



SUMMER

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THE JUNIOR OFFICER CHRONICLES



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DESIGNED FOR JUNIOR OFFICERS BY JUNIOR OFFICERS

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- ◆ *The Junior Officer Advisory Group (JOAG) is an Official Office of Surgeon General Chartered 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 2021-2022 JOC Co-Leads are: LCDR Noah Buikema and LCDR John Jackson.*
- ◆ *Send editorial comments and concerns to LCDR Noah Buikema and LCDR John Jackson*
- ◆ *To contribute to a future edition, submit articles to [LCDR Noah Buikema](#) and [LCDR John Jackson](#)*
- ◆ *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,

It is hard to believe that we are already halfway through the 2021-2022 operational year. I am no less humbled, by the opportunity to serve as the JOAG Chair, than I was at the start of the year. Serving in this role has given me a front-row seat to all of the amazing things Junior Officers do around the world. In many ways, I have found that junior officers' passion and commitment to service is unparalleled. From our talented voting members to our dedicated committee members, and everyone between, it is because of your efforts that JOAG continues to *provide advice and consultation to the Office of the Surgeon General* and *serve as a Resource and Support Network for Junior Officers*.

I hope that you all have been able to find some balance in your personal and professional lives. I recognize that the last three years have placed significant stress and pressure on all officers, and that many Junior Officers have repeatedly answered the call to serve. Though I know it can be difficult, please ensure you are taking time for yourselves and your loved ones, in whatever capacity best suits you. And though I appreciate the service of every PHS officer, I especially appreciate the sacrifices that your families and/or loved ones make to support your service. Please take the time to thank them.

I would be remiss if I did not pay homage to our 2019-2022 Senior Advisor, **CAPT Michael Long**. His wisdom and guidance have been invaluable in ensuring the Junior Officers continue to have a voice. Though we are sad that his term has come to an end, we know CAPT Long will continue to support Junior Officers. We are also excited for the appointment of the 2022-2025 Senior Advisor, **CAPT David Lau**. With his vast experience, we know JOAG is in good hands and will continue to serve Junior Officers capably and competently.

In writing this letter, I realize that my term is soon coming to an end. Looking back over this operational year, I am energized by what we have accomplished, but I also recognize that there is still a lot of work to be done. Realistically, the work of JOAG is never complete. As the Corps continues to evolve, JOAG will continue to innovate and find ways to engage, develop, and support Junior Officers. Soon, we will be selecting new Voting Members who will serve from 2022-2024, as well as the 2022-2023 JOAG Executive Committee. I am excited to meet the future leaders of JOAG, and am confident that JOAG will continue to thrive under their leadership, and that of the **2022-2023 JOAG Chair, LCDR Mo Halwani**.

In closing, I would like to thank you for all you do for JOAG, the Corps, and our country. Please feel free to reach out to me if you have any questions and/or feedback specific to the interests and concerns of Junior Officers. We are the future of the USPHS, and our voice is of critical importance to advise and consult USPHS leadership.

In Officio Salutis,

LCDR Stephanie M. Mros, MPH, BSN, RN
JOAG Chair 2021-2022

LETTER FROM THE EDITORS

Greetings Junior Officers,

Welcome to the Spring Edition of the Junior Officer Chronicles (JOC). Springtime is here! Rain has fallen and things are looking much greener! The fresh air and opportunities to get outside and be active are a welcome change from the cold days of winter. As the editors of the JOC, we are proud to publish your stories, experiences, and suggestions related to the great work that you do as officers! We hope that this edition is entertaining and interesting! A short biography of the JOC co-leads is below:

LCDR Noah Buikema: I am a Engineer with the National Park Service in Denver, Colorado, working on infrastructure projects such as wastewater, water, fuel, environmental cleanup, and other interesting projects in amazing locations! I have my BS and MS in environmental engineering from Michigan Tech University. I first began working for the Indian Health Service in the Pierre District Office serving the Lower Brule and Crow Creek Sioux Tribes. I made the jump to the NPS in 2017 and love the fact that work trips are at our National Parks! My free time is spent primarily mountain biking, playing drums in my band, and getting lost in the fresh powder in winter.



LCDR John Jackson: John-Martin Jackson has been a Commissioned Officer in the United States Public Health Service (USPHS) for over 6 years where he has been stationed to the Food and Drug Administration. During his time at FDA, he has gained valuable experience in investigations, compliance, and program management. He currently serves as Regulatory Officer for the Division of Import Operation's Import Program Development Branch where he is responsible for developing different aspects of FDA's Import Program. LCDR Jackson earned his Bachelor of Science and Master of Science in Microbiology from Wagner College. He also has earned a Master of Public Health from NOVA Southeastern University. When he is not working, he enjoys spending time with his family and playing golf.



We welcome your feedback for ways we can better serve you. Submissions to be included in the 2022 Winter Edition can be sent to both LCDR Noah Buikema and LCDR John Jackson with the subject line: "2022 Winter 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!

EXECUTIVE COMMITTEE SPOTLIGHT

LT Xia Michelle Lin

Category: Scientist

Education: BS Biology, MS Genetics, PhD Physiology, MSPH Biostatistics

Agency: CDC

Current duty station: Atlanta, GA

Interests: Immunization, disease surveillance systems, and emergency response.

Position: Workstream Lead. I lead a small team to advance data analytics and visualizations for the National Notifiable Diseases Surveillance System.

Family: Married with two children.

Hobbies: Watching my children play tennis and baseball; compete in physical training against my husband.

Please tell us a little bit about yourself:

I am a lucky mother of two wonderful children. I am a fortunate woman whose husband has supported her career through ups and downs. I like this famous quote “find a job you enjoy doing, and you will never have to work a day in your life” and believe I have found mine.



