



SPRING

EDITION

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# THE JUNIOR OFFICER CHRONICLES



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Presented by the JOAG  
Communications and  
Publications Committee

**THE OFFICIAL JOAG MAGAZINE  
DESIGNED FOR JUNIOR OFFICERS BY JUNIOR OFFICERS**

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

# MESSAGE FROM THE CHAIR

Greetings Fellow Junior Officers!

As I sit here writing this, I can't believe Spring is finally here and we can put winter behind us (at least in most places). As we enjoy the warmer weather, it is a good time to pause, reflect and evaluate where we've been and where we want to go a, not only as individuals, but as officers, employees and as a chartered group. This recalibration check ensures we are moving in the right direction, and lets us make adjustments to the course if and when needed. As the great Will Rogers said, "Even if you're on the right track, you'll get run over if you just sit there."

A huge Thank you to our outgoing Senior Advisor, CAPT Sara Newman! JOAG has benefited greatly from her mentorship, guidance, experience, and wisdom. Her enthusiasm for seeking and helping Junior Officers to succeed is unparalleled! You will be greatly missed, but we are excited to announce our next Senior Advisor, CAPT Michael Long.

CAPT Long is an officer in the Pharmacy category, works for Bureau of Prisons as the Chief Pharmacist in Butner, North Carolina and will serve during the 2019-2022 operational years. Welcome Aboard Sir!

Thank you to all that applied for the position! We had a difficult decision to make with an impressive pool of exceptionally qualified CAPTs, with strong desires to serve and help Junior Officers.

The Symposium was a great success and I am sure all who attended learned a lot, made new friends, reconnected with others, and enjoyed time with fellow officers. I want to personally thank everyone who planned, attended, and volunteered at the various JOAG activities. Also, a big thank you to the Senior Officers who made it a priority to attend our meeting and spend quality time with our Junior Officers. We are always grateful for the opportunity to spend time together with Senior Officers. If you were unable to attend this event this year, I would encourage you to make every effort to do so next year.

Our fellow Junior Officers are always doing great and exciting things, several of which are highlighted later in this spring issue; including an interview with one of the six Executive Committee members. There are many JOAG activities that occur throughout the year and I would like to personally thank all those who contribute to make them possible. As the old saying goes - Many hands make light work! If you are not currently involved in JOAG activities, and would like to be, please reach out to the POCs at the subcommittee or committee you're interested in working with. A full list with POCs can be found on our JOAG website. If you would like to share your story with others in a future issue, please reach out to our Communication and Publications Committee, whose contact info can be found in this issue.

Yours in Service,

LCDR Chris M. Sheehan, MS, MBA, NREMT

JOAG Chair 2018-19



# EXECUTIVE COMMITTEE SPOTLIGHT

## LCDR Mutiu Okanlawon

**Category:** Pharmacy

**Education:** PharmD (University of Illinois at Chicago College of Pharmacy, 2011); Enrolled- Masters in Emergency and Disaster Management

**Agency:** Centers for Medicare and Medicaid Services (CMS)

**Current duty station:** Denver, CO



- 1. Tell us a little bit about yourself: interests, position, family, hobbies:** I am a Certification and Enforcement Specialist in the Division of Survey and Certification under the CMS Consortium for Quality Improvement and Survey & Certification. My main duty is ensuring that Medicare providers such as nursing homes, hospitals and home health agencies comply with Code of Federal Regulations established to protect millions of Medicare beneficiaries. This is carried out through unannounced survey of these facilities and subsequent enforcement to include, but not limited to, imposition of civil money penalties and termination. I also provide oversight to the state survey agencies in the region tasked with conducting investigations of these providers. Prior to CMS, I was a clinical pharmacist and an immunization clinic manager at Fort Defiance Indian Health Service (IHS) on the Navajo reservation for more than 4 years. I was born and raised in a small, southwestern Nigerian town called Osogbo and emigrated to the United States when I was a teenager. I am married to my partner of 16 years and we are blessed with two incredibly amazing children. I love playing soccer, running, travelling with my family to new places, learning about different cultures and most importantly, enjoying life.
- 2. How did you get involved in Public Health?** I have always had a passion for public health from my early years in Nigeria due to frequent occurrences of disease outbreaks such as polio, measles and tuberculosis. This initiated my interest in immunization and serving the underserved populations. During my final year of pharmacy school, I was given the opportunity to rotate through the Food and Drug Administration (FDA) Office of Special Health Issues in White Oak, MD. While at the FDA, I learned all about USPHS Commissioned Corps and the agencies that employed these officers. After graduating from pharmacy school, I began working at Fort Defiance Indian Hospital on the Navajo reservation as a civilian pharmacist and was later commissioned into the USPHS in 2012.
- 3. How long have you been involved with JOAG and what is the most interesting aspect of your involvement with JOAG and/or serving the mission?** My involvement with JOAG started in 2013, when I first served as a JRCOSTEP mentor. I was fortunate to have the opportunities to share my knowledge and passion that I have for the Commissioned Corps with potential officers. It is even more rewarding to see some of these officers on active duty years later. I went on to serve as a team member on a couple of JOAG committees. However, the most interesting aspect of my involvement with JOAG came after I transferred from IHS to CMS. The brief time that I have been in the Commissioned Corps, I have only ever worked in the field. Officership and building camaraderie among officers in the field is very challenging. Therefore, when the opportunity presented itself, I volunteered for the Meet and Greet Subcommittee lead for Denver Region in 2016 to address this challenge faced in my region. The positive reactions from my fellow junior officers inspired me to apply for voting membership for the third time. I am honored and fortunate to be selected to serve for the next 2 years as an Executive Committee member

