

ASIAN PACIFIC AMERICAN OFFICERS COMMITTEE

of the

United States Public Health Service Commissioned Corps

NEWSLETTER

Spring & Summer 2020

Executive Committee Members

Chair: LCDR Kelly Leong

Chair-Elect: CDR Trang Tran

Executive Secretary: LT Ruby Leong

Corresponding Secretary: LCDR Kent Bui

Treasurer: LCDR Yee Vang

MOLC Representatives:

CDR Dipti Kalra

CDR Teresa Ramson

Leadership & Strategic Planning:

CDR Michelle Tsai

APAOC Chair's Corner

Dear APAOC members,

Welcome to APAOC's 2020 operational year! This is the 30th anniversary of APAOC's charter. As the 2020 chair, I would like to share our brief history, operational goals for this year, some friendly reminders, and preview of our newsletter.

APAOC was chartered in 1990 to advance Asian American and Pacific Islander (AAPI) issues on behalf of the Office of Surgeon General (OSG). APAOC represents a diverse group of officers who are of AAPI descent, our members speak numerous languages. We focus on providing leadership opportunities to AAPI officers to further the OSG's initiatives and missions.



Inside This Issue

APAOC Chair's Corner	1
2020 APAOC Executive Members	2
2020 APAOC Voting Members	4
Called To Action: COVID-19 Deployment .	7
Lessons Learned from Incident Management Team	8
PHS Officers at HHS Secretary's Operations Center	10
APAOC Officers volunteer at Community Test Site	11
Deployment to Lackland Air Force Base	12
A Personal Account of Deployment Experience	13
Quarantine after COVID-19 Deployment ..	14
Deployments Tips and Lessons Learned ...	15
Call for Articles	16

APAOC strives to provide support to ALL COMMISSIONED OFFICERS in addition to AAPI communities, specializing in those who predominantly speak English as a second language. As officers, we all serve the same purpose and share the same mission — to protect, promote, and advance the health and safety of our nation. All officers are invited to leverage our resources, participate in our activities, and are invited to participate in APAOC events. Everything we do can be used, shared, and exemplified by all Commissioned Corps officers.

We are currently operating under extreme conditions. We must all be prepared for deployment while juggling work-life balance under extended work at home orders or while in the front lines combating COVID-19. During this difficult time, please know that you can always reach out for support. You are NOT alone! SAMHSA has shared a wealth of resources including the SAMHSA Disaster Distress Helpline (<https://www.samhsa.gov/find-help/disaster-distress-helpline>). You can also visit the website on Emotional Wellbeing During COVID-19 Outbreak (<https://suicidepreventionlifeline.org/current-events/supporting-your-emotional-well-being-during-the-covid-19-outbreak/>) for more resources and tips.

2020 has proved itself to be an extraordinarily busy year. In this issue, we have featured articles by officers who were deployed to various missions. We also included a tip sheet based on our APAOC Education & Training Session COVID-19 Deployments Discussion Panel held on April 15, 2020.

Until we are no longer social distancing, please stay safe, we will continue to support each other through this challenging time.

Yours In Service,
LCDR Kelly Leong



2020 APAOC Executive Members



Chair

LCDR Kelly Leong is the 2020 APAOC Chair. LCDR Leong is a Health Service Officer and currently serve as the Deputy Registered Health Information Administrator at Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) in Washington, DC overseeing forms management, records management, and supporting legal and privacy issues for all IHSC-staffed facilities nationwide. This is her second term as an APAOC Voting Member (VM), and her previous involvement in APAOC include the Executive Secretary, the Education & Training Subcommittee, and the Social Media Workgroup. Before joining IHSC, she was stationed at the Food and Drug Administration (FDA), and the Centers for Medicare & Medicaid Services (CMS).



Chair-Elect

CDR Trang Tran is the 2020 APAOC Chair-Elect. This is her second term serving as an APAOC Voting Member. In her previous term, she served as the Chair of the Leadership and Strategic Planning Subcommittee in 2016, MOLC Representative in 2015, and the Co-Chair for the Recruitment & Retention Subcommittee in 2014. She joined USPHS in 2009 and currently serves as a Senior Regulatory Health Project Manager in the Office of New Drugs (OND) within FDA, overseeing the approval review process for nonprescription drug applications and the rulemaking process for sunscreen products.

CDR Tran received her Doctor of Pharmacy Degree in 2008 from Temple University – School of Pharmacy. She completed the pharmacy residency at the University of California, San Diego – Medical Center in 2009 and the Executive MBA program at the University of Maryland, Robert H. Smith School of Business in 2018.



