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CONTENTS

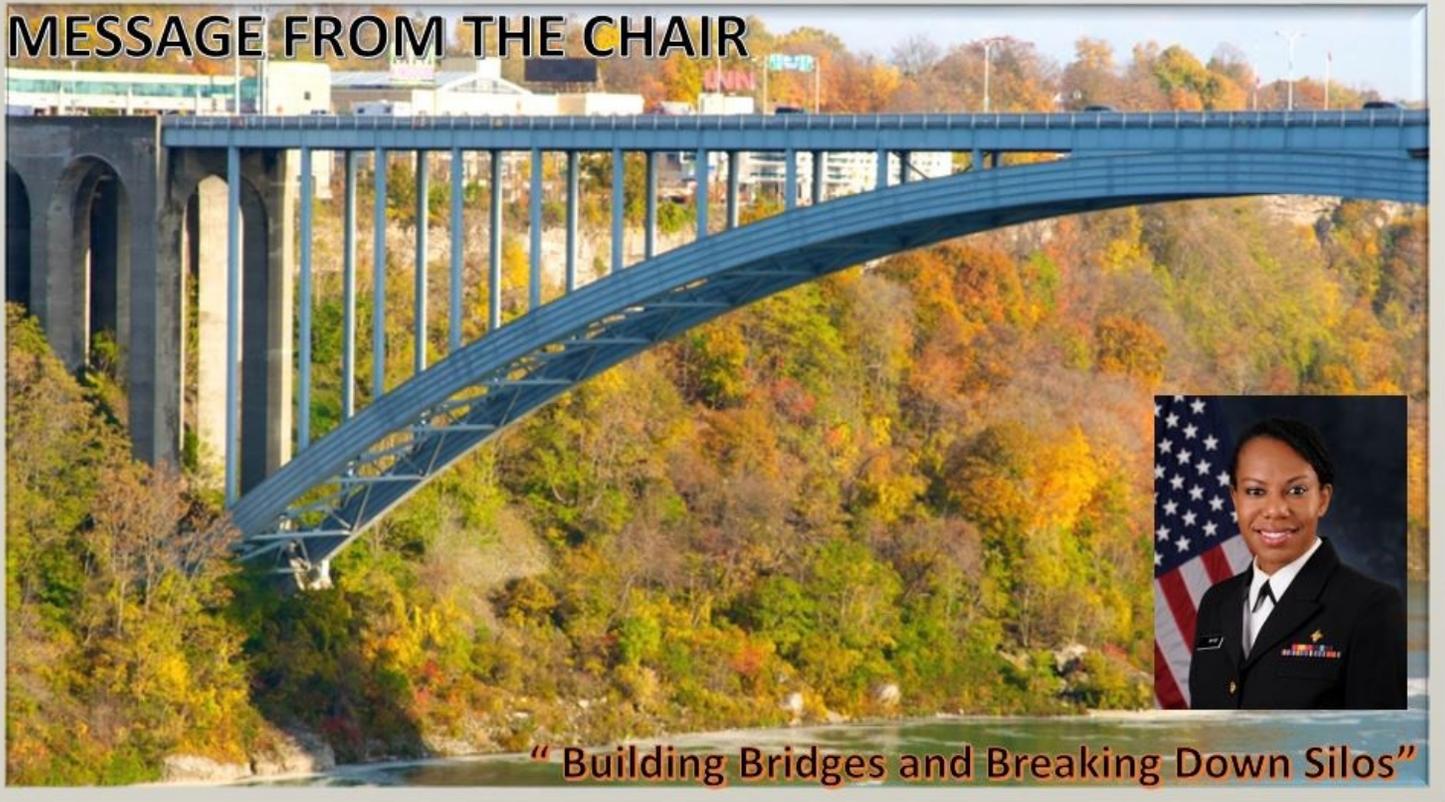
<u>FEATURES</u>	<u>PAGE(S)</u>
<u>Message from the Chair</u>	3
<u>Executive Committee Spotlight</u>	4
<u>Letter from the Editors</u>	5
<u>Uniform Corner</u>	16-17
<u>Junior Officer Spotlight</u>	18-19
<u>Symposium Information</u>	22-23
<u>Food for Thought</u>	24
<u>Upcoming Events</u>	25

REPORT FROM THE RANKS

<u>Hopeless to Hopeful: Relief for Puerto Rico</u>	6-7
<u>Wreaths Across America</u>	8-9
<u>Rocking the Halls and Breaking Down Walls</u>	10
<u>2017 2nd Annual FDA Holiday Mingle & Jingle Concert</u>	11
<u>Global HealthTrack CDC Headquarters Site Visit</u>	12-13
<u>Public Health Professional Advisory Group Generalist of</u> <u>Public HealthTrack Promote Educational Series</u>	14
<u>Learning to Turn the Tide</u>	15
<u>Hurricane Relief Support Mission- Nutrition Renal Support Team</u>	21

- ◆ *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 2017-2018 JOC Co-Leads are: LCDR Beth Wittry and LT Roseline Boateng. The CPC Co-Chairs are: LCDR Christine Corser and LCDR Beth Osterink and the Executive Committee (EC) Liaison is LCDR Mekeshia Bates.*
- ◆ *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 CHAIR



“ Building Bridges and Breaking Down Silos”

Happy New Year Junior Officers!

The New Year is a wonderful time to reflect on the past and consider how you can make individual improvements. I challenge you to open yourself up to the many possibilities for personal and professional improvements as you read The Junior Officer Chronicles.

In this issue, you will find information about deployments, volunteering, and leadership. Highlighted in this publication is the JOAG Executive Committee Secretary, LT Victoria Jeisy Scott. Hear from her on how she became a leader in JOAG and learn more about her career path. You will read about officers who participated in the hurricane relief efforts and deployed to Puerto Rico. In addition, you will learn about the Wreaths Across America volunteer opportunity. It is my hope that you will find each article engaging and inspiring.

As you read through this Winter Edition, I encourage you to take a moment and reflect on how the information can be helpful to you. What do the articles inspire you to do differently? Are you motivated to submit an article for publication or become a JOAG voting member? Have you volunteered in a JOAG activity this operational year? Do you meet readiness requirements to deploy? Lastly, ask yourself what can you do to become a better officer and what bridges are you building to get you to that point!

Respectfully,
LCDR Mekeshia Bates

EXECUTIVE COMMITTEE SPOTLIGHT

Name: LT Victoria Jeisy Scott

Category: Scientist

Agency: Centers for Disease Control and Prevention

What is your current assignment?

I am a Technical Advisor for the CDC's Associate Director for Laboratory Science and Safety. I was fortunate to get in on the ground floor of standing up this office in 2015. It has been a great experience working with CDC leaders to promote a culture of safety and quality across the agency. Two of my main responsibilities are to oversee the new Laboratory Safety Science and Innovation (LaSSI) Fund and the CDC Laboratory Science Symposium (LSS). With LaSSI, we provide intramural funds to advance the evidence-base for laboratory safety practices and guidelines in agency and national laboratories. With LSS, I chair a taskforce of representatives from across the agency to execute an annual symposium bringing together laboratory scientists to present research, participate in workforce development break-out sessions, and participate in cross-program networking. In addition, I've designed and implemented Sharepoint-based systems for the creation and management of documents within our Office.

How did you get involved in Public Health?

