thing an applicant can do. Being familiar with the objectives and mission of an organization and being able to discuss how you can contribute to achieving those tells the interviewer(s) that you have a true desire to become a part of their organization.

Be familiar with and able to describe how your current/past roles play in supporting the mission of the agency you are applying for – The wording may be different from interview to interview, but you can almost be certain that there will be an opportunity to discuss your past experiences and how they can benefit the organization you are applying to be a part of.

Limit and prevent distractions – Ensure you are in a quiet and private environment. Background noise can be a major distraction to everyone involved and can be portrayed as unprofessional to those conducting the interview.

Use a land line (if available) – Land lines are usually more dependable and you are less likely to have interference or drop a call.

Be confident! **-** Interviewer(s) know you are nervous, however the ability to convey confidence through your nerves can speak volumes.

Lastly, always remember that you wouldn't even be interviewing if the interviewer(s) didn't like what they saw on your resume/curriculum vitae. You have worked hard to get where you are so don't be afraid to communicate it.

Continued from page 11

Joblessness, racism, discrimination, and homelessness in the lives of African American men are the contextual factors that increase risk for depression as well as being directly linked to an increase in mental health problems and incarceration (Plowden et al., 2016; Ward & Mengesha, 2013). The cited studies go on to state African American men are often diagnosed with depression after incarceration. The numerous stressors that African American men face (racial discrimination, poverty, high rates of unemployment, and encounters with the criminal justice system) should be considered when being evaluated for depression by a mental health provider. More Psychiatric/Mental Health Nurse Practitioners are needed to combat the debilitating effects of depression in the Federal Bureau of Prisons.

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June 2018: #HurricaneSafety

Do you have a plan? Is your go bag ready? June marks the beginning of hurricane season, which also means a busy season for our incredible PHS Commissioned Corps officers and heroes deploying to these areas. Spread the word about preparedness and deployments with this #hashtag!

REPORT FROM THE RANKS

My Deployment Experience on RDF-1

LTJG Steven C. Trevino, Nurse Officer, ICE Health Service Corps

As a newly Commissioned Officer, I was fortunate to be deployed to San Juan, Puerto Rico (PR) with the Rapid Deployment Force (RDF) Coqui -1 Team from October 7th to November 3rd, 2017 to aid in the Hurricane Maria relief efforts. I helped set up a Field Medical Station (FMS) in Bayomon, PR, and volunteered for air missions. I was made the team lead; my team included a PA and an RN from Disaster Medical Assistance Team (DMAT).

My team and I traveled with the Army National Guard by helicopter to Naranjito, PR (see photo to left), to perform a medical needs assessment and provide home healthcare to those in the area. Our team visited a hospital, dialysis center, shelter, nursing home, and assisted with a supply airdrop. The hospital we visited did not have a communication system, as all phone lines were down. The hospital was powered strictly by diesel generators and only the urgent care center was operational. All other patients in need of medical services were transferred to the hospital in Bayomon, PR; the average transport time was 5 hours. The team also visited a DMAT shelter, which supported 71 people, and we assisted with a food, water, and supply airdrop. Local officials stated that approximately 300 people relied on our services during the food and water drop off. I also had the opportunity to work with a Service Access Team (SAT). I worked with other PHS officers to coordinate discharge planning for displaced people from hurricane Irma and Maria, and my SAT team worked as discharge planners for the USNS Comfort (see photo to right). It was remarkable to watch how the different agencies worked together. From the local authority to the military to the different federal agencies, we all had a mission and goal. It was not only to provide aid and relief, but to restore hope.

This was my first time in PR. My team members were literally the first boots on the ground. The residents and local authority gave us a warm reception and were very gracious. The Puerto Rican people are strong, humble, and caring. I learned the phrase "Buen provecho," which means enjoy your meal. Many times when my coworkers and I would sit down and eat the residents would come up to us and say this phrase wishing us to have a great meal. The whole situation was inspiring to see how a community banded together not just to take care of one another but to take care of hurricane responders.

My advice to junior officers is to listen and learn from the seasoned officers. PHS leadership was outstanding; officers were very experienced and knowledgeable and extraordinary teachers. I believe a good skill to have on deployment is to be flexible. One day you are scheduled to set up a FMS, then the next day you might be needed to go on a mission, then the next day something else. It has always been a personal goal of mine to serve my country and to be part of something to make a difference. I am proud to be in the PHS and believe this is one of the best ways to serve and give back to your country.