Executive Secretary

LT Ruby Leong has been an active member of APAOC since her commission in 2017, and currently enthusiastically serving her first term as a Voting Member. LT Leong is stationed in Silver Spring MD at the Food and Drug Administration as a Clinical Pharmacology Team Lead in the Division of Cancer Pharmacology responsible for approval of safe and effective oncology/hematology new drugs. She is a board-certified oncology pharmacist and continues to practice oncology pharmacy as a volunteer at the Walter Reed National Military Medical Center. She received a Doctorate of Pharmacy from the University of Michigan and completed a postdoctoral fellowship in oncology drug development at Rutgers University/Hoffmann-La Roche.



Corresponding Secretary

LCDR Kent Bui currently serves as the Corresponding Secretary for the 2020 operational year. This is the first year he serves as a Voting Member. Previously, he was the Alternate for the Executive Secretary in 2018 and the Public Relations & Merchandise Subcommittee Co-Chair in 2019. LCDR Bui is in the Pharmacy category and currently serves as a Policy Analyst at FDA's Center for Drug Evaluation and Research, Office of Compliance in Silver Spring, Maryland. LCDR Bui earned his PharmD from Virginia Commonwealth University in 2001, Master of Business Administration, and Master of Science in Health Administration from Trident University in 2019. He also holds a Professional Certification in Project Management from Duke University, and Certification in Public Health.





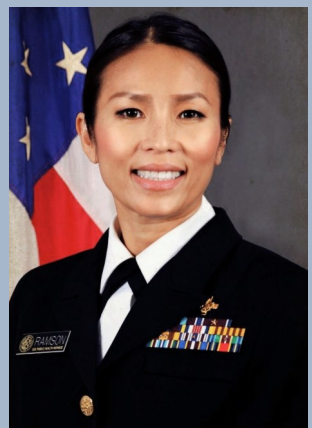
Treasurer

LCDR Yee Vang is currently serving her first term as APAOC Treasurer. She has been an APAOC general member for many years. She recently became actively involved within the last two years with APAOC. She was an alternate for the Leadership and Strategic Planning Sub-Committee for 2018 and 2019. She is in the HSO category. She also serves on the HSPAC Awards Subcommittee where she was awarded the Responder of the Year Award. LCDR Vang joined USPHS in 2012. She is currently working for the Bureau of Prison in Forrest City Arkansas as a clinical dental hygienist. She received her Bachelor of Science in Dental Hygiene from UNC School of Dentistry, Chapel Hill, North Carolina in 2008.



MOLC Representative

CDR Dipti Kalra is currently serving as the Minority Officers Liaison Council (MOLC) Liaison. She previously served as the Chair and Co-Chair of the APAOC Career Development and Advancement Subcommittee. CDR Kalra joined the USPHS in 2012 and is in the pharmacy category. She is assigned to the FDA as a Risk Evaluation and Mitigation Strategies Team Leader in the Postmarket Safety Branch within the Office of Compliance at the FDA. She previously worked as a safety evaluator in the Division of Pharmacovigilance within the Office of Surveillance and Epidemiology. She received her pharmacy degree from the University of Pittsburgh and joined the FDA in 2010.



MOLC Representative

CDR Teresa Ramson serves as the MOLC Representative for APAOC. Currently, CDR Ramson is the acting Deputy Director for the Division of User Fee Management and Budget Formulation (DUFMBF) within the Food and Drug Administration (FDA). CDR Ramson joined the FDA, Office of Generic Drugs (OGD) in 2009, and began her federal career as a Project Manager. Within OGD, CDR Ramson soon became a Supervisory Project Manager and Special Assistant to the Division Director in 2012. She joined DUFMBF in 2014 and has served as a Subject Matter Expert; a Team Leader; and recently, a Branch Chief for DUFMBF's Policy and Operations Branch. CDR Ramson's education and expertise include a Pharm.D., MBA, Regulatory Affairs Certification, and a wealth of knowledge in process improvement, policy development, and regulations related to major Congressionally mandated user fee programs.



Leadership & Strategic Planning

CDR Michelle Tsai currently serves as a Leadership and Strategic Planning Chair, and this is her first term as an APAOC Voting Member. She previously served as an Alternate for the APAOC Chair in 2019 and Psychologist Lead for Healthy Mind Initiative (HMI) in 2018. CDR Tsai is currently stationed in Virginia and serves as a Deputy Service Chief of Adult Outpatient Behavioral Health Clinic at Fort Belvoir Community Hospital. She commissioned as a Captain in the United States Army (U.S. Army) in 2006 and interservice-transferred to the United States Public Health Service in 2011. As a Captain in the U.S. Army, she deployed to support Operation Iraqi Freedom from 2009 to 2010. CDR Tsai's past assignments with the Commissioned Corps included Global Behavioral Health Engagement Lead and Acting Chief of the Psychological Health Promotion Branch at Psychological Health Center of Excellence within the Defense Health Agency, Director of Intensive Outpatient Program at Irwin Army Community Hospital, and Service Chief of the Resiliency and Psychological Health Service at Walter Reed National Military Medical Center. She received a Bachelor of Science Degree in Pharmacy from Purdue University School of Pharmacy and Pharmaceutical Sciences and a Doctoral Degree in Clinical Psychology from Argosy University, Washington DC campus.