I remember at a young age being fascinated with germs and how they make people sick. I was very inspired by how people invented vaccines to eliminate disease and improve the life of people all over the world. My ambition was to 1) work as a scientist 2) at the Centers for Disease Control and Prevention and 3) find a cure for a disease. All-in-all, I'd say achieving two of my three dreams at this point of my career isn't half bad!

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 got involved in JOAG within a few months of my Call to Active Duty in 2014. There was an opportunity to lead a subcommittee within JOAG's Policy and Procedures Committee. Because I was working in a policy role at the time, I thought this was a great opportunity for me to contribute to the mission of JOAG. I was fortunate to attend the USPHS Symposium that following year in 2015, and attend the JOAG private meeting with the newly appointed Surgeon General (SG) Murthy. I was inspired by his enthusiasm and goals he set for his office that year, particularly how he wanted to meet with officers in remote locations when he was in the area. Because I was on the Policy and Procedures Committee, I thought it would be great to see if he would give a presentation for JOAG's Journeyman Speaker Series (JSS) to discuss his policy ideas for the year. From this, I was able to transition as one of the two Professional Development Committee's Journeyman Speaker Series leads for operational year 2016/2017. My first JSS presentation was moderating a call with the SG. I'd say that was definitely my most exciting experience in JOAG to date.

Continued on page 20



LETTER FROM THE EDITORS

Welcome to the 2018 Winter Edition of The Junior Officer Chronicles (JOC)! We are thrilled to be involved with this venture, which showcases junior officers (JOs) in action. As we embark on this journey, we look forward to working with fellow JOs to distribute your stories of leadership, service, integrity, and excellence while impacting public health. This operational year we have two JOC Co-chairs, LCDR Beth Wittry and LT Roseline Boateng, as well as several subcommittee members. You will have the opportunity to get to know all of the JOC team in future editions through the “Letter from the Editors.” Our introductions (JOC Co-chairs) are featured in this edition:



LCDR Beth Wittry: I am an Environmental Health Officer (EHO) stationed at the Centers for Disease Control and Prevention in Atlanta, GA. My first assignment was with Indian Health Service on the Fort Apache Indian Reservation as a field sanitarian. As an EHO, I have traveled all over the country to conduct public health interventions, from reservation-wide tick prevention campaigns to shipboard outbreak investigations. I am an outdoors enthusiast and enjoy baking.



LT Roseline Boateng: I am an overnight pharmacist stationed at Northern Navajo Medical Center in Shiprock, New Mexico. My interest in public health was sparked when officers gave a presentation about a career in USPHS during my first semester in pharmacy school. This led me to complete the JRCOSTEP at Stockbridge-Munsee Health and Wellness Center in Bowler, Wisconsin. My hobbies include: traveling, cooking and photography.

The vision for this operational year is to facilitate the circulation of experiences, ideas, and information. Countless public health initiatives are happening across the country. We invite all officers to use JOC as the platform to disseminate their insights and endeavors in the protection, promotion, and advancement for the health and safety of the nation. We welcome your feedback for ways we can better serve you. Submissions to be included in the 2018 Spring Edition can be sent to both xks5@cdc.gov and roseline.boateng@ihs.gov with the subject line: “2018 Spring Edition JOC”.

We are honored to share the work of so many committed and passionate officers. We received numerous submissions, which highlighted officers’ impactful stories and experiences. Thank you to everyone who played a part in the compilation of the 2018 JOC Winter Edition.

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

Happy reading!

JOC Co-Chairs

Beth and Roseline

REPORT FROM THE RANKS

Hopeless to Hopeful: Relief for Puerto Rico

LCDR Jody Bennett-Meehan, Physician Assistant; LCDR Michelle Krayer, Physician Assistant

Following the September 20, 2017, Category 4 landfall of Hurricane Maria on the U.S. Commonwealth of Puerto Rico (PR), the devastation could only be described as "apocalyptic." Hospitals were overwhelmed due to outlying damage as well as physicians evacuating to the States for safety. Federal medical shelters relieved hospitals of patients no longer requiring inpatient status, yet these patients had chronic needs and no skilled care unit or personal homes to where they could be transferred. As clinicians working in the Federal Bureau of Prisons, we were honored to deploy to PR for nearly a month, in the aftermath of Hurricane Maria.

Our first task was to serve over 140 patients a day in an emergency room decompression tent with Disaster Medical Assistance Team's and armed forces in Fajardo, PR. With PR's nearly 3.4 million residents left without power and not having access to their usual healthcare resources. Patients of all ages presented requiring reassurance, prescriptions, IV fluids, antibiotics, sutures, incision and drainage, and fractures. We also saw patients with fall injuries from fixing roofs, and many in need of hospital transport. Patients came weeks after getting their injuries, they felt hopeless caring for themselves at home. For example, a 23% burn patient needing debridement and antibiotics after attempting to care for his burns at home for 2 weeks; and a heroin overdose patient, who had no access to his suboxone clinic for 3 days relapsed. Local students interested in medicine volunteered their time selflessly, day and night, to help us accomplish our mission; they were a tremendous asset as language interpreters and teachers of local customs. They spread the word of the clinics to the surrounding communities, reassuring residents who were uncertain of our intentions, and came away from the experience with interest in PHS.



Picture to the left: Officers climbing ladders up bridge (LCDR Jody Bennett-Meehan on the bottom ladder, CDR Timothy McCreary standing and LCDR Michelle Krayer on the top ladder);

Picture to the right: Bridge damaged from hurricane.

Continued on next page

REPORT FROM THE RANKS

Our next task was to serve rural residents stranded in the mountains and rainforests of Utuado, PR. Here, floods washed out bridges leaving residents without access to power, medical care, gas or groceries. This led to one of our most memorable experiences on deployment. These remote mountainous areas were only accessible via helicopter or foot, which required climbing down embankments, crossing riverbeds and climbing makeshift ladders up the broken bridges. Escorted by U.S. Immigration and Customs Enforcement, we were greeted on arrival by locals with tears, as they guided us to residents in need of medical care. They had been receiving water, MRE's and groceries via a pulley system across the riverbed, which was constructed by the residents.



Picture: Pulley system used to transport supplies.

We conducted medical needs assessments. Notable cases included an 86-year-old woman with a possible broken hip requiring airlift, her husband with symptoms of congestive heart failure, and a young mother with occupational respiratory chemical burns, who had severe airway reactions from pollutants requiring O2 and an air purifier, but there was no electricity. These assessments allowed us to provide information to headquarters to meet the needs of these rural areas, who felt they had been "forgotten." Barely a soul left without giving us a hug and kiss in appreciation for our efforts. Many patients returned the following days offering us home cooked meals, including a "traditional Christmas meal" to express their appreciation, while also relieving us of eating our daily MRE's. To say this experience was humbling is an understatement. These patients, families and local students left a permanent footprint on our hearts.

Picture: Mountainside homes in ruins.



REPORT FROM THE RANKS

Wreaths Across America: A History

LCDR Philip Lafleur, Consumer Safety Officer

In 1992, Morrill Worcester, the owner of Worcester Wreath Company of Harrington, Maine, discovered that his company had a surplus of Christmas wreaths nearing the end of the holiday season. With the surplus of 500 wreaths he had the idea to decorate some of the graves at Arlington National Cemetery as a tribute to those who had made the ultimate sacrifice for their country. When he was 12 years old, Morrill had won a trip to Washington, D.C. as a paper-boy. Part of the trip was a visit to the cemetery and the experience had a deep and lifelong impact on Worcester. Over the years his visit to this hallowed ground helped him realize that his success and freedom in life were purchased for him by those who had made the ultimate sacrifice for America.