**Continued on next page**

# EXECUTIVE COMMITTEE SPOTLIGHT

and I look forward to advocating for all officers, especially the ones in the field.

4. **What committee do you liaise with and what is that committee doing this operational year?** I do not currently serve as a liaison to any JOAG committee. As Chair-Elect, I serve as the chair of the Policy and Procedures committee. The mission of the Policy and Procedures committee is to establish guidelines and operating procedures governing JOAG. In this operational year, the Policy and Procedures committee is working to revise and update the general JOAG Standard Operating Procedures (SOP)/Bylaws as well as the committee specific SOPs. We are also working on developing JOAG's Strategic Plan for 2018-2019 operational year, as well as putting together the Cyber-Grams, which contains useful information for junior officers to stay up-to-date with the latest policy changes.
5. **What do you hope to accomplish/achieve in this position for the operational year?** I hope to learn as much as I can from the current chair, LCDR Sheehan, and the rest of the Executive Committee. I hope to continue to build relationships with the rest of the voting members. It is an incredible honor to serve as one of the junior officers' representatives and it is a responsibility I do not take lightly. In addition, I hope to improve collaboration with the rest of the JOAG committee leaderships to adequately serve the junior officers effectively.
6. **What's your favorite piece of advice to share with fellow junior officers?** Commissioned officers are leaders in all we do. That is the expectation! We are not meant to be "just" among the pack. It is critical, now more than ever, for us to stand up and be counted to show our value to the leadership and the American public. Do not be afraid to step up and get out of your comfort zone. Take on additional roles whether at your agency or with your Professional Advisory Committee (PAC). Do not be afraid to fail. Apply for that managerial job that you are reluctant to take because you think you are not ready or worthy. Apply for JOAG voting membership and bring your voice to the table. If you have applied before, do not despair. Keep giving it another go until your eligibility runs out. I was selected after my third try.

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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!



[USPHS Junior Officer  
Advisory Group](#)



[@PHS\\_JOAG](#)



[PHS JOAG](#)

# LETTER FROM THE EDITORS

## Greetings Junior Officers,

Welcome to the Spring Edition of the Junior Officer Chronicles (JOC). Springtime is here! Time when the flowers begin to bloom and are given a fresh start again. Sometimes a fresh start is needed to do things differently the second time around. As officers, there are always opportunities to contribute and volunteer our time and talent towards the advancement of public health and the corps. If you have not had the chance to contribute or volunteer towards a worthy cause, use this fresh start that springtime brings and carve out some time to make a difference.

In the prior JOC editions, we introduced some of our JOC subcommittee members. Meet two more of the JOC team who contribute to this publication and are key to its success: LCDR Shawn Sanders and LT Michtta Jean-Louis.

**LCDR Shawn Sanders:** I am a pharmacist from Oklahoma and am fortunate enough to work in my home state. Following graduation from the University of Oklahoma, I accepted a position with the Choctaw Nation in Southeast Oklahoma where I spent 7 years and was promoted to Chief Pharmacist. For the past 7 years I have worked for the Cherokee Nation in Northeast Oklahoma as Chief Pharmacist in the town of Vinita. This facility was brand new in 2012 and I have had the unique opportunity to implement clinical pharmacy services from the ground up and see them expand including ACC and Hepatitis C. My current focus has shifted to Diabetes with Clinical Services expected to start this fall. My free time is spent with my wife and 3 boys. The baseball fields is our current hang out but we also love boating, fishing, camping, hunting, and going to the movies.



**LT Michtta Jean-Louis:** I received my Master of Public Health from the University of South Florida in Tampa, FL, in 2014. I graduated from Notre Dame of Maryland University School of Pharmacy in Baltimore, MD where I received a Doctorate of Pharmacy in 2018. I am currently a staff pharmacist with the Federal Bureau of Prisons in Tucson, AZ providing clinical oversight on appropriate antimicrobial use as a regional antimicrobial stewardship consultant pharmacist. In my free time I love to travel with my husband, practice photography and I'm a huge Game of Thrones fan.



We welcome your feedback for ways we can better serve you. Submissions to be included in the 2019 Summer/Symposium Edition can be sent to both [LCDR Tara Jatlaoui](#) and [LT Roseline Boateng](#) with the subject line: "2019 Summer/Symposium Edition JOC."