2020 APAOC Voting Members



CDR Tina Nhu
(Chair, Awards & Recognition Subcommittee)

Previous APAOC Roles:
2019 APAOC Chair

Current Duty Station:
Regulatory Project Manager
Team Leader, Division of Project Management, Office of Generic Drugs, FDA

PHS Category: Pharmacist

LT Chaolong Qi
(Co-Chair, Awards & Recognition Subcommittee)

Previous APAOC Roles:
Alternate for MOLC Representative

Current Duty Station:
General Engineer, Centers for Disease Control

PHS Category: Engineer



CAPT Janice Maniwang (Co-Chair, Career Development & Advancement Subcommittee)

Previous APAOC Roles:
Chair, Publications Subcommittee, Co-Chair, Public Relations Subcommittee

Current Duty Station:
Associate Director for Regulatory Affairs, Office of Medical Policy Initiatives, FDA

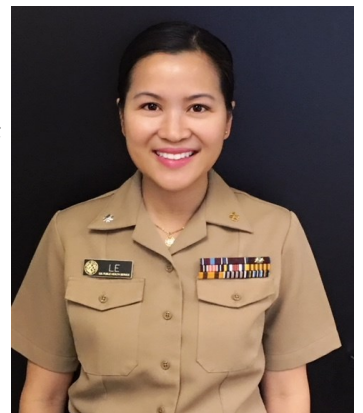
PHS Category: Pharmacist

CDR Caroline Le (Co-Chair, Career Development & Advancement Subcommittee)

Previous APAOC Roles:
Chair, Social Media Work Group; Co-Chair, Recruitment & Retention Subcommittee; Co-Lead, Pamphlet Work Group; Member, Career Development Subcommittee

Current Duty Station:
Compliance Officer, Office of Regulatory Affairs, FDA

PHS Category: Pharmacist



LCDR Mandy Kwong
(Chair, Charter and Bylaws Subcommittee)

Previous APAOC Roles:
Alternate VM for APAOC Chair; Co-Chair, Charter & Bylaws Subcommittee

Current Duty Station:
Supervisory Regulatory Project Manager, Division of Project Management, Office of Generic Drugs, FDA

PHS Category: Pharmacist

CDR Minglei Cui
(Chair, Charter and Bylaws Subcommittee)

Previous APAOC Roles:
Chair, Recruitment & Retention Subcommittee; Chair, Awards & Recognition Subcommittee; Committee Member, Career Development Subcommittee

Current Duty Station:
Consultant, Office of Generic Drugs, FDA

PHS Category: Scientist





CDR Yoon Kong
(Chair, Communications Subcommittee)

Previous APAOC Roles: APAOC Corresponding Secretary; Chair & Co-Chair, Public Relations & Merchandise Subcommittee

Current Duty Station: Interdisciplinary Scientist, Division of Nonprescription Drug Products, Office of New Drugs, FDA

PHS Category: Pharmacist

LT Huan Tran (Chair, Publications Subcommittee)

Previous APAOC Roles: Alternate VM, Publications Subcommittee; Executive Secretary, Community Engagement Work Group

Current Duty Station: Consumer Safety Officer, Office of Regulatory Affairs, FDA

PHS Category: Pharmacist



LT William Chang (Co-Chair, Publications Subcommittee)

Previous APAOC Roles: Alternate VM, Awards & Recognition Subcommittee

Current Duty Station: Consumer Safety Officer, Office of Regulatory Affairs, FDA

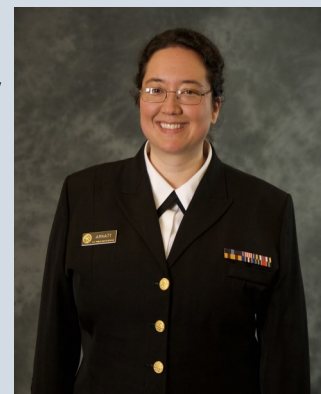
PHS Category: Engineer

LCDR Catherine Arnatt (Co-Chair, Publications Subcommittee)

Previous APAOC Roles: Co-Chair, Education & Training Subcommittee; Member, Career Development & Advancement Subcommittee; Alternate VM

Current Duty Station: Integrated Clinical Pharmacist, Southcentral; Anchorage Native Primary Care