In order to execute his idea, he contacted Maine Senator Olympia Snowe, and arrangements were made for the wreaths to be placed at Arlington in an older section which had not been receiving many visitors. A local trucking company provided transportation all the way to Virginia. Members of the Maine State Society of Washington, D.C., organized the wreath laying, and the event included a special ceremony at the Tomb of the Unknown Soldier.

From 1992-2005, this small group laid the wreaths, and with each year, they were able to lay a greater number. Then, in 2005, a photo at Arlington of the stones adorned with wreaths and covered in snow went viral. The project exploded and suddenly thousands of requests poured in from all over the country from people wanting to participate. Some wanted to volunteer at Arlington, some wanted to decorate graves at other national cemeteries around the Nation, and some simply wanted to thank Mr. Worcester for his efforts to honor fallen veterans.

In 2007, Morrill Worcester, his family and the other individuals and groups who had been faithfully decorating graves for over a decade formed Wreaths Across America, a nonprofit organization, in order to continue this effort and expand it by supporting other groups around the country with the same mission.

Currently, on the third Saturday of December, rain, shine, sleet or snow, tens of thousands of volunteers lay hundreds of thousands of wreaths at sites across the country. Since 2014 every single grave at Arlington—over 225,000—has been decorated.

For the past several years, one of the tractor trailer trucks at Arlington has been managed by USPHS officers, including volunteers from JOAG.



Photo: Officers volunteering with the DC-COA's Veterans and Military Outreach Subcommittee with DC JOAG members.



REPORT FROM THE RANKS

Wreaths Across America: Dallas-Fort Worth National Cemetery

LCDR Tracy Christ, Registered Nurse; LCDR Chris Poulson, Psychologist; LCDR Marcus Foster, Registered Nurse

On December 16, 2017, we attended the Wreaths Across America event, representing USPHS. Wreaths Across America is a wreath laying ceremony that occurs to remember our fallen U.S. veterans, honor those who serve, and teach the value of freedom. The ceremony is carried out at Arlington National Cemetery, as well as over 1,200 additional locations in all 50 states, at sea and abroad. We had the honor of laying 11 wreaths at the Dallas-Fort Worth National Cemetery for specific families who were not able to attend the ceremony.

There were over 4,000 volunteers and 30,000 grave sites. The ceremony lasted 40 minutes with honorees from WWII and a POW. Active duty members, retirees, JROTC units, family members, and friends all gathered at the ceremony in one accord. We were as one. A choir sang the Star Spangled Banner, Amazing Grace was played on bagpipes, and a fly-over occurred as part of the service. The wreath laying immediately followed the ceremony.

As each wreath was placed on a veteran's grave, we were asked to say their name aloud, and thank them for their service. A person dies twice: once when they take their final breath, and later, the last time their name is spoken. It is a small, but impactful gesture that will keep the memory of our veterans alive. They will never be forgotten.



Photo: LCDR Christ, LCDR Poulson, and LCDR Foster volunteering during Wreaths Across America.

10 BALSAM BOUQUETS comprising each veterans' wreath = **10** SPECIAL QUALITIES that our veterans embody



What is a veteran's wreath? Each balsam bouquet that comprises a veteran's wreath symbolizes a special quality. The graphic (left) helps explain those qualities so that you may gather a personal connection with the Wreaths Across America core mission.

It was definitely an honor to volunteer our time for a great event. We not only represented USPHS with pride, but we also opened our hearts this holiday season to remember those that serve today, the family and friends that support their efforts, and those that gave their all for our country.

REPORT FROM THE RANKS

Rocking the Halls and Breaking Down Walls

LCDR Erica Zimprich, Pharmacist

To celebrate Health Care Quality Week, the Fort Thompson Indian Health Center (FTIHC) hosted its first ever “Rock the Halls” event on October 18, 2017. This event allowed staff to come out from behind the walls, and gather with patients in the halls for fellowship and education. Throughout the halls, both staff and patients alike had the opportunity to meet face to face and engage in meaningful and worthwhile conversations. The interactions from that day will have a lasting impression, and help build strong and trusting relationships moving forward.

Departments in the FTIHC set up educational booths in the hallways. Departments were not required to participate, and could choose a topic to present at their booth. Those who joined the event had a genuine desire to participate and wanted to share their unique skill sets and knowledge with the community. The event was geared towards enhancing wellness and was full of educational opportunities. Some departments chose to educate on certain processes followed at the facility in an effort to make each visit as user-friendly and hassle-free as possible for the patient. Other departments explained the magnitude of services offered and encouraged patients to take full advantage of them. Several departments offered information on specific disease states and conditions that were common in the community. Additionally, an immunization clinic and blood pressure screenings were offered. The amount and caliber of education provided was truly remarkable.



Photo: CDR Roth educating patients.

Perhaps even more extraordinary than the quality of the education provided, were the connections made between people. It is easy for all of us to get pulled into the routine of a typical work day and go about our business almost robotically. We tend to get into a zone, put our heads down, and focus only on the task at hand. We oftentimes forget that, we too, are human beings called to serve fellow human beings. During set up for the event, staff were able to interact with each other in a more jovial manner than usual. The cheerful attitudes and excitement were contagious.

This infectious joyfulness carried over as patients entered the building and moved from booth to booth. Staff and patients were laughing with each other, offering handshakes, and sharing warm embraces to one another. Staff and patients were strengthening and building relationships in the most organic way possible – through human interaction. The significance of putting a face to a name and communicating with one another face to face simply cannot be replaced.

Hopefully, we can keep the momentum going and make “Rock the Halls” a quarterly event at the FTIHC. Post-event evaluations were collected, and this information will be crucial when planning future events. The ultimate goal is to make “Rock the Halls” the patients’ event, specifically tailored to meet patient needs. Empowering people to take the lead when it comes to their own health is always meaningful. It is truly inspiring to see all that can be achieved when a small service unit in rural South Dakota decides to “Rock the Halls.”

REPORT FROM THE RANKS

2017 2nd Annual FDA Holiday Mingle & Jingle Concert

LCDR Sandra Mathoslah, Pharmacist; LTJG Rachel Forche, Environmental Health Officer

The holidays came early to FDA employees this year! On Thursday, December 7, 2017, the USPHS Music Ensemble, in collaboration with the FDA Commissioned Officer's Network, presented the 2nd Annual USPHS Holiday Mingle and Jingle concert at the FDA White Oak Campus in Silver Spring, Maryland. Despite no snow on the ground, the Ensemble spread plenty of holiday spirit to everyone in attendance at the hour-long event. The hot chocolate and cookies, comedy and festive music, along with the arrival of Santa Claus, brought smiles and laughter to all and provided a great musical break from the jam-packed workday.



Photo: USPHS Music Ensemble taking a selfie with VADM Adams.

Highlights of the concert included the band's renditions of "A Charlie Brown Christmas" and music from the Disney Movie "Frozen," the choir's performance of "This Christmas" and "Rudolph the Red-Nosed Reindeer," and the band and choir's joint performance of "Jingle Bell Rock" and "Rocking Around the Christmas Tree." These familiar tunes had the audience singing and dancing along to the music!