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

Happy reading!

Tara and Roseline, JOC Co-leads

# REPORT FROM THE RANKS

## The Opioid Crisis: It's a Family Battle Too

LTJG Julie McCandless, Nurse Officer, Indian Health Service

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"I don't have a problem." How often have you heard this statement from someone suffering from opioid addiction? As clinicians, we would categorize this statement as denial. Denial of the fact that just because something is prescribed to you does not mean it is neither addictive nor abusable, as well as denial of the realization that one has a problem. "Denial is a refusal to acknowledge the reality of one's situation. Denial plays an important role in addiction" (Heshmat, 2018).

She grew up learning respect, morals and values; she worked hard since she was fifteen, and supported herself through college. A Bachelor's in Criminal Justice graduate driven by hopes and dreams of being a police officer. Yet, this all changed at the young age of twenty-five after the birth of her only child. A diagnosis of Neurofibromatosis resulted in a complicated, life-altering delivery. One of the greatest gifts of her life left her paralyzed, permanently disabled, and scared.

No way, this wasn't going to work, she wouldn't take this laying down so she pushed herself and her physical therapists to get her out of bed. Victory—she was back on her feet. But wait, a greater problem was lurking. All her hopes and dreams had been shattered; she could no longer work, her self-image had changed, and somewhere in the aftermath of the trauma she had lost her motivation to succeed. Through the weeks and months of hospitalizations, surgeries, inpatient rehabilitation and separation from her child she became addicted. Not by choice, yet by circumstance.

For twelve long years she would continue to use. Many of these years she managed to self-maintain, but continued use got the best of her. Opioids became mixed with Ambien, Xanax, gabapentin, and alcohol. Doctors and pharmacies would fill a prescription one day then refill it again the next. What she couldn't get legally, she would obtain on the streets. Overdose and withdraw would end in ambulance rides to the ER with the doctor stating, "her doctors are her personal candy store."

Her family begged and pleaded, threatened, and tried tough love, all while trying to love and support without enabling. The response was "I don't do drugs." She couldn't admit she had a problem; she was in denial. A family left hopeless with hands tied. They knew she had a problem, yet she was an adult. They couldn't force her to get help.

She was a daughter, mother, sister, and aunt whose family fought the battle first hand, yet, sadly did not conquer. As we trudge forward in battling the opioid epidemic it is not only important to assist the individual, but to assist families too.

I may not have all the answers or the perfect solution, but I stand ready in supporting individuals and families to find a means to say, "we can, we did, and we won."

### References

Heshmat, Shahram. (2018). The role of denial in addiction. Retrieved from <https://www.psychologytoday.com>

# REPORT FROM THE RANKS

## Expanding Pharmacist Roles on Deployment

LCDR Trisha Chandler, Pharmacist, Indian Health Service

On September 12, 2018, ninety team members from Rapid Deployment Force 3 (RDF-3) and one Tier 3 augmentee deployed to Clayton, North Carolina (NC) in response to Hurricane Florence. The mission of the team was to provide support to a NC state-run medical shelter at a mega church, alongside a federal Health Medical Task Force (HMTF), comprised of staff from Disaster Medical Assistance Teams (DMAT). The team billeted at the church, and worked effectively and efficiently to provide 24-hour multi-disciplinary care. The medical shelter was flexible and suited the ever-changing needs of the 55 patients, most of whom had complex medical issues, as they transitioned in and discharged out of our care.

This was my first experience deploying as a pharmacist on an RDF team. You come prepared to serve in the role of a typical pharmacist regarding day-to-day functions, however the challenges faced on deployment far exceed the training most pharmacists will receive from a Doctoral-level program or a clinical pharmacy setting. On the Hurricane Florence deployment, I was one of five pharmacists tasked to the Pharmacy Branch. Prior to commissioning, I worked for seven years in the civilian retail industry. Having this prior work experience proved to be a useful asset for discharge planning by utilizing resources and knowledge attained in the private sector.

RDF-3 worked closely on this deployment with representatives from Alliance of Disability Advocates of North Carolina (ADANC). Once patients were stable, ADANC, PHS Officers, and state officials worked diligently to transition patients from the shelter back to their home or facility. Our pharmacy team worked with local pharmacies to obtain emergency seven day supplies of prescription medications that were not stocked in our cache for patients being discharged from the medical shelter. During this deployment, RDF-3 pharmacists obtained Narcan (naloxone HCL) for evacuees who meet specific criteria. In 2018, the Office of the Surgeon General released a public health advisory to urge more Americans to carry the lifesaving medication, naloxone, which can reverse the effects of an opioid overdose. This is best practice, especially given the increased likelihood of overdose during a crisis when normal medical and daily living routines have been disrupted. The RDF-3 deployment team pharmacists completed medication reconciliation on patients within 24 hours of admission to the shelter. Those patients who had prescriptions for opioids that exceeded 60 morphine milligram equivalents (MME), those who had any identified previous overdoses, and caregivers that provided care to someone on opioids were further interviewed. We then worked directly with the identified patients and local pharmacies to obtain Narcan Nasal Spray. The sheltering situation provided an ideal impromptu opportunity to educate and provide awareness about the use of the Narcan Nasal Spray for the affected population at the shelter. Knowing how to properly administer naloxone and keeping it within reach can save a life. The ADANC After Action Report commended pharmacists of the US Public Health Service for taking action to address this important public health crisis.