PHS Category: Pharmacist



CDR Jerry Zee (Co-chair, Social Media Work Group)

Previous APAOC Roles: Recruitment and Retention Standing Subcommittee Co-Chair, APAOC Chair-Elect, APAOC Chair, Leadership & Strategic Planning Chair

Current Duty Station: Regional Pharmacist, CMS

PHS Category: Pharmacist

LCDR Theresa Castellano (Co-Chair, Social Media Work Group)

Previous APAOC Roles: Co-Chair Social Media Work Group, Alternate VM for Education and Training Subcommittee

Current Duty Station: Integrated Clinical Pharmacist, Southcentral Foundation, Anchorage, AK

PHS Category: Pharmacist



CDR Ranjodh Gill
(Chair, Community Engagement Work Group)

Previous APAOC Roles: Outreach Coordinator, Healthy Mind Initiative

Current Duty Station: Nurse Consultant, Division of Microbiology and Infectious Diseases, National Institute of Allergy and Infectious Disease, NIH,

PHS Category: Nurse

LCDR Kinbo Lee
(Co-Chair, Community Engagement Work Group)

Previous APAOC Roles: Alternate VM for Chair-Elect and Publication Subcommittee Co-Chair, Social Media Committee Member

Current Duty Station: Project Manager, Office of Generic Drugs, FDA

PHS Category: Pharmacist





CAPT Ruby Lerner
(Co-Chair, Education & Training Subcommittee)

Previous APAOC Roles: Public Relations Subcommittee Co-Chair, Executive Secretary

Current Duty Station: Regulatory Analyst, Office of Regulatory Policy, Center for Drug Evaluation & Research, FDA

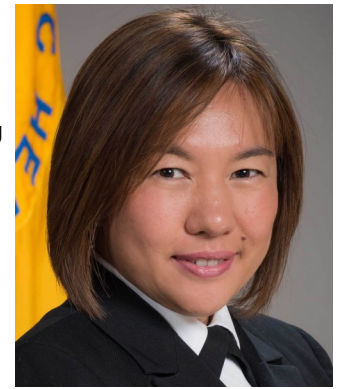
PHS Category: Nurse

CDR Ruiqing Pamboukian (Co-Chair, Education & Training Subcommittee)

Previous APAOC Roles: Corresponding Secretary; Alternate VM, MOLC Chair; Co-Chair for Communication, Training & Education, and Career Development Subcommittees

Current Duty Station: Food Safety Scientist, Office of Regulatory Science, Office of Regulatory Affairs, FDA

PHS Category: Scientist



CAPT Khang Ngo
(Chair, Nominations & Membership Subcommittee)

Previous APAOC Roles: Communications SC Chair, Treasurer, MOLC Liaison, Career Development SC Chair

Current Duty Station: Regional Supervisor, Bureau of Health Workforce, HRSA

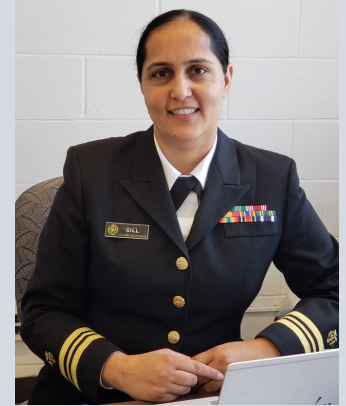
PHS Category: Pharmacist

LCDR Jaspreet Gill
(Co-Chair, Nominations & Membership Subcommittee)

Previous APAOC Roles: Chair, Awards and Recognition Subcommittee

Current Duty Station: Frontline Supervisor, Food Safety Inspection Service, USDA

PHS Category: Veterinary



LCDR Rebecca Wong
(Chair, Public Relations Subcommittee)

Previous APAOC Roles: Chair, Social Media Workgroup; Co-Chair, Charter and Bylaws Subcommittee

Current Duty Station: Project Manager, Food and Drug Administration

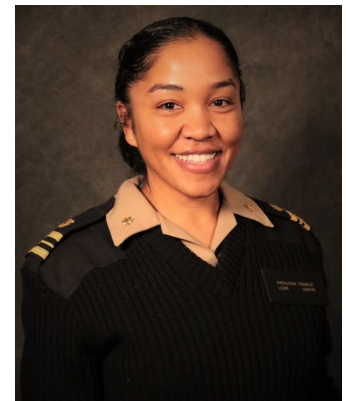
PHS Category: Pharmacist

LCDR Kathleen Tisdale
(Co-Chair, Public Relations Subcommittee)

Previous APAOC Roles: Charters and Bylaws Subcommittee Co-Chair

Current Duty Station: Quality Assurance Specialist, Division of Strategic National Stockpile, ASPR