This year's FDA Holiday Mingle and Jingle was especially memorable for the Music Ensemble members because it was their first chance to perform for the 20th Surgeon General of the United States, VADM Jerome Adams. The USPHS Music Ensemble is fondly named "The Surgeon General's Own," so it was an honor and a joy for the Ensemble to introduce themselves, through music, to the Surgeon General. VADM Adams, himself a choir member in his high school days, gave a heartfelt speech expressing his deep gratitude to the Ensemble for providing beautiful music that reminded him of his church and family back home in Indiana. He also contributed to the festive and relaxed air, even donning a Santa hat during the performance! Several additional distinguished guests were in attendance: RADM Sylvia Trent-Adams; RADM Palmer Orlandi; RADM Denise Hinton; CAPT (ret.) John Bartko, co-founder of the PHS Ensemble; and Col. Jim Currie, USA, Ret., Executive Director of the Commissioned Officers Association.

At the event, VADM Adams announced and presented the official and newly-minted Ensemble Uniform Device to CAPT (Ret.) Bartko, CAPT Mary Lou McMaster, and CAPT (Ret.) Paul Hepp, the Ensemble Executive Directors who championed the approval of this uniform device. It was a hallmark day for the Music Ensemble.

The music, treats, special guests, memorable events, laughs, and holiday spirit made for a wonderful time and great memories. The FDA Mingle and Jingle has been a great way for employees to take a much needed break from phones, computers, and meetings, by sitting back, relaxing, and enjoying good company and great music. We are certainly looking forward to next year's concert!

REPORT FROM THE RANKS

Global Health Track CDC Headquarters Site Visit

LCDR Alyson Rose-Wood, Health Services Officer;
LCDR Felicia Warren, Health Services Officer

The Global Health Track is the only USPHS group with a global health focus. The approximately 50-member Track currently has representation geographically all over the world from six USPHS Categories: Environmental Health, Health Services, Medical, Nurses, Pharmacists, and Scientists.

The Track's mission is to increase the capacity of the U.S. Public Health Service Commissioned Corps in global health through professional development for USPHS officers. One of the Track's overarching goals for 2017 was to provide professional development opportunities on multilateral organizations and other key global health stakeholders across the U.S. Government.

The Track hosts one in-person site visit each calendar year, which is the cornerstone activity for the Track. On August 4, 2017, eleven officers convened at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, for the Global Health Track CDC Headquarters Site Visit. This collaborative, interdisciplinary activity provided professional development and career progression opportunities for officers to strengthen their global health leadership skills. Of note, four of the eleven officers self-paid and took annual leave to travel from California, Maryland, and New York, to participate in the day's activities. The objectives of the day were to:

- Provide an overview of CDC, CDC global health programs, and the hiring process for domestic and overseas global health positions.
- Identify potential global health opportunities within CDC and competencies and skills needed to compete for global health positions.
- Meet with other officers and CDC staff currently working in global health programs.

Commissioned Corps Speakers/Presenters:

- RADM Stephen Redd, Director, Office of Public Health Preparedness and Response
- RADM Jordan Tappero, Senior Advisor, Center for Global Health, Office of the Director
- CAPT Pamela Ching, Epidemiologist, Center for Global Health, CDC India Country Office
- CAPT Jason Thomas, CDC Biosurveillance Coordinator, Center for Surveillance, Epidemiology, and Laboratory Services
- CDR Bobby Rasulnia, Deputy Director, Office of Public Health Preparedness and Response

Commissioned Corps Participants:

CDR Sylvera Demas, CDC	LCDR Laura Vonnahme, CDC
CDR Jacinta Smith, CDC	LCDR Felicia Warren, CDC
LCDR Tara Dondzila, NPS	LCDR Jay Wong, FDA
LCDR Denise Duran, CDC	LT Mark Larson, FDA
LCDR Benoit Mirindi, HRSA	LT Ijeoma Perry, CDC
LCDR Alyson Rose-Wood, CDC	

Continued on next page

REPORT FROM THE RANKS

Global Health Track CDC Headquarters Site Visit (Cont.)

Plans are currently underway for 2018 Global Health Track activities, which include exploring continuing education unit (CEU) offerings for future activities.

The Global Health Track is always looking to expand the diversity of its membership (e.g., diversity in rank, Category, experience, and duty location) and is open to new members. For more information, please contact Global Health Co-Leads: LCDR Alyson Rose-Wood (ifd6@cdc.gov) and LCDR Felicia Warren (fwarren@cdc.gov).



Photo: From left to right: CDR Bobby Rasulnia (CDC), LCDR Jay Wong (FDA), CDR Sylvera Demas (CDC), LCDR Felicia Warren (CDC), LCDR Denise Duran (CDC), LCDR Tara Dondzila (NPS), LT Mark Larson (FDA), LT Ijeoma Perry (CDC), LCDR Benoit Mirindi (HRSA); Center: George Roark (CDC)
Not pictured: LCDR Alyson Rose-Wood (CDC), CDR Jacinta Smith (CDC), and LCDR Laura Vonnahme (CDC)

REPORT FROM THE RANKS

Public Health Professional Advisory Group (PHPAG) Generalist of Public Health Track Promote Educational Series

LCDR Charlotte Kaboré, Health Services Officer; LCDR Tchernavia Gregory, Health Services Officer

The Public Health Professional Advisory Group (PHPAG) represents the diversity of public health disciplines and provides a networking and support platform for those working in public health positions, with an emphasis in professional advancement. Moreover, the PHPAG serves in a resource and advisory role in the coordination, development, training, and evaluation of activities related to the public health professional disciplines among Health Services Officers. The Generalist of Public Health Track is one of the sub-committees within the PHPAG.

During 2017, the Generalist Track hosted a three-part Educational Series to discuss advanced degrees and certificate programs with an emphasis on the Doctorate of Public Health (DrPH). Each university shared their specific certificate program overview with requirements. The first webinar, held on June 22, 2017, was with George Washington University (GWU), Milken Institute School of Public Health. GWU aims to educate the next generation of public health leaders. The webinar consisted of a panel of speakers, which included CDR Derek Newcomer and LCDR Ellen Gee, and twelve participants; recordings were made available for later viewing by interested officers. The second in the three-part series was University of Georgia (UGA), College of Public Health, which was held on August 3, 2017. The UGA program targets mid-career level professionals and prepares graduates for senior-level public health practice careers. This webinar was well attended with approximately twenty-one participants and included officer panelists, CDR Jacinta Smith and LCDR Ayana R Anderson. On September 19, 2017, the third webinar was held with University of North Carolina (UNC) at Chapel Hill Gillings School of Global Public Health. UNC's executive program in Health Leadership prepares mid-to-senior-level professionals for top positions in organizations working to improve the health and safety of the public. LCDR Alyson Rose-Wood, a current UNC graduate student, was among the panelists with approximately eight participants; recordings will be made available for later viewing of interested officers. Each university advertised the following questions on the fliers:

- Are you searching for opportunities to advance your career?
- Are you considering an advanced degree or certificate?
- Interested in financial resources for an advance degree or certificate?
- Have you answered yes to any of these questions? Join us to learn more about the advance degree or certificate programs.