1. How did you get involved in Public Health?

I had a stint in the biotech industry after receiving my PhD. Due to family relocation, I had an opportunity to reconsider my career path and I chose public health. I then went back to school to get my MSPH and worked as a government contractor for a year. In 2013, I started my federal career as an Epidemic Intelligence Service Officer at the CDC, when I was excited to learn about the U.S. Public Health Service Commissioned Corps. I knew I would join when I was eligible. In 2017, I became a U.S. citizen and applied as soon as it was open to my category during the one-month window that year. In the summer of 2019, I was called to active duty and able to wear the uniform about which I dreamed numerous times. I was pinned on my birthday at the maximum age for joining PHS, and my eyes were full of tears. Our uniform represents the USPHS core values, Leadership, Service, Integrity and Excellence. These are the important values in my life and the reasons I joined.

2. 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 started to attend the JOAG meetings immediately after commissioning and to volunteer for JOAG a few months later. I served as a website team member the first year and a Website Subcommittee Co-lead the second year. I enjoyed learning new skills of updating webpages and the opportunity to lead a team. Working with fellow junior officers across categories was a very rewarding experience.

EXECUTIVE COMMITTEE SPOTLIGHT

3. What committee do you liaise with this operational year?

This operational year I am the liaison for the Communications & Publications and Membership committees.

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

As a JOAG Executive Co-Secretary, I hope to be an effective communicator. From encouraging meeting attendance to sharing service and leadership opportunities, I hope I can do my part to help junior officers get involved with JOAG.

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

Volunteer for something that really interests you, and you will do a good job while having fun.

6. How would you respond to being able to ask yourself any question to relay to every other JO?

A question I often ask myself is, "Are you making positive impacts as an officer?" I may not change the world, but if I hold myself to the high standards my uniform represents and do every task the best I can, I believe I will become a good influence for my team and my community.

JUNIOR OFFICER SPOTLIGHT

LCDR Traci Murray

Category: Nurse

Education: PhD, MPH, RN, NHDP-BC, CPH

Hometown: Dallas, Texas

Agency: SAMHSA

Current Duty Station: Dallas, Texas



Lieutenant Commander (LCDR) Traci M. Murray has been a registered nurse for over 10 years with experience in clinical research, epidemiology, and nursing education. She earned her Bachelor of Science in Nursing degree with honors from Texas Christian University. Soon after, she became the first BSN-to-PhD graduate at University of Texas at Tyler. LCDR Murray recently completed her Master's in Public Health with a global health emphasis at University of North Texas Health Science Center. She currently serves as the Region 6 Assistant Regional Administrator for the Substance Abuse and Mental Health Services Administration in Dallas. She currently leads several major initiatives including a regional behavioral health workforce workgroup and the Partnerships for Equity which supports national partnerships for behavioral health equity.

1. How did you find out about the PHS?

I first learned about USPHS in 2009 when CAPT James Dickens, a Nurse Officer with OASH at the time, did a career presentation at my undergraduate nursing school, Texas Christian University. After a few years in Army ROTC, I wasn't interested in becoming an officer. In 2015, I participated in CDC's Public Health Associate Program where my CDC mentor was CDR Anita Pullani, a Health Services Officer. With her guidance and support, I began my application to join and followed up with CAPT Dickens who has been my mentor for years now.

2. What are your goals with the PHS?

My goal is to increase my impact and effectiveness as a nurse leader. I'm constantly looking for ways to utilize my education and experiences. Still, I am a lifelong learner and realize there are many things I do not know and have not experienced. USPHS helps me gain that knowledge and experience with each new assignment, deployment, or other opportunity.

3. What does your current assignment entail?

I'm the Assistant Regional Administrator for SAMHSA's HHS Region VI office based in Dallas. In this role, I function as the regional liaison between SAMHSA's headquarters and behavioral health stakeholders at state, local, and community agencies. The role allows me the autonomy to build partnerships and develop projects to meet the needs of my region. Currently, my major projects focus on behavioral health equity and workforce diversity.

JUNIOR OFFICER SPOTLIGHT

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

Since 2019, I've served on 5 deployments. I did medical screening for a Customs & Border Patrol mission. Then, I had four COVID deployments. I provided direct clinical care in a nursing home, served as Deputy Chief Nurse Officer to set up an Alternate Care Site, provided staffing relief in an outpatient clinic, and served as Officer in Charge for a vaccination site.

5. What is your most memorable PHS experience so far?

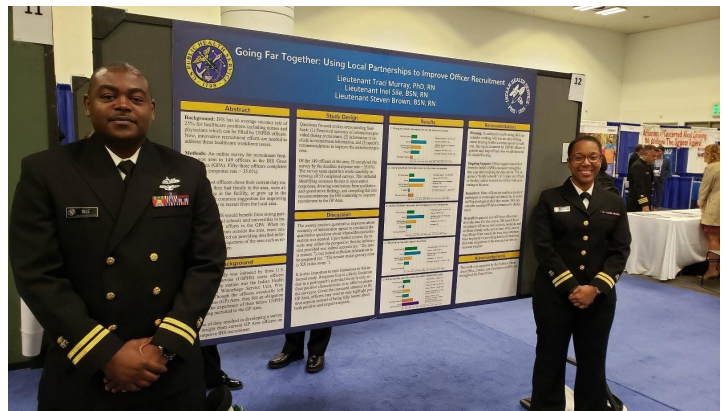
My first duty station was very difficult – new job, new city, new everything. The way civilian staff treated me was quite traumatic for my mental health. There were a few other junior officers at the duty station and one from my OBC who shared my experience. We banded together and supported each other until we could transfer to a more supportive environment. Despite that being one of the most difficult times in my PHS career, I gained new leadership skills and some of the strongest PHS relationships I'll ever have.

6. PHS Collateral duties?

My current collateral duties include co-leading the HHS Region VI Behavioral Health Workforce Learning Community with my HRSA colleagues and leading a team creating court briefing guides on the role of Peer Recovery Support Specialists in Court Settings.