REPORT FROM THE RANKS

The Various Roles of Registered Dietitians During Coqui-1 Mission

LT Brenda Riojas, Public Health Nutritionist, Indian Health Service

In October 2017, I set out on my first deployment with the USPHS Commissioned Corps during the Coqui-1 mission after Hurricane Maria. The role registered dietitians (RD) played during this deployment in Ponce, Puerto Rico, was beyond my expectations. With little time to think, I quickly took on traditional and non-traditional RD roles, including filling in to assist the nursing team as requested. My first encounter was working with the food service staff which developed into a long-lasting relationship. We were able to collaborate to provide the basic needs of life to the patients: food and water. The goals were to meet the nutritional needs of all the patients at the Federal Medical Station. Due to limited resources, the oral nutrition supplements were often scarce and prioritization was key. For example, PediaSure was the only option for elderly patients, until supplements were received.

Luckily, nutrition services were able to coordinate meal and snack times with a local restaurant. This coordination was particularly important for patients with diabetes, on insulin, who required specific meal and snack times based on very limited resources. Other assigned duties consisted of assessing the nutritional status of patients in coordination with the lead nursing team, tracking patient meals, and coordinating with logistics for enteral and oral nutrition par levels with pharmacy. My bilingual skill set was often utilized during medical assessments to translate medical and nutrition therapy terminology from English to Spanish. Other routine duties for the RDs were distributing meals and snacks, creating Standard Operating Procedures, conversing with patients in Spanish, and translating information for other officers with limited to no Spanish-speaking skills.

When I returned from my deployment, there was a sense that my mission in Puerto Rico was not over. The gratitude patients expressed was the only feedback I needed to feel I contributed and impacted the people of Puerto Rico. One of the patients that was admitted from the beginning, glanced over and said to me as I left, “Gracias, por todo,” which translates to “thank you for everything,” followed by hugs and light kisses on the cheek. This is a common expression of gratitude of Puerto Rican culture as well as my own Hispanic culture. I realize that these daily routines and traditions are important cultural aspects to consider when providing patient care. The deployment and cultural experience has left an invaluable impression on me. Even with the limited resources, patients were grateful and appreciative of Coqui-1 team. One caregiver gave the team a card, calling this mission “a project of success.” Being able to offer my expertise in Medical Nutrition Therapy as an RD, and participate in various other duties during a devastating time, was an extremely rewarding experience I will never forget. Puerto Rico se levanta.

EXECUTIVE COMMITTEE SPOTLIGHT

Continued from page 4

What committee do you liaise with and what is that committee doing this operational year?
As Chair-Elect, I serve a dual role as both the Chair of and liaison to the Policy and Procedures Committee. This operational year the Policy and Procedures Committee is working to revise and update the General JOAG SOP/ bylaws as well as the committee specific SOPs, in conjunction with those committees. They also collect, review, and update the JOAG operational guide and resource list, as well as put together the Cyber-Gram, which contains information to assist in staying updated on the latest policy changes.
I also serve as liaison to the Membership Committee, which has been very busy since February coordinating the selection of the next cohort of Voting Members. They also maintain the JOAG listserv, add new officers that sign up at the Officer Basic Course, send congratulatory letters on the anniversary of an officer's Call to Active Duty date, and are responsible for coordinating the numerous Meet and Greet events. These are great opportunities to meet other officers and hear an interesting talk at the same time.

What do you hope to accomplish/achieve in this position for the operational year?
My hope is for JOAG to continue to engage as many junior officers in as many locations as possible. I also hope to achieve greater communication between all the committees and continue ensuring everything JOAG does is value added for junior officers and for the USPHS.

What's your favorite piece of advice to share with fellow junior officers?
To be deliberate in your choices to which you devote your time but do not hesitate to "put you name into the hat" for something you are interested in doing, regardless of your rank, time in service, time in grade, time with a specific committee or agency, etc. Hard work and a can-do attitude can overcome many obstacles.

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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.