These events were organized by the PHPAG Generalist Track and the Health Promotion Health Education Track. The leads for these series were LCDR Sara Lee, LT Kimberly Davis and LT Kimberly Hart, and they are planning to continue this well-received session in 2018 and also plan to add a few additional universities.

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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REPORT FROM THE RANKS

Learning to Turn the Tide

ENS Harding, USUHS M.D. Candidate

Addiction in America has received much attention from both the media and USPHS leadership. The recent Surgeon General's Report—*Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*—reviews the epidemiology of substance misuse and makes recommendations regarding policy and practice.¹ Furthermore, both RADM Murthy and RADM Adams have made addiction the focus of current public health campaigns in the news and on social media. We, as public health professionals, have been called upon to build a skillset to turn the tide of addiction.

In support of this campaign, medical students at the Uniformed Services University of the Health Sciences (USUHS) are required to attend an Alcoholics Anonymous or Narcotics Anonymous meeting on their own in the community. Twelve-Step facilitation programs like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are some of the most well-known addiction recovery support services and have been proven to be effective as a stand alone treatment and when integrated with other treatments like cognitive behavioral therapy.²⁻⁵

Although attendance was mandatory, I was excited to learn more about one way to aid my future patients struggling with addiction. For my sponsoring agency, the Indian Health Service, combatting substance abuse is an essential aspect of its overall mission—raising the physical, mental, social, and spiritual health of American Indians and Alaskan Natives. I eagerly attended one such meeting at the Del Ray Club in Bethesda on November 16th. I arrived earlier than many of the participants and I subsequently observed the other participants as they arrived. It immediately became clear that in spite of the myriad psychosocial determinants of addiction, it seems to touch individuals from all walks of life. I saw businessmen with Italian suits and luxury cars enter alongside homeless people pushing their shopping carts full of belongings. In addition to socioeconomic diversity, people from virtually all races/ethnicities were present. Nevertheless, the sense of community was strong as each attendee arrived and embraced one another.

Following the meeting, my main takeaway was that whatever the background of the attendees, they were all eager to make a change. Disappointingly, many said that their providers were either unable or unwilling to help them do so. One participant (a retired service member) even approached me after the meeting and advised, “If a patient is courageous enough to disclose a substance abuse disorder, please give him [or her] more than just a wag of the finger and a disapproving look.” He’s right; as our patients, they deserve more. We owe it to each of them to become as knowledgeable and capable as possible to help them overcome addiction. Providers should not overlook the utility of AA/NA in raising the physical, mental, social, and spiritual health of its participants. I encourage each officer to find the time to attend a meeting, understand the basic framework of Twelve-Step facilitation programs and integrate their utilization in the comprehensive care of patients.

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UNIFORM CORNER

Are You Covered?

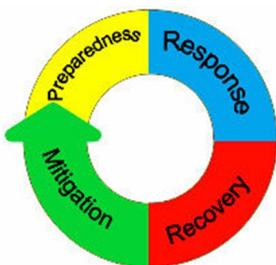
JOAG CPC Uniform Subcommittee

The U.S. Public Health Service (PHS) uniforms have been part of the PHS legacy since 1871 when John Maynard Woodworth, the first supervising surgeon, organized our service along military lines. Appropriate wear of the PHS uniform demonstrates officership, commitment to the Commissioned Corps, and upholds rigorous uniform standards. The cover, or cap, should be worn at all times when outdoors except for in “uncovered” areas and when on an active air strip. There has been confusion in the past about what constitutes a covered versus uncovered area. The Local Uniform Authority (LUA) has the authority to designate an outdoor area that connects buildings or grounds as an uncovered area. However, entire areas like campuses, institutions, or parking areas/decks where interaction with the public and other uniformed services is likely are not permitted to be considered covered.



Some covers are authorized for wear with multiple uniforms (i.e., the watch cap and command ball cap). However, others (i.e., boonie hat) aren’t traditionally worn or may only be prescribed at the discretion of the officer in charge (OIC) or the LUA. Two caps are scheduled for phasing out and will no longer be authorized on January 1, 2020: the women’s black beret and the female combination cap with upswept sides. The table (on the next page) provides a description of each cover type and correct wear. All covers, but not all uniforms, are included here. We list authorized cover wear for required uniforms (SDB and ODU) and service uniforms that are frequently worn.

Continued on next page



December 2017: #MyPHSDeployment

Share your memorable moments from a recent or favorite PHS deployment! Feel free to recognize your team with photos or give tips to other junior officers that you might have learned from #MyPHSDeployment.

UNIFORM CORNER

Type and Wear of USPHS Covers with Authorized Uniforms

Type	Description	Correct Wear	S D B	O D U	S W	S K	M S D B
Combina- tion Cap	A military cap with black visor, flaring circular rim (male) and black cap band with detachable khaki or white cap cover. Visor ornamentation for ranks O-5 and above. The “alternative” combination cap has a crown that is less wide.	Worn squarely on the head parallel to the ground 1.5 inches above eyebrows. White combination cap is for SDB, SW, and MSDB; khaki combination cap is for SK.	√ ^{R*}		√ ^{R*}	√ ^{R*}	√ ^{R*}
Ball Cap	Conventional baseball style cap ODU blue embroidered with 0.5 inch uppercase yellow letters (Arial font) with visor ornamentation for ranks O-5 and above.	Wear squarely on the head parallel to the ground 1.5 inches above the eyebrows.		√ ^R	√ ^P	√ ^P	
8-Point Utility	ODU blue with eight plaited sides, firm bill, and high front panel. No visor ornamentation for ranks O-5 and above.	Worn squarely on the head parallel to the ground 1.5 inches above the eyebrows. Full size bright metal rank centered on the front panel.		√ ^P			
Boonie (Sun) Hat	ODU blue cover with flexible brim and chin strap.	Worn with full size bright metal insignia centered on the front panel. Worn at the discretion of the OIC or LUA.		√ ^P			
Garrison Cap	Black (for MSDB) or khaki (for SK) wedge shaped.	Worn squarely on the head centered between eyebrows. Material must match the uniform. Bright miniature cap and rank device. Stow on the hip under the belt in front of the belt loop on either side pant pocket. If worn on the right show rank, left show insignia. Small rank and insignia.				√ ^P	√ ^O
Beret	Black semi-rigid feminine style beret.	Wear toward the back of head 0.75 inch from the hairline and titled slightly to the right with insignia above left eye.	√ ^O		√ ^O	√ ^O	√ ^O
Knit Cap	Plain black, bell shaped, closely knitted. Pullover style 11-12 inches long, 8-1/4 inches wide at bottom, with 5/8 inch border.	Wear doubled folded approximately 2.5-3 inches, worn diagonally from the base of the head, across the ears, and on the forehead without rank insignia. Only worn with an outer garment in foul weather.		√ ^O	√ ^O	√ ^O	

SDB – Service Dress Blue, ODU – Operational Dress Uniform, SW – Summer White, SK – Service Khaki, MSDB – Modified Service Dress Blue

R – Required, O – Optional, P – Prescribable

*The alternative combination cover is optional.

For appropriate covers and full guidance for male and female officers please see *Commissioned Corps Instructions* [CCI 421.01](#) and [CCI 421.02](#).

JUNIOR OFFICER SPOTLIGHT

Name: LCDR Scott Daly

Category: Environmental Health Officer

Education: Currently enrolled in a MPH Program at University of Massachusetts-Amherst; BS in Environmental Health and Political Science from Illinois State University

Hometown: Chicago, IL

Agency: Centers for Disease Control and Prevention

Current duty station: Fort Lauderdale, FL

How did you find out about the PHS?