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

Over the years, I have had many mentors. If I see someone doing something I want to do, I'm not afraid to reach out to them and ask for guidance. All they can say is no. Mentorship is essential for becoming a better leader. It really does take a village. My leadership style is situational, able to adapt to the circumstances. When time allows, I prefer a more relational, bridging style. However, I can assert when needed to move things forward. As a leader, you must have a variety of tools and know which ones will be effective. You can't have one tool and expect it to work in every situation. If you only carry a hammer on your belt, what will you do when the situation requires a wrench?



REPORT FROM THE RANKS

VAX-BH MMR Mission

Author: LCDR Malcom Nasirah, PharmD, MS, BCGP

In September 2021, at the request of the Department of Defense (DoD), the USPHS Commissioned Corps deployed a team of 27 pharmacy and nurse officers who successfully completed the 2021 VAX-BH-MMR Mission. This mission was in support of “Operation Allies Welcome” (“OAW”), located at Holloman Air Force Base in Alamogordo, New Mexico. The purpose of this mission was to support the mass vaccination of Afghan evacuees being resettled in the United States. The team of Commissioned Corps officers were tasked with assuming the operation of this mass vaccination clinic upon departure of U.S. Air Force medics who had been providing health care services prior to the deployment of USPHS Commissioned Corps Officers. During the mission, thousands of adult and pediatric vaccinations were successfully administered by USPHS officers, including vaccines for COVID-19, MMR, polio, influenza, and hepatitis.

During this unprecedented humanitarian mission, Commissioned Corps officers worked in tandem with U.S. Air Force medical personnel and adapted expediently to provide a seamless transition of the operation to Corps officers. Though the majority of Corps officers had been trained in the administration of vaccines to adult subjects, many on the team adapted quickly and demonstrated great skill in effectively delivering intramuscular and subcutaneous vaccinations to both infants and toddlers. Commissioned Corps pharmacists exhibited sustained commitment to protect public health as each officer was required to be meticulous in ensuring that the proper vaccines, age-appropriate dosages, and routes of administration were confirmed.

This proved to be a challenging, but highly rewarding mission. The environment was often fast-paced with multiple competing responsibilities, but our USPHS officers remained tenacious and precise in providing services under austere conditions. A typical encounter would often involve administering vaccinations for up to 10 family members collectively during, with more than one vaccination per person often being required. During the first week the mission, PHS officers and DoD medical personnel administered approximately 1,500 immunizations per day. At the conclusion of our mission, USPHS and DoD administered 5,500 vaccines to approximately 4,000 to Afghan evacuees.

REPORT FROM THE RANKS

In recognition of the Commissioned Corps' outstanding service and contributions, the USPHS team was awarded a Certificate of Appreciation on October 14, 2021 endorsed by Air Force Colonel Paul Miller, Expeditionary Medical Support System (EMEDS) commander for the OAW mission. Our team completed the mission confident that we had fulfilled a critical public health need for a vulnerable population, further complicated by an unprecedented pandemic.

Several officers on this mission were serving on their first deployments. For our pharmacists, this unique and highly visible deployment experience was a great learning experience to our junior officers. They comforted many infants and reassured families, often with the help of translators, as they administered vaccinations to evacuees adjusting to a new environment involving stressful factors during their adjustment to the United States. Our entire Commissioned Corps Team deployed to Operation Allies Welcome served honorably as we protected, promoted, and advanced the public health and safety of this great nation during this humanitarian mission.

REPORT FROM THE RANKS

Staff Ride to Columbia River Quarantine Station: Re-Learning Public Health Lessons in History

Authors: LCDR Matty Haith, P.E., PMP, LCDR Gary Riley, P.E., BCEE, & LT Kyle Menday, RN, BSN

In December 2019, four active-duty Public Health Service officers traveled three hours from Seattle to visit a little-known museum near the mouth of the Columbia River called the Knappton Cove Heritage Center. Between 1899 and 1936, this heritage center was known as Columbia River Quarantine Station and was garrisoned by USPHS personnel. Today, the heritage center is run by Nancy Anderson, the director of the center and a former resident when the facility was owned by her father as a sporting and fishing camp. Nancy converted the facility to a museum in the 1980's and has accumulated and preserved a wealth of historical materials related to the USPHS.



Figure 1: Knappton Cove Heritage Center Entrance Sign.

The goal for this visit was for officers to not just know what happened but why and what lessons learned can be used in contemporary operations. Upon arriving at the museum, the officers met a retired medical officer and USPHS captain, Jay Paulsen as well as museum staff. CAPT (R) Paulsen gave a briefing on the medical screening that immigrants received before being allowed passage into the U.S., and the museum displayed artifacts and pictures to complement the briefing. CAPT Steve Anderson, a now retired engineer officer having formerly served with the Indian Health Service, National Park Service, and EPA, presented on the facility at Knappton Cove but also the other quarantine stations throughout the United States including the more famous Ellis Island. LT Kyle Menday, a nurse officer with ICE Health Service Corps, presented on the history of immigration and how it changed during early American history. LCDR Gary Riley, an engineer stationed at the NPS, presented on the conditions of the vessels traveling to the United States and the methods they used to prevent disease exposure amongst crew and passengers. LT Matty Haith, an engineer also with the NPS, presented on the history of the Public Health Service about immigration and disease control.



Figure 2: National Park Service, USPHS (active and retired) and museum staff.

REPORT FROM THE RANKS

Certainly, none of the attendees or anyone could have suspected what would happen in the coming months. The officers prepared a poster presentation for the 2020 PHS Commissioned Officers Symposium but were never able to present due to the COVID-19 pandemic. As the months played out, the officers served on their own deployments while also facing COVID-19 challenges at their duty stations. These real life scenarios have allowed the officers to reflect on the lessons learned from the early quarantine stations and the contemporary environment.