PHS Category: EHO



LCDR David Eng
(Chair, Recruitment & Retention Subcommittee)

Previous APAOC Roles: Social Media WG Co-Chair, Recruitment & Retention Committee Chair

Current Duty Station: Regulatory Project Manager Team Leader, Food and Drug Administration

PHS Category: Pharmacist

CDR Linhua Tzeng-Goh
(Co-Chair, Recruitment & Retention Subcommittee)

Previous APAOC Roles: Chair, Nominations & Membership Subcommittee

Current Duty Station: Lead Regulatory Health Project Manager, Food and Drug Administration

PHS Category: Nurse



Called To Action: On Deployment For COVID-19

By LT William Chang



IMT2 with ADM Brett Giroir and RADM Susan Orsega

APAOOC officers CAPT Ruby Lerner, CDR Jerry Zee, CDR Binh Nguyen, LCDR Michael Gu, LCDR Jessica Voqui and myself, LT William Chang, deployed to Lackland Air Force Base in response to the COVID-19 outbreak. We were part of the Department of Health and Human Services (HHS) support team known as the Incident Management Team (IMT) that worked with another team from the Centers for Disease Control and Prevention (CDC). This was my first full deployment since joining the tier 1 NIST D team. I wanted to share my experience and thoughts about how we made a difference on this deployment.

The IMT was responsible for the repatriation of two groups: 90 American citizens evacuated from Wuhan, China, followed by 134 American citizens from the Princess Diamond cruise ship quarantined in Japan. The team helped organize transportation back to the USA and established a quarantine zone at Lackland Air Force Base in Texas. The team worked with the U.S. Marshals Service, the CDC, the State of Texas, and the City of San Antonio to monitor, treat, and ensure the comfort and security of the people that passed through.

We all had different roles. CDR Nguyen was a section chief for the plans group responsible for creating the Incident Action Plan (IAP), which serves as the core document summarizing the operation, responsibilities,

and organization of the entire deployment team. The plans group sets the tempo, meetings, and coordinates with all the stakeholders. LCDR Voqui worked in Pharmacy Logistics. She tracked and maintained medication inventory, replenished expired medications, worked with operations pharmacists to identify and procure medications, and transported medication caches to quarantine sites. CDR Zee was a section chief for operations. He performed duties of a task force leader, determined assigned resource's ability to complete assignment within the time frame, and established cohesiveness among assigned resources. LCDR Gu was the section chief for the administration and finance group and CAPT Lerner and I were assigned to this group as well. Our responsibilities were creating and maintaining the active roster for all the deployed teams which included command staff, nationwide intermittent disaster teams and the personnel of the IMT. Each individual's contact information, deployment dates, and hours worked were tracked by our group. We were the point of contact for the entire IMT for this information. We also provided post deployment information about expense reporting and travel information.

I know we are all proud of the roles we played during this COVID-19 deployment. I hope we can encourage others to join a deployment team.





PHS Logs team: Front (L-R): LCDR Kreger, LCDR Valloric, LCDR Cho, LT Jayasekara, LCDR Graham, CDR Tran, CDR Crowley, LT Stracener, LCDR Imam, LCDR Le (not pictured)

Incident Management Team (IMT)-4 Logistics Section - Lessons learned

By LT Suresh Jayasekara

The World Health Organization declared the COVID-19 outbreak a “public health emergency of international concern” on the January 30, 2020, ultimately declared a pandemic. The US Health and Human Services (HHS) declared COVID-19 outbreak as a public health emergency on January 31, 2020 to aid the nation’s healthcare community response. The mission was launched to support the evacuation of Americans and dependents from Wuhan, Hubei Province, China to Travis Air Force Base, California. These evacuees, 231 in total (185 adults and 46 children), arrived on two separate flights and were welcomed at Travis AFB. Evacuees were medically evaluated upon arrival and during the 2-week quarantine at the Westwind Inn on base. The Administration for Children and Families (ACF) team performed in-processing of evacuees at the airport hangar area for subsequent transport to the Westwind Inn.

Deployment roles

On February 4, 2020, U.S. Public Health Service Commissioned Corps officers deployed as logistics staff to the Westwind Inn. The hotel, enclosed by a fence, was designated as the secure area, and there were additional operational areas outside this secure perimeter. After defining those areas, we identified that there were several operational aspects that needed to be clarified and planned. These included: communications (radio,

computer networks, etc.), data gathering and tracking, and staff lodging arrangements. The team quickly addressed these issues, and all members were assigned and oriented to their individual roles while remaining flexible throughout the process.