**Photo:** LCDR Trisha Chandler, Pharm.D., IHS Providing pharmacy services to Hurricane Florence victims.



# JUNIOR OFFICER SPOTLIGHT

## LT Michael DuBois

**Category:** Therapist (Physical Therapist)

**Education:** BS Exercise Science, PhD Physical Therapy

**Agency:** Indian Health Service

**Current duty station:** San Carlos, AZ

- 1. How did you find out about the PHS?** I found out about the PHS from CAPT Jeff Richardson and my grandmother who worked for the Indian Health Service (IHS). During my senior year in high school while visiting my grandparents on the San Carlos Apache Reservation (Arizona), I began my physical therapy observation hours with CAPT Jeff Richardson. Over the years, CAPT Richardson along with my grandmother encouraged and educated me about the mission and benefits of working with the PHS. I would return to visit family in San Carlos and I would visit and observe with CAPT Jeff Richardson and eventually LCDR Ron Kelderhouse as well. In 2015, I moved to San Carlos to serve my people of the San Carlos community as a physical therapist with CAPT Richardson as my supervisor.
- 2. What are your goals with the PHS?** SERVICE. I strive to develop my clinical skills to best serve the community I work with and make a positive change in their lives. I eventually want to develop new innovative physical therapy programs and improve access and quality of care while reducing excessive resource usage, both locally and nationally. I am still developing my career goals as I learn and experience more.
- 3. What does your current assignment entail?** I am assigned to the San Carlos Apache Healthcare Corporation hospital within the Phoenix Area Indian Health Service as a physical therapist. I am in a clinical role. I provide evaluations and develop treatment plans for patients in the outpatient, inpatient, and Emergency Department settings, while working with interdisciplinary teams on their plans of care. I help develop safety and fall prevention programs for patients as well as safety and injury prevention for employees; including biomechanics, transfer training, gait belts and training, and mechanical lift training. I serve as a clinical instructor for Doctor of Physical Therapy students on their clinical rotations. I will be transferring to the Fort Yuma Health Care Clinic in June 2019 to establish and develop their Physical Therapy program.
- 4. Have you served on any deployments?** I am a relatively new officer and have not had the opportunity to deploy yet. I am working on my EMT certification and working on other trainings to better prepare myself for deployment while opening more opportunities to deploy.
- 5. What is your most memorable PHS experience so far?** Two come to mind during Officer Basic Course (OBC). The first is meeting the Surgeon General VADM Jerome Adams and having him as our speaker during the graduation event; he also surprised our instructor with a prestigious award. The second was having the opportunity to tour the US Naval Academy and complete their cadet obstacle course challenge.



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# JUNIOR OFFICER SPOTLIGHT

6. **PHS Collateral duties?** Contributor of evidence-based exercises and guidelines and injury risk reduction for USPHS Commissioned Officer Training Academy's Officer Basic Courses (OBC) Annual Physical Fitness Training (APFT) Guide aiming to help improve the success of new officers at the APFT.
7. **Do you have a personal leadership philosophy or mentor?** I try my best to live by my Catholic faith. I believe in Heroic Leadership. These help me develop humility, integrity, love, courage, compassion, understanding, and other virtues to success. I have met many great people over the years who have influenced my life. I will list four officers that I have worked closely with for several years that all have inspired me in various ways which helps me aspire to be the best officer, leader, clinician, and person: CAPT Jeff Richardson, CAPT Ron West, CDR Steve Spoonemore, LCDR Ron Kelderhouse.



## *Junior Officer Spotlight*

*Do you know of a deserving officer?*

Do you know a junior officer that has a unique duty station? Is the officer a super star at work? Do they work tirelessly to support community endeavors, or just have a story to tell? We want to hear from you! Submit the officer's name and a short (50 words or less) narrative on why you think this officer's story should be shared. Submissions should be sent to: [LCDR Tara Jatlaoui and LT Roseline Boateng](#). All submissions will be reviewed and one junior officer will be selected and showcased in the Summer/Symposium 2019 Edition of the JOC.