One of my professors at Illinois State University (ISU) was a retired USPHS Captain. All of his stories told during class were of his experiences working in the Indian Health Service (IHS), and I was fascinated by them. ISU also has several alumni working in the USPHS who would periodically come back to campus and speak to us.

What are your goals with the PHS?

My goal is to have a successful 30-year USPHS career that I can be proud of and that has a positive impact on public health. Now, I don't know exactly what the rest of my USPHS career will entail but I do know that every PHS assignment has a significant and tangible impact on the nation's public health. I am very proud of the work I have accomplished in my current and previous assignments so far and I know the possibilities in my future USPHS assignments are limitless.

What does your current assignment entail?

I am currently assigned to the CDC's Vessel Sanitation Program (VSP). VSP's mission is to prevent the introduction and transmission of gastrointestinal (GI) illness into the United States on cruise ships that carry 13 or more passengers, have a foreign itinerary, and call on a U.S. port. We conduct routine public health inspections on cruise ships when they are docked in a U.S. port. Our inspections involve evaluating the ship's food and beverage areas, potable water system, recreational water facilities, medical records, housekeeping, pest management, child activity center, and ventilation systems. We also respond to cruise ships experiencing GI illness outbreaks and assist in the mitigation response and investigation.

What has been your favorite destination, so far, in your current role?

This is a tough question because my current position with VSP involves frequent travel to port cities across the entire U.S., from Boston to New Orleans to Seattle and Alaska, as well as U.S. Territories such as Puerto Rico and the U.S. Virgin Islands. We go where the cruise ships go so all of my TDY locations are in places where people go on vacation. Since I am forced to pick only one favorite TDY location, though, it would have to be Hawaii. Even if I am jetlagged and had a difficult inspection in Hawaii, at the end of the day I still get to eat dinner and relax on Waikiki Beach, which makes everything copacetic.

Continued on next page

THE JUNIOR OFFICER CHRONICLES WINTER 2018 | VOLUME 2 | <https://dcp.psc.gov/OSG/JOAG/journal.aspx>



JUNIOR OFFICER SPOTLIGHT

What is your most memorable PHS experience so far?

My first memorable PHS experience was during my summer JRCOSTEP with the Phoenix Area IHS when I worked with the Havasupai Tribe at the bottom of the Grand Canyon for a week. It was during that week when I knew that I wanted to have a career in the USPHS.

I have also had several memorable experiences with VSP- from finding imminent public health hazards on cruise ships, such as high chlorine values in the potable water system and whirlpool spa that required immediate corrective action, to finding food stored in crew cabins- an event that led to a CNN news story!

Do you have any USPHS collateral duties?

I am involved with activities and committees in both JOAG and the EHOPAC. I am unfortunately not involved with any USPHS deployment teams since my current assignment is mission critical, but I hope to get involved with a deployment team in my next assignment.

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

I have had several great PHS supervisors and mentors in all my assignments that have inspired me to be a better officer and who I try to emulate. All my supervisors have put me in a position to succeed, which, for me, is a hallmark of a true leader. I have also learned from my supervisors the importance of due diligence in any aspect of work.



Photo: LCDR Daly testing halogen and pH values in a pool during cruise ship public health inspection.



U.S. Surgeon General
Skiing with my two sons- a great way to get some exercise and some fresh air on a winters day! What are you doing to get/ stay #sgfit this winter???

January 2018: #SGfit

Did you follow VADM Adams and his journey to passing the APFT and getting #SGfit? The beginning of the new year is a great time to reaffirm your goals of maintaining physical fitness! How are you preparing for your next APFT, getting ready for the new weight standards, or reaching your activity goals this year? Tell other officers about your workout plans or flash your gym selfie while getting #SGfit!

EXECUTIVE COMMITTEE SPOTLIGHT

Continued from page 4

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

As Executive Secretary, I maintain records and keep everyone connected. A major goal of mine is to also help the JOAG Chair as much as possible. I will be trying to help improve efficiency of operations and help LCDR Bates's goals of building bridges and breaking down silos. I have great respect for the level of responsibility placed on the Chair, and hope to shoulder as much of the burden from LCDR Bates as much as I can to help her focus on this important responsibility.

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

My advice for junior officers is to not disregard their big ideas. Leaders need to be bold and brave. My experience as a scientist has conditioned me to be used to a certain level of failure, as experiments don't always work according to plan. However, if you persist and persevere, I believe you ultimately succeed as long as you pursue your mission and goals. I think JOAG is a wonderful environment to explore and execute big ideas as there are numerous opportunities to lead. I have always felt in JOAG, if you are willing to put forth the work, JOAG will support your efforts.

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

I am excited for the opportunity to be the liaison for both the Professional Development Committee (PDC) and the Awards Committee (AC). The mission of the PDC is to provide and promote opportunities for junior officers' professional growth and development. PDC hosts great opportunities, including the new Koop Speaker Series, the bi-monthly JSS, the Peer-to-Peer Network pairing junior officers with recent OBC graduates, Job Shadowing with senior officers, and the quarterly book circle. All of these opportunities teach junior officers skills that positively impact their current and future career admissions.

The mission of the AC is to facilitate the awards process and recognize junior officers for their accomplishments and commitment to the mission of the USPHS. Awards season is upon us! Please be sure to nominate yourself or a fellow officer for one of JOAG's awards, including the Junior Officer of the Year Award, JOAG Excellence Award, and the VADM C. Everett Koop Junior Officer Award. It is a great honor to receive one of these awards, so please be on the lookout for submission information distributed through the JOAG listserv.

What are your interests, family, and hobbies?

My husband, my son and I like to play board games together and participate in some of the geek goings.



Photo: LT Jeisy Scott is describing to STEM enthusiasts how CDC makes vaccines from an inactivated viruses using straws to represent surface proteins.

REPORT FROM THE RANKS

Hurricane Relief Support Mission- Nutrition Renal Support Team

LT Lusi Martin-Braswell, Dietician; LT Tara Lemons, Dietician;
LT Patricia Ellis, Dietician

Registered Dietitians (RDs) are critical members of healthcare delivery teams and are often called to provide their versatile and valuable expertise in disaster response. In August 2017, Hurricane Irma and Hurricane Maria hit just two-weeks apart from each other, wreaking havoc on many Caribbean Islands. The destruction from these Category 5 hurricanes led to the federal government deploying response teams to help residents. Through careful surveillance, it became apparent there were persons with acute and chronic medical needs requiring specialized care that could not be met on the devastated Islands. Residents mainly from the U.S. Virgin Islands were transported to various states to ensure they received healthcare vital for survival.

Beginning October 2017, dietitian Corps officers began deploying to Atlanta, Georgia, to serve on the Nutrition Renal Support Team (NRST). The team was charged with ensuring specialized dietary needs and nutrition support were met for patients with end stage renal disease, who required hemodialysis three days a week. Team members utilized dietetic and non-dietetics related skillsets to ensure the mission was completed effectively and efficiently. The NRST covered 300 miles daily, providing 500 dialysis friendly meals to roughly 255 patients and their families. These patients and families resided in temporary lodging facilities with support from the Federal Emergency Management Agency (FEMA), the USPHS Service Access Team, and other governmental and non-governmental agencies.