The Public Health Service saw greater value in forward deploying officers to points of departure as this was seen as the most effective way to prevent disease to spread on the ship and prove more effective in preventing disease spread upon arrival. This is a reminder that public health knows no borders and defense against contagious diseases means defenses at home but also abroad. Several of the buildings still stand where sailors and immigrants would arrive to be quarantined. The PHS officers gained respect for the facilities and devices used to disinfect and separate the travelers. The desolate location on the Columbia River was intentional, to prevent any interaction through great geographical separation to population centers such as the point of entry across the river in Astoria, OR before traveling on to Portland.



Figure 3: USPHS Memorabilia from the quarantine station.



Figure 4: Columbia River Quarantine Station.

Unfortunately, the research also presented a darker side of the USPHS. Most of the 135 Commissioned Corps officers were medical screeners in 1910, with several prominent officers proclaiming the so-called “science” of eugenics and serving in the American Breeders Association. A key statistic exemplifying PHS influence on immigration: about 1% of immigrants were barred from entry to the United States after screening at Ellis Island; however, 17% of Asian immigrants were barred entering at Angel Island, California. Racial prejudice clearly took root in the early history of the USPHS, which would come to the forefront again during the following surgeon general’s tenure and the Tuskegee Experiments.

REPORT FROM THE RANKS

This upsetting past provides lessons for the present. During the pandemic, hate crimes towards Asian-Americans increased, and unscientific misinformation dominated headlines. This misinformation and irrational theories are one of the greatest threats to public health in the United States, as detailed in the recent Surgeon General’s Advisory “Confronting Health Misinformation: The U.S. Surgeon General’s Advisory on Building a Healthy Information Environment”, structuring the Public Health Service to be able to combat this misinformation is key to our mission.

As the nation and world are hopefully on the receding side of the pandemic, how can PHS capture its lessons learned? How can we do better? What does our organization need to transform? A deeper look into our past will help us find the answers to these questions.

1. Lombardo, Paul A., and Gregory M. Dorr. “Eugenics, Medical Education, and the Public Health Service: Another Perspective on the Tuskegee Syphilis Experiment.” *Bulletin of the History of Medicine*, vol. 80, no. 2, The Johns Hopkins University Press, 2006, pp. 291–316, <http://www.jstor.org/stable/44448396>.

2. Markel, Howard, and Alexandra Minna Stern. “The foreignness of germs: the persistent association of immigrants and disease in American society.” *The Milbank quarterly* vol. 80,4 (2002): 757-88, v. doi:10.1111/1468-0009.00030

REPORT FROM THE RANKS

JOAG TAP Subcommittee Joined the USVCC to Complete Virtual Recruiting

Authors: LCDR Kendra Vieira (Kendra.vieira@fda.hhs.gov) & LCDR Gustavo Miranda (Gustavo.miranda@ice.dhs.gov)

The JOAG Transition Assistance Program (TAP) is a subcommittee under the Recruitment and Retention Committee. Its primary mission is to provide information about U.S. Public Health Service career opportunities to qualified active duty personnel who are in the process of separating from other uniformed services. Prior to the COVID-19 pandemic, TAP subcommittee members were able to participate in live recruitment career fairs near their duty stations. Such events increased opportunities for partnerships with our sister services and local public health groups while allowing officers to identify and mentor individuals who may be interested in joining the U.S. Public Health Service Commissioned Corps.

COVID-19 has forced flexibility upon all of us, both in our professional and personal lives. In order to continue our TAP mission of recruitment, the subcommittee exercised flexibility by recruiting in a virtual environment. TAP subcommittee co-chair LCDR Gustavo Miranda connected with the U.S. Veterans Chamber of Commerce (USVCC) for several officers to participate in recruitment during a virtual career fair on March 24th and 25th, 2021. The USVCC is a nonprofit organization whose mission is to holistically enrich the lives of transitioning military, veterans, and their families through the five pillars of support which include employment, business, education, wellness, and family.

The four PHS officers who participated in this virtual career fair were LCDR Kendra Vieira, LCDR Sandra Duncan, LCDR David Lowe, and LCDR Gustavo Miranda. Unsure of what to expect at the virtual event, the group prepared a PowerPoint presentation and had a virtual PDF version to share. Prior to the career fair, participants received training on the platform and set up the U.S. Public Health Service booth that attendees could visit to obtain information and links to PHS websites and social media. On the day of the event, a notification would pop up to announce the "arrival" of someone at the booth. TAP subcommittee members would then initiate a chat with the interested individual. The virtual platform was new to many, and recruiters wanted to encourage a conversation to ascertain the level of interest and qualifications of the person. The platform made it easy to switch from an instant message chat to a video call if the recruiter wanted to engage in a more in-depth dialogue. The platform tracked 125 total people who visited the booth, and over 100 people submitted resumes for follow up. During the 2 days, TAP subcommittee members were able to engage with 21 people in the chat room.

Overall, this virtual recruitment event was a great experience to connect with potential recruits. While we still prefer face-to-face events, through virtual recruiting we were able to converse with people from all over the country and expand participation opportunities to non-local PHS officers. The next USVCC virtual career fairs will be September 23rd & 24th, and our TAP subcommittee intends to participate again.

This article is for informational purposes only and does not reflect official views of the United States Public Health Service Commissioned Corps or USPHS leadership.

REPORT FROM THE RANKS

Wreaths Across America: Event Highlights

Author: LT Xiao (Gina) Huang



JOAG members and 4 civilians volunteered for the WAA event at Arlington National Cemetery.

On December 18, 2021, the JOAG Public Health and Uniformed Service Committee had the honor to lead Wreaths Across America (WAA) events at veterans' cemeteries across the country. Laying of wreaths at Arlington National Cemetery and at thousands of other locations across the country helps to remember the fallen, honor those who have served, and teach our children the value of freedom. The WAA motto is "Remember, honor, and teach."