# REPORT FROM THE RANKS

## Operation Bushmaster 2019

CDR Cy Riffle, Pharmacist, Indian Health Service

LCDR Mutiu Okanlawon, Pharmacist, Centers for Medicare and Medicaid Services

LCDR Kristina Snyder, Pharmacist, U.S. Immigration and Customs Enforcement Health Service Corps

LCDR Alexander Varga, Pharmacist, Indian Health Service

The Uniformed Services University of Health Sciences' (USU) Operation Bushmaster is a field training exercise conducted at the National Guard Training Center in Fort Indiantown Gap, Pennsylvania. During this annual exercise, a combination of senior USU medical students, graduate nursing students, and international military medical and nursing officers are formally evaluated on medical knowledge and leadership abilities. This final exam is conducted in a simulated, resource-constrained, far-forward tactical field setting. Here, students assume leadership positions in a joint battalion aid station and are presented with operationally current, reality-based missions. These students must respond to a variety of simulations including alley-way insurgent attacks, mass casualties, infectious diseases and foodborne illness outbreaks and more.



**Photo:** Lcdr Mutiu Okanlawon, Pharm.D., CMS, in a Medical Support Truck



**Photo:** Lcdr Alexander Varga, Pharm.D. IHS, discussing medication alternatives with student MED-LOG during Operation Bushmaster.

In October 2018, CDR Cy Riffle, Lcdrs Mutiu

Okanlawon, Kristina Snyder and Alexander Varga volunteered to observe and teach the USU students over two iterations in a joint Army-Navy-Air Force-PHS training exercise. In relatively austere conditions, these PHS officers slept in WWII era barracks and ate meals ready-to-eat in the fictional country of Atropia. These pharmacists went above and beyond expectations by imparting their collective clinical knowledge on students by quizzing and providing extensive medication teachings. Initially, the primary responsibility of the PHS pharmacists was to resupply the mock medications used during the exercise. Then, they were tasked with mentoring the students' medical skills, recording observational trends in student behavioral patterns, providing written and verbal feedback to student medical logistics officers, and offering guidance and instruction to each medical platoon.

However, by embedding themselves in the brigade and working directly with students in the field, these pharmacists evolved into a valuable new role. As medication experts, they used their specialized knowledge to teach and provoke discussions about therapeutic substitutions when first line options were out of stock and to discuss medication interactions. For example, pharmacists were able to discuss the use of nerve reversal

**Continued on next page**

# REPORT FROM THE RANKS

agents and provide education on avoiding admixture errors with routinely used medications and IV fluid formulations. Furthermore, students were trained on managing their rationed inventory and the seriousness of controlled substances accountability. These invaluable education points instilled the critical role pharmacists play in managing appropriate pharmaceutical care within a critical care or emergency medicine setting.

Donning the navy blue Operational Dress Uniform, these officers stood out from other uniformed services. Not only were the PHS pharmacists educating students about clinical pharmacy, they were educating military medicine leaders about the PHS. Having active, varied and dynamic careers within the PHS, the pharmacists spoke directly about their experiences and career flexibility, sparking changes in paradigm. These officers proudly represented the Commissioned Corps while fostering and extending partnerships with USU and the sister services. At the end of their participation, Senior Operation Bushmaster Leadership commended these pharmacists on their dedication and innovation through a Certificate of Achievement. Their interactions with top senior leadership of the Army, Navy and Air Force, USU professors and enlisted personnel, and international military officers from Germany, Israel, Mexico, and the United Kingdom offered a unique career opportunity!



**Photo:** CDR Cy Riffle, Pharm.D. (IHS) Pictured with a Medical Support Truck during Operation Bushmaster.



**Photo:** LCDR Kristina Snyder, Pharm.D, ICE Health Service Corps discussing best practices for inventory management with student MEDLOG during Operation Bushmaster.

# REPORT FROM THE RANKS

## CCWIAB: A Voice Uniting Movement

LCDR Carla Chase, Speech Pathologist, Defense and Veterans Brain Injury Center (Traumatic Brain Injury Center of Excellence)

The Commissioned Corps Women's Issues Advisory Board (CCWIAB) originated in 2011 under the 18th U.S. Surgeon General, VADM Regina Benjamin, to address the 2009 Executive Order initiated by the White House Council on Women and Girls. The two main missions are to establish a synchronized federal response to concerns that impact women and girls and to ensure that federal programs and policies sufficiently and effectively address such matters. All Commissioned Corps officers benefit from the work of CCWIAB members as they identify and analyze key issues effecting women and families and provide recommendations to improve or initiate policies.

CCWIAB has developed and published resource guides for officers who are expectant parents, those who may be getting married or divorced, and for dependents who are the survivors of a USPHS officer. The USPHS Personnel Operations Memorandum, a guide for officers who are breastfeeding, was developed by CCWIAB members and the Surgeon General's Policy Advisory Council. CCWIAB also created, analyzed, and disseminated results of the first USPHS breastfeeding survey to identify potential improvements to support breastfeeding of officers.

Key issues that CCWIAB members are addressing include pregnancy and post-partum depression, leadership and development, deployment and readiness, anti-harassment, and health and wellness. CCWIAB members have also begun to collaborate with other groups, such as the Women's Leadership Support Group (WLSG) and the Sexual Orientation and Gender Diversity Advisory Group (SOAGDAG) to address key issues.