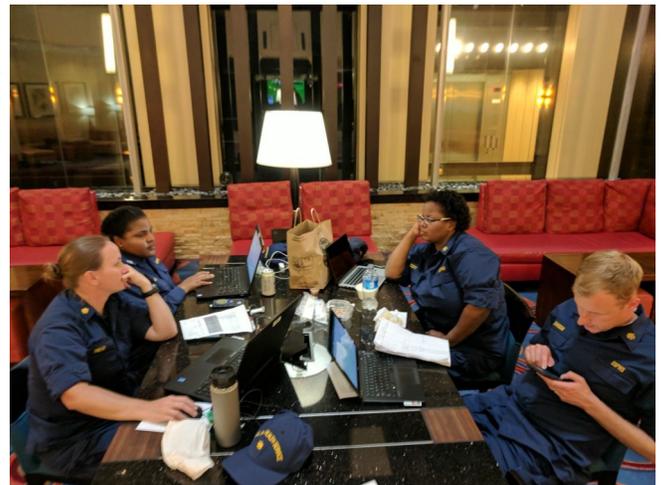


Photo: RD junior officers supporting NRST.

The NRST met daily to develop and assess menus for therapeutic appropriateness, implementing systemic changes as necessary. Ongoing assessments revealed a need for renal nutrition education, encouraging adherence to food safety standards to hotel staff, residents and their families, and nursing staff. Also, the NRST participated in negotiating a new contract to provide culturally appropriate renal diets for the U.S. Virgin Island patients. The team tracked, managed, and analyzed relevant data required to prevent foodborne illness, reduce food waste, communicate timely and accurate information for decision-makers, and identify best practices and risk mitigation strategies for future deployments.

RDs are valuable Corps officers who demonstrate versatile skillsets, and the ability to assume other directed duties. In any deployment, maintaining a strong rapport with stakeholders at all levels is critical to efficient operations. A strong understanding of the cultural practices and food preferences of the patient population is important for adequate intake and to minimize food waste. Ensuring patients maintain a renal appropriate diet minimized the risk for the development of preventable medical complications that could lead to costly hospitalization and misuse of valuable medical resources. The significance of food safety for citizens and emergency responders cannot be overstated. Responders and patients are away from home and the last thing they need is to develop foodborne illnesses, adding to a stressful situation. Corps Dietitians are talented and adaptable members of the health care team who stand-ready to respond and support the Corps' mission.

Please visit <https://foodandnutrition.org/blogs/stone-soup/registered-dietitian-nutritionists-role-hurricane-relief-efforts/> to learn more about other Dietitian Corps officers' unique roles in recent deployments.

SYMPOSIUM



WE WANT TO SEE YOU!

The 2018 United States Public Health Service (USPHS) Scientific and Training Symposium will be held this year in **Dallas, Texas, June 4-7**. While that may seem like a long way off, it will quickly arrive! The annual conference is a marquee event bringing together PHS Officers to learn and share the functions and broad scope of activities, research, and opportunities accomplished within the USPHS. Details of the upcoming Symposium are available on the Commissioned Officer's Foundation (COF) website at <https://www.phscof.org/symposium.html>.

The JOAG Symposium Planning Subcommittee is proud to offer the following events for the 2018 Symposium:

- JOAG General Member Meeting - All junior officers are encouraged to attend JOAG's only in-person meeting of the year. This meeting provides an opportunity for junior officers to meet with senior PHS leadership, including both the Surgeon General and Chief Professional officers.
- Junior Officer Career Enhancement Booth
- Uniform Inspection Booth
- USPHS Combined Social (planned jointly with JOAG)

Continued on next page

SYMPOSIUM

JOAG is planning to provide a room share program to help offset the cost of the symposium. More information on this resource will be available at a later date.

WHAT'S NEW THIS YEAR?

1. FREE REGISTRATION for Junior Officers/Civil Servants. Apply through online registration by choosing "Scholarship Application" prior to the deadline of April 8, 2018.

Eligibility:

- USPHS officer at grade O-3 and below or civil servant at GS 10/11 and below and
 - Dues paying member of the Commissioned Officers Association of the USPHS
2. The hotel room is booked separately from registration. You can reserve a room at the host hotel, Intercontinental Dallas, by visiting the link found on the symposium webpage: <https://www.phscof.org/registration--hotel.html>

Please try and make your plans early to attend the 2018 USPHS Scientific and Training Symposium. This conference provides great opportunities for category networking and offers continuing education credits for those with licensure requirements.

If you have any questions on JOAG Symposium Planning or 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!

February 2018: #ILovePHS

February and Valentine's Day remind us of those we cherish. Are you and your partner both officers? Maybe you've built great, close friendships through the Corps or your department? Or maybe you are excited to be a part of the greater PHS family? Share your feelings and let everyone know why #ILovePHS!



March 2018: #MARCHMADNESS

The world will be watching and carefully planning their brackets for March Madness basketball. Does that remind you of your alma mater? Show your college pride (and maybe reignite some rivalries) with #MARCHMADNESS and #JOAG!