Left to right: PHS officers and civilian colleagues at the National Memorial Cemetery of Arizona. LT Yvika Mitchell at Jacksonville National Cemetery. LCDR Judith Lamarre, LT Lola Adeniyi, and LT Chenoa Shelton at Memphis National Cemetery. LCDR Andrea Tsatoke, LCDR Nathanael Lemmon, LCDR Trevor Thompson, LCDR Justin Tafoya, and LT Steven Owens at Veteran's Memorial of Show Low.

REPORT FROM THE RANKS

The WAA began in 1992 when the Worchester Wreath Company had a surplus of wreaths that holiday season. The owner of the company wanted to donate them to Arlington National Cemetery to honor our nation's fallen heroes. With help from his U.S. Senator and several organizations, they were able to make that happen year after year. In 2008, Congress officially recognized the effort and established WAA Day. The organization relies primarily on donations from corporations and individuals for procurement of wreaths, trucks, and box recycling, and volunteers to transport and lay the wreaths and provide cleanup activities.



Left to right: LT Osunbunmi Oluwaseun at Houston National Cemetery. LT David J. Flynn laying a wreath at the Missouri Veteran Cemetery in Springfield. LT Lizette Martinez at Veteran Memorial Harlingen. Salute at Fort Sam Houston Cemetery.

JOAG has lead WAA events since 2010. However, it has been 3 years since JOAG led a WAA event. JOAG's participation promotes Esprit de Corps and honors the sacrifices made by all uniformed service members, supports JOAG in accomplishing the mission and strategic goals to support community service activities and interact with sister services, and while wearing the uniform, officers increase visibility of the USPHS. For this year's event, over 100 PHS officers and 40 civilians volunteered with JOAG at 18 locations, including Arlington, the largest military cemetery spanning over 639 acres with over 400,000 graves. It was an honor to celebrate and remember our fallen soldiers, and we look forward to assisting in WAA Day again.



Left to right: LCDR Teri Hughes, LCDR Katie Chapman, LT Timothy Arr, LT Miaka Huynh, LT Ware Hernandez, LT Christopher Barnes, and LT Shantel Blume at Fort Sill National Cemetery. CDR Kymberly Spady-Grove, LCDR Audlandra Aaron-Magee, LCDR Annemarie Galie, LT Steven Trevino, and LT Patrick Kelly at Fort Sam Houston Cemetery.



UNIFORM CORNER

New Required Uniform – Physical Training Uniform (PTU)

Authors: LCDR Nicole Pascua and LCDR Sandra Carpio

On January 29, 2021, RADM Susan Orsega announced the Physical Training Uniform (PTU). USPHS joins the other branches of the uniformed services in having a uniform to use for physical training. While it may appear to be just a t-shirt and shorts, it is a required uniform. Officers are required to acquire two sets of the PTU shirts and shorts. The sweatpants and sweatshirt are optional.

The PTU is unisex, moisture-wicking, anti-microbial, and tagless. It has a performance fit. It is now available for purchase online at the Navy Exchange. More information below:

Name	Photo	Required?	Cost	Where to Buy
PTU Shirt		Yes, two minimum.	\$20.58	https://www.mynavyexchange.com/usphs-high-performance-ss-tee-dark-blue/13716380
PTU Fleece Hoodie		Optional	\$28.50	https://www.mynavyexchange.com/usphs-pt-fleece-hooded-sweatshirt/13716382
PTU Fleece Sweatpants		Optional	\$21.50	https://www.mynavyexchange.com/usphs-pt-fleece-sweatpants/13716381
PTU Shorts		Yes, two minimum.	\$21.82	https://www.mynavyexchange.com/usphs-high-performance-pt-short-dark-blue/13716379

UNIFORM CORNER

In the May 2021 Commissioned Corps Bulletin, RADM Orsega explained that there were some quality issues that led to an apology from NEXCOM and an improvement to their quality assurance processes. The improved PTUs shipped beginning May 19, 2021. For those who need exchanges or a refund, please reach out to NEX directly. For issues with the exchange or refund, please email CCHQ at phscuni-form@hhs.gov.

In addition, please be on the lookout for the upcoming fitness suit. A preview of what it will look like can be seen here:

- <https://www.dvidshub.net/image/6389225/nexcom-track-release-new-usphs-commissioned-corps-physical-training-uniform>

We hope that you are excited to begin wearing the new uniform. For additional information regarding these uniforms, please view the resources below:

- CCI 413.01, “Special Uniform Situations” https://dcp.psc.gov/ccmis/ccis/documents/CC413_01.pdf
 - USPHS Physical Training Uniform Flyer https://dcp.psc.gov/ccmis/PDF_docs/USPHS%20PTUs%20Bethesda%20Signage.pdf
-

UNIFORM CORNER

Khaki Korner: Quick Tips for Returning to Work

Hi! Remember me?

I'm your old friend, the khaki uniform. We've spent some good times together working on the promotion of public health. Times have changed due to the COVID-19 pandemic, and I've taken a backseat to the Operational Dress Uniform. With vaccination rates climbing and return to office plans in process, I figured it would be a good time get reacquainted and offer you some tips on proper wear. This article will briefly discuss the appropriate gig line, a collar trick for placement of the Corps device and miniature rank, and a new update to female officer footwear.



Lets start with the gig line:



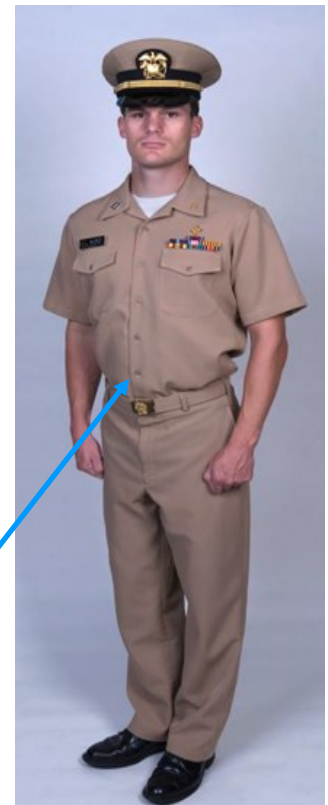
The most obvious sign of a correctly worn uniform is the formation of the gig line. Properly done, the edge of the shirt, belt buckle, and zipper flap should form an unbroken vertical line.