USPHS Junior Officer Advisory Group

@PHS_JOAG

PHS_JOAG

Email JOAG

Medical Reserve Corps (MRC): An Example of Community Public Health

LT Colin Smith, Internal Medicine-Psychiatry, Indian Health Service

Since October 2017, the influenza virus has been responsible for over 25,000 hospitalizations in the United States[1]. Although the 2017-2018 influenza vaccine effectiveness rates vary between 25-67% (depending on virus strain), the vaccine remains recommended for all persons 6 years of age or older in the United States, as it stands to prevent thousands of hospitalizations and deaths[2,3].

Homeless persons are particularly vulnerable, owing to the fact that the homeless are more likely to live in crowded conditions, to suffer from chronic and acute health conditions impairing immune function, to be mobile, and to lack access to basic preventative and curative health measures[4].

With this in mind, in late 2017, the Durham County Department of Public Health Medical Reserve Corps (MRC), together with the assistance of Durham County Emergency Medical Services, sent volunteers to Durham Rescue Mission, a homeless shelter and addiction recovery program housing 400 Durham residents. Over 100 people were vaccinated against influenza, educated about how best to prevent disease (e.g., hand washing), and how to best recognize possible infection.

The Durham County MRC, with the mission to improve the health and safety of the community, through training, organizing, and utilizing public health, medical and non-medical volunteers, was developed in 2006, and is one of nearly 1000 community-based volunteer units throughout the United States[5].

I joined the Durham MRC in 2016 after moving to Durham to begin residency training. I have found volunteering at the MRC to be an effective way to put public health into practice in a team oriented, population driven fashion. In many ways, it has served, for me, as a community-level Commissioned Corps, and has provided a venue to network with other public health professionals. Also, as a resident Internist and Psychiatrist, much of my current training is restricted to the hospital setting, while this forum allows for greater community engagement.

Influenza is just one example of the many public health threats to our community, country, and globe that organizations like MRC (and the Commissioned Corps!) struggle to combat. I encourage all officers to find unique ways, in and outside of the Corps, to contribute to the fight.

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SYMPOSIUM

WE WANT TO SEE YOU!

The 2018 USPHS Scientific and Training Symposium to be held in Dallas, TX on June 4-7, 2018, is just around the corner. If you have not already done so, now is the time to start making plans to attend this marquee event! This year's Symposium will feature over 75 presentations on the latest in public health research, best practices, case studies, and emerging trends. Keynote speakers include the Department of Health and Human Services (DHHS) Assistant Secretary for Health, ADM Brett Giroir, United States (U.S.) Surgeon General, VADM Jerome Adams, and Dr. Rishi Manchanda, author of *The Upstream Doctors*.

The JOAG Outreach Committee's Symposium Planning Subcommittee has been hard at work, advocating for Junior Officer presence, and is proud to offer the following events currently being planned for the 2018 Symposium:

Leadership Workshop: Lead from Where You Are – Junior Officer Panel
Pre-conference June 4th from 9:00am – 4:00pm
For 7 years, the USPHS Scientific and Training Symposium has featured a Pre-Conference Leadership Workshop geared towards junior officers. This year's workshop theme was inspired by RADM Trent-Adams challenge to the Corps to "Lead From Where You Are". For the first time, this year's program will feature a dedicated Junior Officer Panel.

JOAG General Member Meeting
June 5th from 7:00 – 9:00am, Room Malachite
All junior officers are invited to attend JOAG's only in-person meeting of the year. This meeting provides an opportunity for junior officers to meet and engage in conversation with invited guests: Surgeon General, Deputy Surgeon General, and Chief Professional Officers.

JOAG Presentation - Back to Basics
June 5th from 5:45 – 6:30pm, Room Spectra
Do you have uniform questions? Join us for a review course on the wear of required, prescribable and optional uniform components. Information on the wear of the Dinner Dress Blue for formal events will be included. Come to this session so you can be prepared for any official Corps function! As the Commissioned Corps moves forward, be a part of the movement by displaying leadership and confidence while wearing your uniform with pride and distinction.

SYMPOSIUM

USPHS Joint Combined Social
June 6th, 9pm
Union Park on Addison Circle
5076 Addison Cir, Addison, TX 75001
Come join your fellow officers for an evening of fun, socializing, and networking! Jointly planned by COA, JOAG, and officers throughout all categories of USPHS. The combined social will be a night to remember.