The Logistics team was comprised of a Safety Unit, Supply Unit, Vehicle tracking /Property accountability, Facilities Unit, Inside Hotel Support and Ground Support Units. There were many different agencies and teams involved in the mission including Assistant Secretary for Preparedness and Response (ASPR), Centers for Disease Control and Prevention (CDC), Administration for Children and Families (ACF), Veteran Affairs (VA), National Disaster Medical System (NDMS) Disaster Medical Assistance Team (DMAT), NDMS Disaster Mortuary Operational Response Team (DMORT), US Marshals, Department of Defense (DOD), United States Air Force (USAF), interpreters, and others teams that were critical components to support the mission.

Nine officers were assigned to the inside hotel support team. Officers were from Rapid Deployment Forces (RDF-5), Capital Area Provider (CAP-5), and Roster B deployment teams and the scientist, pharmacy, nurse and health service categories were represented. Six officers were in the day shift and three were in the night shift. With little guidance, our team carried

(continued next page)



out the needs of the mission until the logistics team had full services available. The following are some of the duties that we carried out:

- Accommodated evacuees with compassion by promoting an environment of hospitality and referring to them as guests
- Received and distributed 750 guest meals (breakfast, lunch and dinner), snacks and beverages daily to 3 hotel levels
- Provided services to the guests: basic daily hygiene needs, troubleshooting technological difficulties, accommodating dietary needs, providing special request items for comfort, referred guests to on-site medical service for medical or prescription needs
- Established procedure with USAF and the US Marshals personnel to enable mail delivery to the quarantined guests
- Liaised with a cleaning company who provided linen services, waste disposal, and sanitation of hard surfaces
- Liaised with CDC to share information with ACF to connect guests with case management for travel arrangement
- Transported responders to and from the airport
- Standard Operating Procedures (SOP) were compiled and cross-training was completed with the DMAT personnel

The large scale group quarantine process is more complex than an individual quarantine process. There are many agencies and teams involved in the success of the mission. COVID-19 Travis AFB Mission had opportunity for

improvements; such as timing, communication, and planning. With everyone's dedication and hard work, the U.S. Public Health Service Commissioned Corps officers deployed in February 2020 to the Travis AFB to support the COVID-19 mission and did phenomenal work that was above and beyond the call to duty.

Lessons learned

- Complete all necessary trainings and obtain regular updates from leadership to stay informed
- Understand your roles and responsibilities to support your team and the overarching mission
- Be flexible in working with different personalities on your team and taking on different tasks that are outside of your profession
- Leverage your strength(s) to support your team members
- Have a chat with your team members and start networking
- Remember to take care of yourself and other officers
- Ask for help when you need it

Media Coverage

"My 14 days in coronavirus quarantine weren't totally terrible I found my confinement surprisingly agreeable"

- Chunlin Leonhard via The Washington Post

<https://www.washingtonpost.com/outlook/2020/02/18/my-14-days-coronavirus-quarantine-werent-totally-terrible/>



APAC officers (L-R): CAPT Fields, CAPT Jain, CDR Nguyen, CDR Tran, LCDR Lam, LCDR Le and LT Jayasekara



PHS Officers Aid in Fighting COVID-19 at the Health and Human Services Secretary's Operations Center

By CDR Minglei Cui, CDR Jeannette Joyner, LCDR Shiny Mathew and LT Tramara Dam

The COVID-19 pandemic continues to threaten lives across the world. The outbreak started in December 2019, but it was designated as a pandemic by the World Health Organization (WHO) on March 12, 2020. Thus far, more than 1.9 million people across 213 countries have fallen sick from the viral illness and at least 100,000 have died. As Public Health Service (PHS) officers and America's health responders, Commissioned Corps officers have been fully activated to preserve public health and national security during this national and global health emergency. Out of 6,100 officers, more than 1,800 have deployed in support of worldwide efforts to help mitigate the coronavirus's spread. Globally, Commissioned Corps officers have been deployed in various functions; such as strategic planning, assisting in COVID-19 screening at airports and ports of entry, and providing support for clinical trials to evaluate the safety and efficacy of investigative antiviral drugs in hospitalized adults diagnosed with COVID-19. In addition, the officers have deployed alongside the U.S. Army to augment the clinical staff on military installations and local health care facilities to provide care and comfort to those in quarantine or isolation due to COVID-19.