Female Gig Line

Line the tip of the belt tab with the end of the brass buckle toward the right.

Male Gig Line

Line the tip of the belt tab with the end of the brass buckle towards the left.



UNIFORM CORNER

Quarters are good for more than just gumballs:

Did you know that a quarter can help with placement of the PHS collar device and the rank insignia? A quarter is about one inch in diameter, so use it as a measuring tool for your insignias on your collar. Put the quarter in the bottom corner of the collar (touching both edges), and place the insignia centered while touching the tip of the quarter. Following placement, use miniature rulers to ensure the center of the device is placed one inch perpendicularly from each collar edge.



Flats for days:

As of August 2020, flat shoes are now authorized as optional footwear for wear with the female khaki uniform. Flats will be slip-on and plain without ornamentation, designs, or decorative stitching, with a rounded and closed toe and closed heel. They will be constructed of full grain, dress shoe leather, or a poromeric or synthetic material with a leather appearance in black, Navy-certified brown, or white. The outsole and heel must be black for black and brown shoes, and white for white shoes. The outsole will be made of non-marking rubber with a traction design and have a heel between one-quarter and one-half inches (per CCI 421.02). Find them at [NEX Women's Flat Shoe](#). Exciting news, right? And in case you want to dig deeper on the khaki requirements, links to the CC Instruction, [CCI421.02_FEMALE](#), [CCI421.01_MALE](#). Welcome back, KHAKI uniform!

RECRUITMENT & RETENTION

Reflections on OBC: New Officers Perspective

Authors: LCDR Angelina Williams, DVM & LTJG Seneca D. Toms MS, MSEH, RAC



LCDR Angelina Williams DVM, MPH, DAACLAM
Category: Veterinarian
Duty station: National Institute of Health
Location: Bethesda, MD



LTJG Seneca D. Toms MS, MSEH, RAC
Category: Environmental Health
Duty station: Food Drug Administration
Location: Raleigh, NC

1. What was your initial impression of OBC?

LCDR Angelina Williams: Initially, I was very nervous, and not sure what to expect from this two-week long training. The process can be intimidating for those of us without prior service experience. However, the COTA cadre explained the expectations during our first mandatory virtual meeting. I ensured that I stayed on top of all assignments and didn't miss any deadlines. Although I wish it had been in person, I was still able to make lasting connections with most of my classmates.

LTJG Seneca D. Toms: My initial impression of OBC was that there was a lot of officer protocols and other information to learn. However, the training cadre was excellent at guiding us through the process. We also worked in small teams, or squadrons, which helped make the process even better because we were able to have small group discussions, share our thoughts, and support each other along the way. Afterwards, I think OBC not only helped us learn about being Commissioned Officers, but it also helped us build camaraderie.

RECRUITMENT & RETENTION

2. What was your most memorable moment in OBC?

LCDR Angelina Williams: My most memorable moment in OBC was when we all shared our reasons for commissioning. It was a tear-jerking moment for everyone. Collectively, we had a strong desire to be a part of something bigger than ourselves. Some of us were first-generation U.S. citizens who felt overwhelmingly compelled to serve our country in this unique capacity. Even though our OBC was virtual, we developed a very strong bond that day.

LTJG Seneca D. Toms: My most memorable moment during OBC was listening to everyone talk about why they chose to serve in the Commissioned Corps. Their stories included overcoming great obstacles, perseverance, and passion for helping others. It was a very emotionally moving discussion, and I couldn't help but feel honored to be among such an amazing group of individuals.

3. What would you tell others who are interested in becoming a Commissioned Officer?

LCDR Angelina Williams: Go for it! If you are looking for an organization that strongly encourages you to develop your abilities as a leader, then you have found the perfect one. PHS also allows you to create your own career path and affords you a wealth of diverse opportunities. Not to mention, an outstanding work-life balance with 30 paid vacation days, competitive salaries, bonus pay, healthcare coverage and a host of other benefits.

LTJG Seneca D. Toms: I would tell anyone interested in becoming a Commissioned Officer to check out the website to see the qualification requirements and recruitment opportunities currently available, and to go for it. It's truly a once in a lifetime opportunity to serve your country as part of an organization that has been protecting, promoting, and advancing the health of our nation for over 133 years. And now, more than ever, our nation needs USPHS and officers that share the same passion for excellence in service to public health.

FOOD FOR THOUGHT

Move Better, Feel Better: Using Modern Pain Neuroscience to Reduce Pain

Author: LT Melina Rodriguez Upton PT, DPT, OCS

In October 2017, Surgeon General Dr. Vivek Murthy, published a report in the Harvard Business Review about the epidemic of loneliness¹. He believes it is a growing threat to public health and well-being. In an interview², 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. And all categories of PHS officers 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.

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>

POST-OBC TO-DO LIST

This list serves as a checklist for new officers during their transition to the United States Public Health Service. The purpose of this document is to highlight action items that require follow-up after completing Officer Basic Course.

Note: This list is meant to help you transition to active duty; it is not all inclusive. It is important to frequently refer to the CCMIS website to get the most recent information on policy. In addition, please reach out to your respective PACs, Liaisons, and pay technicians if you have specific questions or concerns.