For more information about CCWIAB or to suggest an issue of interest for consideration, please contact your CCWIAB category or agency representative: <https://dcp.psc.gov/OSG/ccwiab>.



RADM Wanda Barfield,  
CCWIAB Chair, Medical  
Officer, Centers for Disease  
Control and Prevention



CDR Cara Halldin, CCWIAB Co  
-Chair, Scientist Officer, Cen-  
ters for Disease Control and  
Prevention



LCDR Carla Chase, CCWIAB Outreach  
Member, Speech Pathologist, Defense  
and Veterans Brain Injury Center  
(Traumatic Brain Injury Center of Excel-  
lence)

# REPORT FROM THE RANKS

## How to Write More Effectively

LT Gavin O'Brien, Pharmacist, Indian Health Service

During your undergraduate or higher education, were you ever offered a course about how to write more effectively? I don't know about you, but I personally did not have that experience. Nevertheless, learning how to be a more impactful writer helps us communicate more clearly about patient cases, best practices and when creating policies and procedures.

Since I have not participated in classes that teach how to write more effectively, I was happy to learn that free resources are available to improve writing skills! Coursera is an online learning platform that has one such course. Link following: <https://www.coursera.org/learn/sciwrite>. For this specific course, you can choose to purchase a certificate of completion for \$75.

This online course, "Writing in the Sciences," is taught by Dr. Kristin Sainani from Stanford University. Topics include: principles of good writing, tricks for writing faster and with less anxiety, the format of a scientific manuscript, ethical issues in scientific publication, and writing for general audiences. Videos, quizzes, and practice activities are available to complete at your own pace. Because I currently serve in an isolated hardship duty station, this was a great resource for me. All I needed was an internet connection to improve my effectiveness.

Some writing lessons I learned are:

Cutting clutter is important

Eliminate negatives:

They did not believe the drug was harmful → They believed the drug was safe

Eliminate unnecessary "there are/there is":

There was a long line of bacteria on the plate → Bacteria lined the plate

Eliminate prepositions:

The meeting happened on Monday → The meeting happened Monday

Eliminate dead weight words/phrases:

As it is well known

As it has been shown

It should be emphasized that

Be more simple and concise

Are of the same opinion → Agree

Less frequently occurring → Rare

Have an effect on → Affect

Active voice is usually preferred to passive voice

Ex. The car will be driven by Martha (passive) → Martha will drive the car (active)

Grammar Tips

Affect vs. Effect

"Affect" is the verb to influence

"Effect" is the noun form of this influence

Compare to vs. Compare with

"Compare to" is used to point out similarities between different things

Ex. Shall I compare thee to a summer's day?

"Compare with" is used to point out differences between similar things

Ex. Brain tumors are relatively rare compared with more common cancers, such as those of the lung, breast and prostate

The purpose of this article is to let officers know about free online learning activities that can help further our careers and enhance the impact of written communication. [www.coursera.org](http://www.coursera.org) is an outstanding website providing various education from informational courses to college degrees.

# UNIFORM CORNER

## Service Dress Blue Uniform Tips That Will Make You Look Like A Professional

LCDR Michael Gu, Regulatory Office, Food and Drug Administration

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Your alarm goes off. It's the day you've been looking forward to.

As you get dressed before your commute, you grab your Service Dress Blues (SDB) from the closet. It is a special day. You put on your white dress shirt and check to ensure you are not dragging anchors. Slide your pants or skirt on and tuck in your shirt. Tie or fasten your neck tie. Lastly, you put on your jacket, shoes, and cover. But wait, it's a special day! You want to look as sharp as possible. Below are two tips on how to look even more professional in your SDBs and keep them looking smart throughout the day.

We've all been there, the dress shirt looks great when you tuck it in the morning, but once you get home, it is another story. As you sit and stand throughout the day, the tuck rises more and more. By the end of the day, there is a little poof of fabric above your waist. The great news is that using the military tuck method or shirt stays will help address this problem. The military tuck involves pulling excess fabric on the sides of your shirt and tucking it tight behind your back. Once the tuck is tight, then zip up and button your pants or skirt. The folding of your shirt around your back instead of tucking straight down, helps to keep your shirt from bunching up.



Morning



End of Day

If you prefer a more sure-fire solution while wearing pants, shirt stays are the answer. Shirt stays are elastic garters that clip from the bottom of your shirt to your quads, the top of your socks, or through stirrups around your feet. The shirt stays are hidden under your dress pants.

Unfortunately, when buying a uniform we only have so many size options and you may need to buy one that is slightly on the bigger or smaller side. Local tailors are a great way to properly alter your uniform for that perfect fit. They can physically see the uniform on you and tailor it to your build. For billowy dress shirts, taking in the sides, armpits, and sleeve length is a cheap way to look like a "million bucks". For your dress pants, the rise of your pants can be shortened or lengthened by about an inch. A tailor can also taper in the leg opening, starting at your knee. As with all tailoring, the goal is for it to fit properly and not fit tightly.

With these tips, you know your SDBs are ready for your special day. Good luck!