As the first wave of responders for the Regional Incident Support Team-National Capital Region (RIST-NCR), 15 members were requested to deploy. The request was made by the Assistant Secretary for Preparedness and Response (ASPR) in support of the Department of Health and Human Services' (HHS) public health and medical response effort for the COVID-9 outbreak. In this role, the officers were deployed to the Secretary's Operations Center (SOC) in February 2020. RIST-NCR officers staffed the SOC in multiple roles. During this deployment, all officers efficiently managed heavy workloads and worked for 12 hours shifts while travelling long hours each day for several weeks. In their perspective roles, these officers performed exceptionally by

showing great dedication and support for both the SOC's staff, as well as for each other. For example, as Request for Information (RFI) managers of Information Management (IM) section, these officers processed an unprecedented number of RFIs (more than 200 RFIs) for internal and external stakeholders engaged in the response. These actions ensured that the questions from other federal agencies and response teams in the field were addressed in a timely manner, which was critical for this rapidly evolving incident. RIST-NCR officers also established Standard Operating Procedures to facilitate their roles that helped during this deployment and also made it easier for the SOC to train future augments to perform their tasks with minimum onboarding time.

During the deployment, PHS officers were highly praised for their work and their unwavering commitment to public health. Surgeon General, Jerome Adams, who frequently visited the SOC, also

commended officers for their effort in combating the COVID-19 pandemic. His visit was made public on his Twitter at https://twitter.com/surgeon_general/status/1232103757418258433?s=12. The photo is also shown below (nine RIST-NCR team members in photo).

The deployment demonstrated that RIST-NCR officers were instrumental in augmenting critical command elements supporting the Federal government's response in providing care to the American people during the COVID-19 pandemic. Commissioned Corps officers assisted with managing logistical challenges that arose from an increased need for medical care, coordinating the rapid construction of field hospitals to increase bed capacity, and organizing supply chains to help procure personal protective equipment, among other duties. Through this deployment, the Commissioned Corps officers demonstrated their dedication in protecting, promoting, and advancing the health and safety of our nation.



RIST-NCR: LCDR Carlos Gonzalez-Mercado (left 1), LCDR Brutrinia Cain (left 2), LCDR Linda Park (left 4), LCDR Shiny Mathew (left 6), LCDR Scott Steffen (left 9), CDR Minglei Cui (left 10), CDR Jeannette Joyner (left 13), LT Tramara Dam (left 15) responded to the call and served as augments in the Information Management section, the Planning section, Operational Data Analytics Branch, and the IMT-National.





(L-R): CAPT Summer Cutting, LCDR Yvette-Marie Pace, LCDR Cathy Arnatt

APAOC Commissioned Corps Officers volunteer at a COVID-19 Community Testing Site in Anchorage, AK

By LCDR Catherine Arnatt

APAOC Commissioned Corps officers stationed with the Alaska Native Medical Center in Anchorage, AK volunteered to staff an Alternative Community Testing Site for COVID-19. Southcentral Foundation (SCF) partnered with Alaska Native Tribal Health Consortium (ANTHC) and Providence Alaska Medical Center to provide access to COVID-19 screening and testing to the greater community. This site has helped screen hundreds of individuals.



CDR Andra Rasmussen, CDR Jazz Fajardo, LCDR Madalene Mandap, CDR Jodi Sides

LCDR Cathy Arnatt, LCDR Yvette-Marie Pace



My Deployment to Lackland Air Force Base

By CDR Binh Nguyen

I have deployed in various missions and each deployment is unique. The COVID-19 deployment was no exception. I had about 48 hours from the time I got the call to deploy to my flight departure. Initially, I was directed to go to March Air Force Base (AFB), which is only about a 75 minute drive from my house. Then, I got switched to Lackland AFB in Texas the next day. You must be ready to go anywhere. At the same time, I was told to bring my passport in case I get sent to Japan. Unfortunately, the day before my departure I had a runny nose and was sneezing. Typically, this would not stop the deployment but to be on the safe side, I called Readiness and Deployment Branch and informed them about my symptoms. I was told to wait until my symptoms subsided. I didn't want to bring similar symptoms to work that could be mistakenly thought of as COVID-19's symptoms. About a week later, I was back on the list to deploy. I was ready to go on the date assigned. However, my flight itinerary did not arrive until mid-morning on the deployment day. Again, you just have to stand by and be ready.

During the entire duration of my flight, I was wearing a mask. At the time, in mid-February 2020, this seemed odd and not too many people were wearing masks. Upon my arrival in San Antonio Airport, I was surprised by a car rental associate who offered me a van instead of a car with prior knowledge that I was here for a COVID-19 mission. I gladly took the van as she said I might be needing it to transport my team around. The next day, I arrived at Lackland Air Force Base. I checked in and was assigned as documentation unit lead (DUL) for the planning branch of the Incident Management Team (IMT) with our mission of coordinating passengers from Cohort # 1 (Wuhan) and Cohort # 2 (the Diamond Princess). Passengers who tested positive or were considered as person under investigation (PUI) were isolated outside of Lackland AFB at Texas Center for Infectious Disease (TCID) while COV-19 negative passengers were quarantined on Lackland AFB. We were working side by side with CDC. As I stepped into my DUL role, I learned that my planning section chief (PSC) would be leaving in 3 days and that a new PSC would be replaced. As a DUL, I was checking people in and out daily on the portal and assisted with getting information from other