Prepared by the JOAG R&R Publications Subcommittee

High Priority

- Complete final OBC evaluation: <https://usphstraining.hhs.gov/login/index.php>
- Travel voucher due to Commissioned Officer Training Academy (COTA) 2 days after travel day
- DEERS: Add dependents
 - Make appt or walk-in to an ID issuing office
 - Appointment Scheduler (<https://rapids-appointments.dmdc.osd.mil/>) – may be 2 or more weeks out from date appointment scheduled
 - Per DEERS office, dependents are only covered from the day they get set up in DEERS, not retroactively covered from date of entry. This may be complicated for those in remote sites but make it a priority
 - Note that for children under 10 years, they do not usually need an ID. For children ages 10 years or older an ID is required. For children under 10 years who are in the custody of a parent/guardian who is not eligible for TRICARE or who is not the custodial parent post-divorce, an ID is required
- Health Insurance
 - For officer:*
 - TRICARE Prime or Remote: <https://www.tricare.mil/>
 - Call to confirm Medical Treatment Facility (MTF) and to assign Primary Care Manager (PCM). You can change PCM in future
 - Make sure PCM is a valid number and accepting new patients if in a prime-remote area and do it while on the phone setting up your PCM if possible. The system is not always accurate for these areas
 - USPHS contracts Delta Dental Premier: check consumer toolkit on Commissioned Corps Management Information System (CCMIS) https://dcp.psc.gov/ccmis/Medical%20Affairs/MA_dental_m.aspx
 - Pharmacy online enrollment: www.express-scripts.com/tricare

POST-OBC TO-DO LIST

For dependents: visit TRICARE website <https://www.tricare.mil/>

- Choose health insurance for dependents: (TRICARE Prime through MTF, TRICARE Select, or U.S. Family Health Plan in select areas)
 - Sign up for TRICARE Dental
 - Vision Care- FED Vision Insurance Program (FEDVIP)

To confirm benefits enrollment and to print insurance cards

- Sign-on Defense Manpower Data Center (DMDC) milConnect portal <http://milconnect.dmdc.mil> (use CAC card)

Sign up for Basic Life Support (BLS) course & upload via eDOC-U (category: Readiness → BLS certification). You can find BLS Training at

AHA - <https://cpr.heart.org/en/cpr-courses-and-kits/healthcare-professional>

ARC - <https://www.redcross.org/take-a-class/bls-training/bls-for-healthcare-providers>

ASHI - <https://emergencycare.hsi.com/locate-a-training-center>

Set up login for CCMIS & ensure you have access. Try to do during OBC

- CCMIS is where you will find a lot of very pertinent information including Readiness, Policy, Officer Support, Medical Affairs, Forms (including payroll), Compensation, FAQs, and the latest Commissioned Corps News. CCMIS is where most documents will need to be uploaded into your personnel file

*Check immunizations on CCMIS/Officer Secure Area (OSA) main page. Correct if needed via eDOC-U

Upload Blended Retirement System certificate in eDOC-U (category: eOPF)

Basic Readiness through RDB self-service: changes update across all other databases within 24 hours

- To access RDB, login to “Officer Secure Area” and click on RDB Self Service.
- Once in the RDB Self Service, click on Self Service to update “Personal Information” and “Readiness Information,” including adding deployment role
- *Enter OBC APFT into RDB Self-Service, including height and weight, and upload to eDOC-U from this location. Keep paper for records
- Check waivers listed, if applicable

Check Health and Human Services Access Management System (AMS) log-in:

Use work computer with Agency PIV card or Use personal computer.

- Consider: Setting-up one-time password to be sent to your personal smart phone: <https://ams.hhs.gov/amsApp/help/docs/JobAids/how-to-register-your-mobile-device-for-one-time-password.html>
- Use a username and password
 - Log into AMS, go to My AMS profile, View Profile to see your AMS Username.
 - Update password and security questions
 - If unable to change password in your AMS profile, go to login page, third column ‘AMS Credentials’ and select “Forgot AMS Password” to reset your password

POST-OBC TO-DO LIST

- Consider buying a PIV/CAC card reader

Do this while at OBC or soon afterwards. It may take them up to 3 weeks to correct once you initially contact with issues

- Check [eCORPs](#) log-in: For leave requests. The eCORPs account will be generated during OBC
 - Username: First 4 letters of last name (caps) + Last 4 digits of SSN
 - First time logging on: click on “forgot password” to set up password (at least 1 cap, 1 lower-case, 1 number, 8 characters)
 - Check if your supervisor is listed under “leave approver(s)”. If not listed, then contact Agency liaison and provide your and your supervisor’s information so they can update the list of leave approver(s)
- Sign up for MAX.Gov access. This site is used for collaborative PHS activities
- If prior Federal Government Employee
 - Make sure your AMS via CCMIS “login” tab works. If not, may need to have GS AMS account merged with CC AMS account
 - If you have Form 520 “Request for Approval of Outside Activity” under GS, resubmit new form and update to Commissioned Corps
 - If in clinical category, check on required professional development forms with Agency
 - If you have telework, check on Agency policy for Telework/Alternate Work Schedule agreement. Submit agreement via eDOC-U (category: eOPF)
 - Update your Retirement Computation Date (RCD) on personnel order** if applicable** (to get up to 5 years of RCD): send a request to PHSCCAssignments@hhs.gov and include personnel order, SF50 initial appointment, and SF50 termination/resignation personnel action. An updated personnel order is generated when completed. Check Official Personnel Folder in OSA (eOPF).
 - ****IMPORTANT****-Per [Commissioned Corps Instruction \(CCI\) 384.01, “Creditable Service for Retirement”](#), suitable documentation of Civil Service employment with the Public Health Service is required to be submitted during the appointment process or within one year of their initial appointment, after which credit will not be awarded for prior Civil Service.
- Payroll no longer assigns payroll techs. Send all requests to the FSB Payroll group email box: PHSCCHQCompensation@hhs.gov; for FSB info visit: https://dcp.psc.gov/ccmis/cchq/CCHQ_financial_services_branch.aspx
- If you are clinical but not in a clinical billet, you need to get at least 80 hours/year of clinical hours. Start working immediately on finding a clinical site to fulfill this requirement. Note that credentialing times and requirements vary from site to site so start early and allow time for any issues that may arise. Keep a record your clinical hours completed