# SOCIAL MEDIA

## Positive Impact of Social Media as a USPHS Officer

LCDR Steven Galvez: JOAG Social Media Co-Chair, Twitter Platform Lead

LCDR Phillip O'Bourke: JOAG Social Media Co-Chair, Facebook Platform Lead

LT Joellen Friedman: JOAG Social Media Co-Chair, Instagram Platform Lead

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Social media is an important part of self-expression and connecting with others. For officers in the PHS, it can be difficult to navigate what is and is not appropriate for social media as a public forum. This series of articles on social media use is brought to you by the JOAG Social Media Subcommittee Co-Chairs who encourage you to show PHS pride through social media as well as responsibly engage with others in our community!

“Becoming of an officer” is often used to describe how one should conduct themselves on social media. There is no current social media use policy for Commissioned Corps officers, but for the safety of your future career, it is important to protect yourself from sharing content that could be considered inappropriate. Comments that display questionable morals or are derogatory to others can harm a personal reputation and also impact security clearances required to become or remain an active duty Commissioned Corps officer. Some popular ways to evaluate content you are sharing is the “stranger” rule or “mom” rule—if you wouldn’t share the information with a stranger or want your mom to see it, it should not be added to social media channels.

Photos can live on forever through social media. A common modern adage and warning is true: once it’s online, it’s no longer private. If you know there will be photography at an event, make sure your uniform is in regulation and camera-ready. Make sure you have all your correct components, keep your uniform pressed, and are familiar with what the correct uniform of the day is for the event. If you know other officers will be in attendance, keep an eye out for each other and correct any issues you might see. If you are outside, wear your cover. “If I am at an event, I keep an eye on my khaki line, especially before a photo,” says LCDR Steve Galvez.

Social media can be used to keep our friends up to date on our exciting lives as PHS officers. However, it is important that any confidential or sensitive mission information remain off social media channels. You may be excited for a critical deployment, but it is not appropriate to broadcast your exact location or travel plans or post photos of patients. Your phone may automatically add Geotags, or embedded locations, which could compromise a secure location.

While others may discuss politics through social media, the Hatch Act restricts how federal employees and we uniformed servicemembers, known as “further restricted federal employees,” may publicly engage in partisan politics. Among other restrictions, PHS officers may never use social media to: share, retweet, or link materials of a partisan political party, candidate, or group; solicit political contributions; engage in political activity with a social media account you also use in an official capacity; send subordinates messages about partisan political activities; or use their title in messages engaging in partisan politics. Interpreting this information practically, for example, this means you may not fundraise for a political party on Facebook, use your PAC Instagram to feature a political agenda, or retweet the president.

Excellent resources to read further about the Hatch Act may be found here: <https://osc.gov/Resources/Social%20Media%20Quick%20Guide%20FINAL%20updated%207.3.pdf> and <https://osc.gov/Resources/HA%20Social%20Media%20FINAL%20r.pdf>



# RECRUITMENT & RETENTION

## Strategies on Successful Recruitment and Promotion of the Commissioned Corps

LCDR Andrew DeMotto, Pharmacist, Indian Health Service

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The mission of the United States Public Health Service (USPHS) is to promote, protect, and advance the health and safety of the nation. Successful recruiting is crucial to fulfill this mission. As such, it is our duty as officers in the Commissioned Corps to be ready for any recruitment opportunity. Being prepared with appropriate responses to questions will not only lead to more successful recruiting, but also portray a positive and accurate image of the Corps.

Keep in mind how small the USPHS is compared with other uniformed services. Many of us have probably been asked, "Who are you, and why are you dressed like the Navy?" All officers should have an "elevator speech" prepared and ready to deliver in situations like these. This should highlight what the Corps is about and what you do as an officer. You may choose to recite the mission statement of the USPHS and describe your personal role in fulfilling the mission.

Below are a few topics of discussion to consider asking someone interested in the Corps to help stimulate conversation:

### **What do you know about serving as an officer in the uniformed services?**

This is a great introduction to see how familiar a candidate is with the uniformed services. If the response is only having familiarity with the armed forces, then the conversation can transition into the history and mission of the USPHS and differences from the other services. Many prospective candidates are eager to learn all the details of being a USPHS officer. However, it is important to emphasize that we are all considered "officers first," and service is our top priority. This comes with the responsibility and privilege of serving our country whenever and wherever possible. This could include relocating to a different duty station or deploying to a natural disaster. Potential candidates may also be interested in the benefits conferred by a uniformed service - there are many documents within USPHS, such as those created through PACs, which highlight key benefits. After your discussion of USPHS, any candidate must be willing to ask (and answer) the question, "What can I do for USPHS?" and not, "What can USPHS do for me?"

### **Where do you see yourself within the next five years? What about the next 20 years?**

Discovering short- and long-term goals can help determine the candidate's vision for their future. Find out how satisfied the candidate is with their current career or how successful their job search has been going. Consider their reply and discuss if a career with the USPHS would be a viable option worth considering.