FOOD FOR THOUGHT

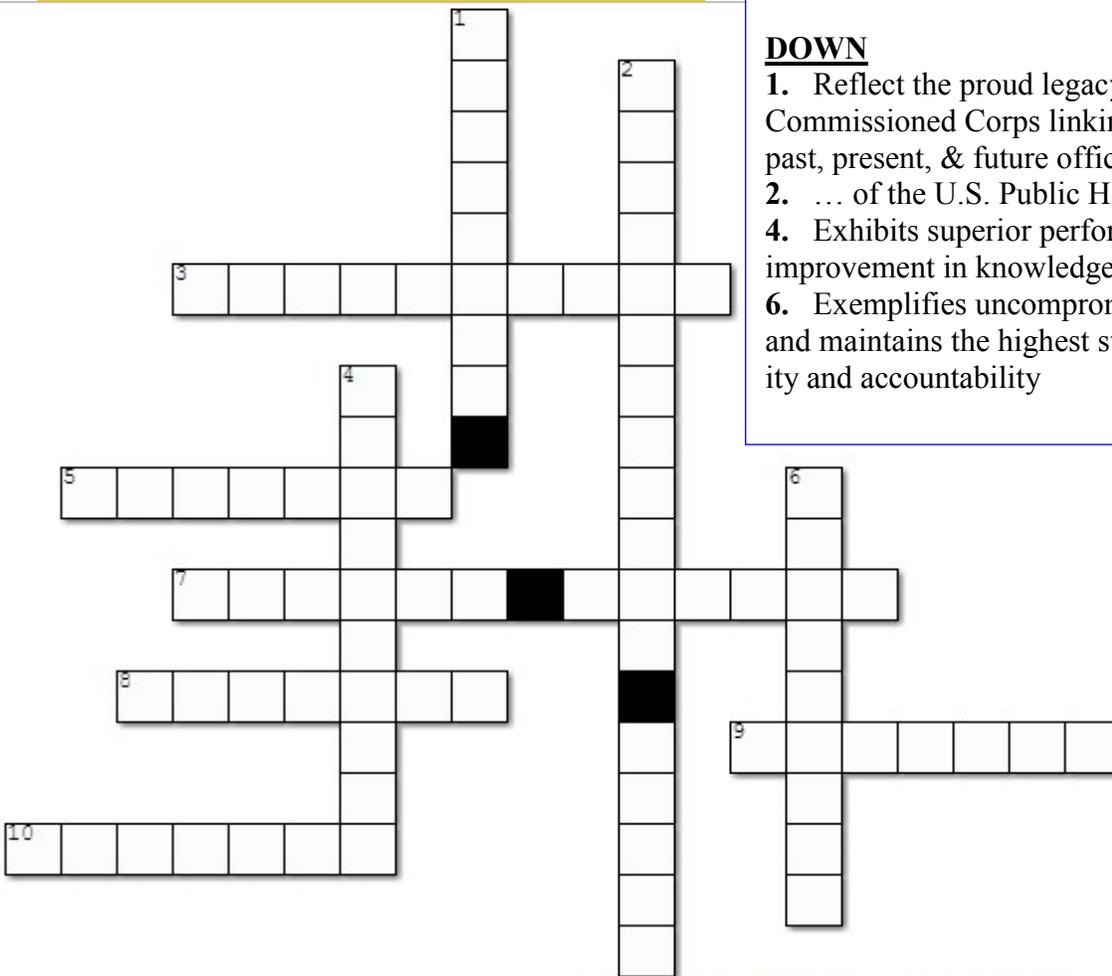
MISSION AND CORE VALUES OF THE USPHS

ACROSS

3. Provides vision and purpose in public health through inspiration, dedication, and loyalty
5. Demonstrates a commitment to public health through compassionate actions and stewardship of time, resources, and talents.
7. Promotes and protects the health of people and the communities where they live, learn, work and play
8. Mission 1
9. Mission 2
10. Mission 3

DOWN

1. Reflect the proud legacy and traditions of the Commissioned Corps linking today's officer to past, present, & future officers
2. ... of the U.S. Public Health Service
4. Exhibits superior performance and continues improvement in knowledge and expertise
6. Exemplifies uncompromising ethical conduct and maintains the highest standards of responsibility and accountability



Created with TheTeachersCorner.net [Crossword Puzzle Generator](http://www.theteacherscorner.net)

Answers: 1. Uniforms 2. Commissioned Corps 3. Leadership 4. Excellence 5. Service 6. Integrity 7. Public Health 8. Protect 9. Promote 10. Advance

UPCOMING EVENTS

7 March 2018 | 2018 Association of Schools & Programs of Public Health Annual Meeting

8 March 2018 | World Kidney Day

9 March 2018 | Journeyman Speaker Series

11 March 2018 | Daylight Saving Time begins

16-19 March 2018 | American Pharmacists Association Annual Meeting

17 March 2018 | St. Patrick's Day

20 March 2018 | National Native American HIV/AIDS Awareness Day

21-23 March 2018 | American Nurses Association Quality and Innovation Conference

24 March 2018 | World Tuberculosis Day

27 March 2018 | American Diabetes Alert Day

1 April 2018 | Easter

2-8 April 2018 | National Public Health Week

7 April 2018 | World Health Day

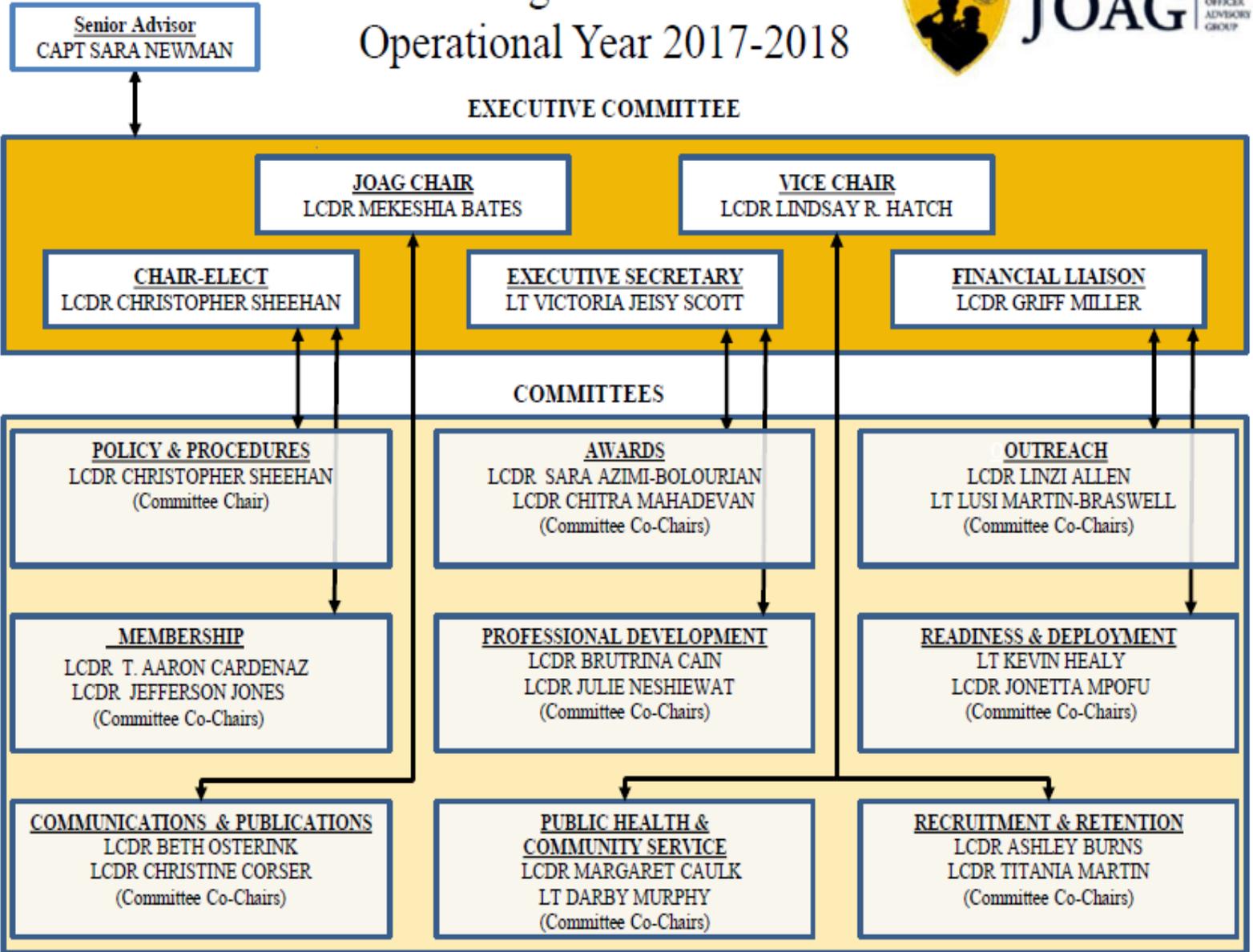
11 April 2018 | Dialogue for Action on Cancer Screening and Prevention

13 April 2018 | **JOAG General Meeting**

24 April 2018 | World Meningitis Day

28 April 2018 | National Prescription Drug Take Back Day

JOAG Organizational Chart Operational Year 2017-2018



Executive Committee Liaisons are denoted by the arrows

THE OFFICIAL JOAG MAGAZINE DESIGNED FOR JUNIOR OFFICERS BY JUNIOR OFFICERS

February 2018:
#ILovePHS



March 2018:
#MARCHMADNESS