JOAG Uniform Inspection Booth (UIB)
June 4th – 7th, Near Registration
The UIB will provide the most up-to-date **and in-person** uniform regulation information. The UIB will provide education on proper wear of all PHS uniforms. The UIB will be available prior to the Anchor and Caduceus Dinner and throughout the duration of the conference.

JOAG Junior Officer Career Enhancement Booth (JOCEB)
June 6th – 7th, Exhibit Hall
Stop by the JOAG JOCEB to obtain resources and advice on career and professional development. Information will be available on opportunities and resources available from each of the committees including the JOAG Job Shadowing Program, the JOAG Peer to Peer Network, the JOAG Professional Development Book Club, as well as other training and educational materials related to policy, health promotion/fitness and deployments. Display your PHS pride through purchase of t-shirts, coins, and other merchandise for sale, with proceeds funding scholarships for junior officer to attend the symposium.

Additional Resources

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

Registration
Apply through online registration.

Dallas Resource Guide
Stay tuned for the local resource guide. It will be a comprehensive resource to local attractions, eateries, and entertainment in the Dallas area. The guide will be available at the JOCEB, Registration, JOAG webpage and distributed through the JOAG listserv.

For questions on JOAG Symposium Planning or if you are interested in volunteering for a JOAG event during the Symposium, please contact LCDR Clayton Myers at clayton-myers@cherokee.org.

We look forward to seeing you in Dallas!

FOOD FOR THOUGHT

Elevator Pitch History

CAPT Candace Hander, Senior Health Services Officer, FDA/CDER/OND, Learning and Career Development Team

An elevator pitch is a term taken from the early days of the Internet explosion when web development companies needed venture capital. Finance firms were swamped with applications for money and the companies that won the cash were often those with a simple pitch. The most successful were those that could explain a business proposition to the occupants of an elevator in the time it took them to ride to their floor. In short, an elevator pitch that worked was able to describe and sell an idea in 30 seconds or less. Today, an elevator pitch can be any kind of short speech that sells an idea, promotes your business or markets you as an individual.

An elevator pitch is as essential as a business card. You need to be able to say who you are, how you can be a resource to your listeners, what you do, what you are interested in doing for the listener, and how the listener may obtain your services. If you don't have an elevator pitch, people won't know what you really do.

ELEVATOR PITCH DEFINITION
A super-short explanation of an idea, a business, or a person which is designed to create further interest, or to just get a conversation started. An elevator pitch is the 15 to 30 second overview of who you are, what you do and why someone should use you or your services.

KNOW YOUR AUDIENCE
Before writing any part of your elevator speech, research your audience. You will be much more likely to succeed if your elevator speech is clearly targeted at the individuals to whom you are speaking. Having a 'generic' elevator pitch is almost certain to fail.

OUTLINE YOUR TALK
1. Who am I?
2. State the outcome they want first, or state what they need.
3. What problem is solved?/What do you offer?
4. What are the main contributions you can make? Then what you want to do for them.
5. What should the listener do as a result of hearing this?

FINALIZE YOUR SPEECH - Now that you have your outline of your material, you can finalize the speech. The key to doing this is to expand on the notes you made by writing out each section in full.
To help you do this, follow these guidelines:
1. Take each note you made and write a sentence about it.
2. Take each of the sentences and connect them together with additional phrases to make them flow.
3. Go through what you have written and change any long words or jargon into everyday language.
4. Go back through the re-written material and cut out unnecessary words.
5. Finalize your speech by making sure it is no more than 90 words long.

Over at the Idea Sandbox blog, Paul Williams shares how the intros to television shows have mastered the elevator pitch.