### **What would you describe as your "dream job?"**

Many of us have asked this question to ourselves. For some, the answer has changed throughout the years, or maybe it has yet to be discovered. There will be candidates seeking variety in their careers and desire to avoid monotony. This is where a career in the Corps stands out. It can serve as a great opportunity to share your personal experiences. Demonstrate to recruits the same enthusiasm as you have for your own career, and it will inspire potential applicants.

Although a career in USPHS can be incredibly rewarding, it is similarly important to remember that it is not for everyone. However, all of us should be ready to serve as USPHS reference tools to those still trying to navigate their career path. Becoming confident and effective in delivering important career information on what we do as officers will lead to more successful recruitment opportunities and create a stronger Commissioned Corps.

# FOOD FOR THOUGHT

## Loneliness and Your Emotional Well Being

LT William Change, Engineer, Food and Drug Administration

In October 2017, our former Surgeon General, Dr. Vivek Murthy, published a report in the Harvard Business Review about the epidemic of loneliness.<sup>1</sup> He believes it is a growing threat to public health and well-being. In an interview,<sup>2</sup> Murthy said “I think of loneliness as an epidemic because it affects a great number of people in our country but also because one person’s loneliness can have an impact on another person. This is not a condition that is developing in isolation. I talk about this as an epidemic because it’s far more widespread than people believe, and like many illnesses that are related to our mental and psychological state, it gets swept under the rug and exists in the shadows. That’s why I speak about this with the urgency that I do.”

The Harvard Business Review stated that doctors and engineers were among the occupations reporting the highest levels of loneliness. PHS officers across all categories can deal with long work weeks and isolated work locations.

We should challenge ourselves to make our workplace a safe space for deeper connections. We spend most of our lives in the office, after all. Dr. Murthy made these suggestions:

“Give and receive help freely. Helping a colleague is a mutually reaffirming experience and a simple way to feel meaningful connection.”

Understand colleagues as whole people. The likelihood that authentic social connections will develop is greater when people feel understood and appreciated as individuals with full lives – as mothers and fathers, sons and daughters, individuals with passions outside of work, concerned citizens and community members. By creating opportunities for employees to learn about each other beyond their work roles, an organization can create stronger, deeper connections. When I was Surgeon General, our office developed “Inside Scoop,” an exercise in which team members were asked to share something about themselves through pictures for five minutes during weekly staff meetings. Presenting was an opportunity for each of us to share more of who we were; listening was an opportunity to recognize our colleagues in the way they wished to be seen. The impact of this simple exercise was powerful and immediate. People felt more valued by the team after seeing their colleagues’ genuine reactions to their stories. Team members who had traditionally been quiet during discussions began speaking up and taking on tasks outside their traditional roles. They appeared less stressed at work. And most of them told me how much more connected they felt to their colleagues and the mission they served.

Protect time with family and friends. Having protected time outside work to spend with family and friends is essential. Such relationships are nourishing and they help reduce stress. In turn, they contribute to greater engagement and productivity in the workplace.<sup>3</sup>

### References

1 Murthy, Vivek, “Work and the Loneliness Epidemic”, Harvard Business Review, September 26, 2017

2. McGergor, Jena, “This former surgeon general says there’s a ‘loneliness epidemic’ and work is partly to blame”, Washington Post: On Leadership section October 4, 2017

3. Schwabel, Dan, “Vivek Murthy: How To Solve The Work Loneliness Epidemic” Forbes, October 7, 2017. <https://www.forbes.com/sites/danschawbel/2017/10/07/vivek-murthy-how-to-solve-the-work-loneliness-epidemic-at-work/#4469173f7172>



# UPCOMING EVENTS

## June

Alzheimer's & Brain Awareness Month

Cataract Awareness Month

Men's Health Month

Myasthenia Gravis Awareness Month

National Congenital Cytomegalovirus Awareness Month

National Safety Month

National Scleroderma Awareness Month

**June 2 - 8** | Rip Current Awareness Week

**June 2** | National Cancer Survivors Day ®

**June 8** | Family Health & Fitness Day USA ®

**June 10 - 16** | Men's Health Week

**June 19** | World Sickle Cell Day

**June 23 - 29** | National Lightning Safety Awareness Week

**June 27** | National HIV Testing Day

## July

Cord Blood Awareness Month

International Group B Strep Awareness Month

Juvenile Arthritis Awareness Month

National Cleft & Craniofacial Awareness & Prevention Month

UV Safety Month

**July 15 - 21** | National Youth Sports Week

**July 28** | World Hepatitis Day

## August

Children's Eye Health and Safety Month

Digestive Tract Paralysis Awareness Month

Gastroparesis Awareness Month

National Breastfeeding Month

National Immunization Awareness Month

Psoriasis Awareness Month

**August 1 - 8** | World Breastfeeding Week

**August 4 - 10** | National Health Center Week

**August 19 - 23** | Contact Lens Health Week



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