POST-OBC TO-DO LIST

Soon

- *Work on Responder e-Learn (12 modules, more if your deployment role is clinical). Complete survey to obtain certificate of completion. Upload certificate in eDOC-U (category: Readiness)
- *If you have a clinical degree and were commissioned as a clinical profession, document clinical hours for annual upload on form PHS-7047 (Practice Hours) in CCMIS
 - OSA → Forms → My Forms → Add new record
- Check category PAC specifics regarding benchmarks and promotion checklist
- Submit TSP contributions (Form TSP-U-1 Thrift Savings Plan Election Form), if not done at OBC. Use Form TSP-3 (Designation of Beneficiaries) to designate beneficiaries
- Get involved with your PAC so you are up-to-date with any changes
- If prior Federal Government Employee, consider submitting Form TSP-65 (Request to Combine Civilian and Uniformed Services TSP Accounts) to transfer TSP from civilian to uniformed services
- Create a Deployment Preparation Plan
 - OSA → Forms → My Forms → Add new record

Later

- Set a reminder for annual Periodic Health Update (PHU) and annual APFT (PHS-7044)
 - You must complete and submit the PHU during your birth month period (the first day of the month preceding the month in which you were born and the last day of the month after the month in which you were born – 3 month window)
 - PHU includes 7 components
 - DD-2807-1 Medical History
 - DD-2808 Physical Examination
 - PHS-7083 Behavioral Health Survey
 - DD-2813 Dental Examination (can be done within 6 months prior to PHU submission)
 - Additional Tests – screening tests or any other testing based on age, history, family
 - Disclosure Statement – signed by the officer
 - PHU Submission Checklist
- Set a reminder to submit annual dependent update based on last digit of SSN (last digit = month of the year to update) (Form PHS-1637-1). It is best to put this reminder on your phone!
- Visit CCMIS periodically to stay current on policy change and utilize officer dashboard for readiness reminders
- Health Professional Special Pay (HPSP) as applicable:
 - Upload Maintenance of Certification (MOC) into eDOC-U yearly for Board Certified Incentive Pay (BCIP)
 - Renew Incentive Pay (IP) yearly
 - You choose the number of years for your retention bonus, RB (2-4 years)

POST-OBC TO-DO LIST

- If clinical, create a CEU/CME record
- Look up CV and cover letter requirements for your category; revise documents as need. Each category has senior officers who volunteer to review CVs and cover letters so look for someone to review it for feedback.
- Review COER information on CCMIS and prepare
- Create a timeline of things to accomplish before next promotion (at minimum) or for entire career
- Use the HSPAC “USPHS Promotion Calculator” as a resource
<https://dcp.psc.gov/OSG/hso/sub-careerdev-cp2g.aspx#promotion>
- Look for a mentor/mentors; join a Book Circle; find a way to stay engaged, active, and to meet other officers
- Check new banking options available as military benefit (e.g., USAA)
- Check insurance companies regarding discounts as military benefit
- Check education loan repayment regarding benefits as active military
- Check credit cards perks as military benefit; Contact your credit card companies, loan companies, etc. and ask about SCRA benefits. This applies even for your spouse if you are married
- VA home loan benefits after 180 days of active duty
- Try to attend annual Commissioned Officers Foundation (COF) Symposium if possible. It is a great place to reconnect with colleagues, learn, and make new connections.
- Prepare a Will and Special Power of Attorney
 - USPHS officers are entitled to certain legal benefits like the creation of “simple wills” and “powers of attorney” through the legal staff of the Judge Advocate Generals’ (JAG) office. Check with your local military installation for this service.

Note: new officers are under CAD for first 90 days of active duty (corpsrecruitment@hhs.gov), and after 90 days new officers are under Assignment/Personnel Section (phsccassignments@hhs.gov)

POST-OBC TO-DO LIST

RDB readiness requirements

The 8 Basic Readiness Requirements	Renewal Frequency	Does Officer Need to Electronically Self-Report?	Does Officer Need to Mail/Fax/Upload Documentation?	Where to View Status
1. Periodic Health Update	<u>Annually – Needs to be submitted on your birth month.</u>	<u>Yes (eDOC-U)</u>	<u>Yes (eDOC-U)</u>	<u>Officer Secure Area</u>
2. <u>Annual Physical Fitness Test (APFT)</u>	Every 12-mos	<u>Yes RDB – Self Service</u>	<u>Yes (eDoc-U)</u>	<u>RDB – Self Service</u>
3. <u>Basic Life Support (BLS)</u>	Every 24-mos	<u>Yes (eDOC-U)</u>	<u>Yes (eDOC-U)</u>	<u>RDB – Self Service</u>
4. <u>Deployment Role</u>	<u>At least once</u> , then update as needed	<u>Yes RDB – Self Service</u>	<u>No</u>	<u>RDB – Self Service</u>
5. <u>Immunizations</u>	<u>As required</u> , before expiration of current	<u>No</u> (Profile is updated by Medical Affairs)	<u>Yes (eDOC-U)</u>	<u>Officer Secure Area</u>
6. <u>Licensure/Certification</u>	<u>As required</u> , before expiration of current	<u>No</u> (Profile is updated by licensure specialist)	<u>Yes (eDOC-U)</u>	<u>Officer Secure Area and Promotion Information Report</u>
7. <u>Readiness Courses/ Training Modules</u>	One-Time	<u>Yes</u> (In <u>Responders e-Learn</u>)	<u>No</u>	<u>Responders e-Learn</u>
8. <u>Deployment Preparation Plan (DPP)</u>	<u>Annually</u> – update during your birth month	<u>Yes</u> (Forms)	<u>No</u>	<u>Officer Secure Area</u>

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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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 LCDR Noah Buikema and LCDR John Jackson. All submissions will be reviewed and one junior officer will be selected and showcased in the Winter 2022 Edition of the JOC.

THE OFFICIAL JOAG MAGAZINE DESIGNED FOR JUNIOR OFFICERS BY JUNIOR OFFICERS

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