UPCOMING EVENTS

13-19 May 2018| National Women's Health Week

20-26 May 2018| National Hurricane Preparedness Week

28 May 2018| Memorial Day

31 May 2018| World No Tobacco Day

4-7 June 2018| USPHS Scientific and Training Symposium

5 June 2018| JOAG General Meeting

11-17 June 2018| Men's Health Week

14 June 2018| World Blood Donor Day

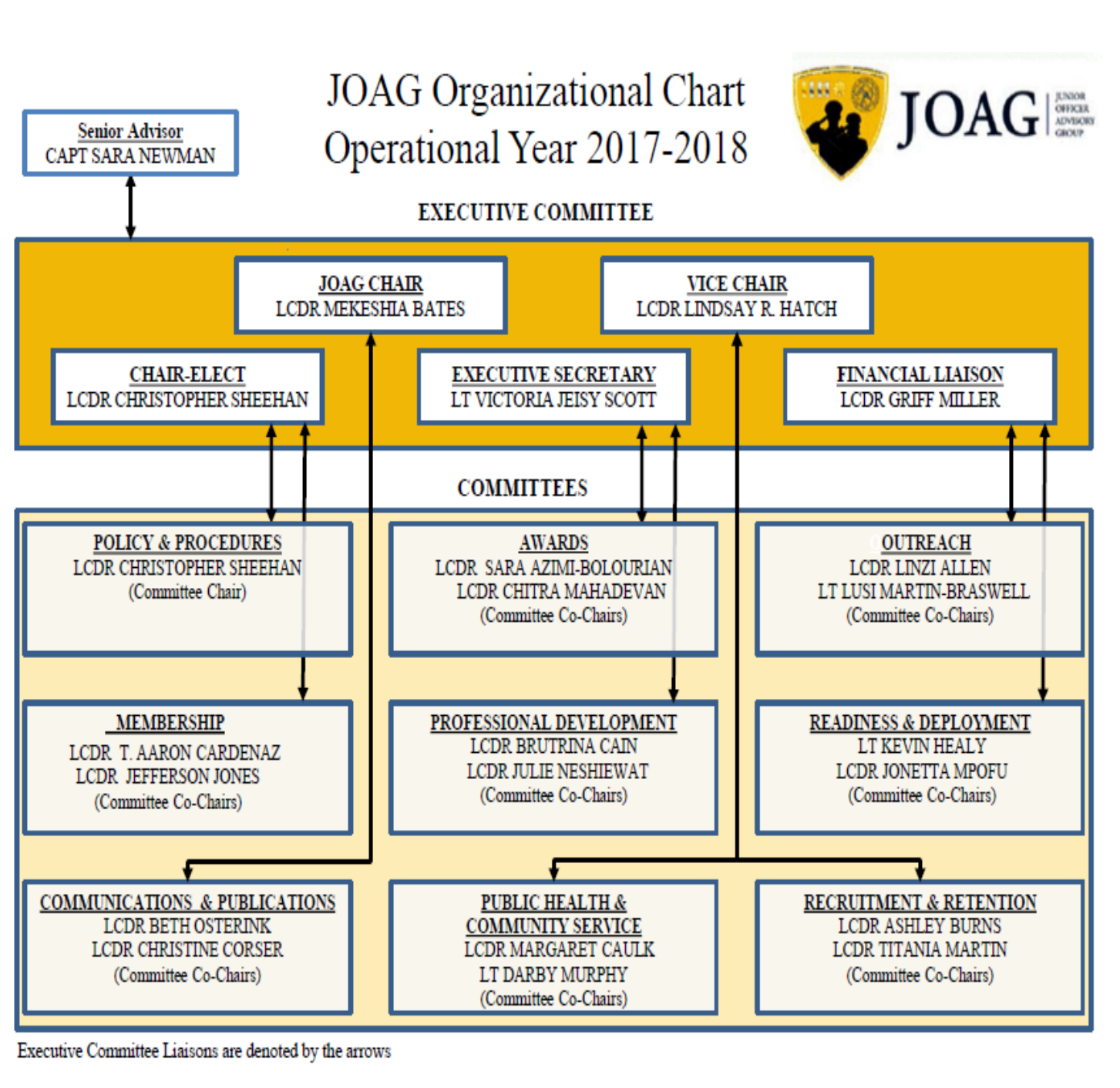
17 June 2018| Father's Day

25-28 June 2018| National Environmental Health Assoc. 2018 Annual Educational Conference &
Exhibition and HUD Healthy Homes Conference

27 June 2018| National HIV Testing Day

4 July 2018| Independence Day

10-12 July 2018| National Assoc. of County &
City Health Officials 2018 Annual Conference



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