sections (Admin & Finance, Operations, Logistics, Information) to the PSC to compile. I was working side by side with the resource unit lead (RESUL) who also reported to the PSC. As the PSC and RESUL left, there were two replacements for them. However, I was told that they were only here for a few days. As a result, I was assigned as a PSC without any prior training or briefing from the previous PSC on what to do. Luckily, the two new replacements had done prior planning experience so I did not have to train them on what to do. In the meantime, I was put on the spot to be a PSC without attending any of the daily meetings prior to learn what I was supposed to be doing. Having prior training in planning helped significantly. However, I ran into a roadblock with my work laptop due to the inability to use its USB drive to transfer/share data because of IT restriction. Furthermore, the IMT's issued laptop did not have the required software to update the Incident Action Plan (IAP). The IAP is a composite plan of what's going on with the mission daily and contains useful information that staff needs to reference. Fortunately, the new RESUL and DUL brought their own personal laptops. It was quite a breeze to work with the HHS IMT in that a short week. They had it under control, from getting information onto the IAP, to designing the layout, and to printing for general distribution, while allowing me to attend management meetings, and gather pertinent information to present. As I was ready to end my deployment, I requested a new PSC from DMAT to come onboard a day prior to my departure. She was familiar with planning so the transition was quite smooth.

Although having deployed in various roles in the past ranging from a clinical pharmacist in the field to various administrative roles at the Secretary Operation Center (SOC) and IMT, every deployment is uniquely different and therefore adaptability, flexibility, physical and mental preparedness are needed to make your journey manageable. I bought a personal laptop as a result of this deployment in preparation to carry on administrative work next time more effectively. Exercising and teamwork are also additional key elements to endure 12+ hours days. I made several new friends along the way and I'm standing by for the next call to action!



The Days Leading Up to My Deployment and My Deployment Role

By LCDR Yvon Yeo

In early February 2020, my deputy team leader of National Incident Support Team D (NIST-D), alerted us to the possibility of deployment in support of the Coronavirus Disease 2019 (COVID-19) Mission. February is NIST-D's backup month to support NIST-E during their on-call month and as a high number of NIST-E members had been deployed to all sections (Planning, Logistics, Operations, Administration and Finance) of the Incident Management Team (IMT), Commissioned Corps Headquarters (CCHQ)'s Readiness and Deployment Branch contacted the NIST-D Team Leaders to prepare for deployment in the second half of February to provide backup. The days leading up to my deployment and my deployment were as follows:

Saturday, February 8: Received an email from my team leader late in the evening at about 10:30 p.m., asking if I was available to leave on Monday, February 10. Alas, it was the weekend and I could not obtain supervisory approval on such a short notice.

Monday, February 10: Sought permission up the customary chain of command to deploy later that month and was granted approval. Back in my duty station, all my teammates were new in their positions, having come onboard in recent months. Thus, before my deployment, I had prepared written transition plans (**tip #1**) for my new teammates on tasks to keep the unit functioning while I was away. We met virtually on Skype and again in person to review the transition plans. That was helpful as it put all the minds, including mine, at ease as our services have to continue with minimal disruptions.

Thursday, February 13: The deputy team leader informed me that I have

a "99 percent chance" of deploying that Saturday (February 15) for 14 days as an officer with the NIST-E Team, who was on-call that month, was from the Centers for Disease Control and Prevention (CDC). The CDC has ongoing internal deployments in the agency; thus, there was a strong likelihood that the officer would be unable to deploy with the United States Public Health Service Commissioned Corps. As I was on standby as a backup, I would be deployed in that eventuality.

Friday, February 14: I went into the office even though it was a telework day (we had received an alert the night before that Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) staff had the option to telework). I had to retrieve my Operational Dress Uniform from my locker at work. For those who may not be aware, Public Health Service officers assigned to ICE are advised to wear civilian clothing while traveling to and from their duty stations and change into uniforms at their duty station for personal safety reasons due to our heightened threat environment, including threats made and protests at ICE Headquarters, facilities, and offices. I remembered there were less than ten staff in the office that day, making it eerily quiet. I was scheduled to conduct and lead the first Field Communications Workgroup [FCWG] (a workgroup comprising headquarters and field facility staff created to improve overall communication in the agency) meeting that afternoon. It was a lot of pressure preparing for the meeting and trying to complete other tasks prior to my departure. Adding to my stress was not having confirmation that I was indeed deploying the next day (I was tentatively rostered to March Air Force Base [AFB] the day before); not

having my travel itinerary with my flight, rental car, and lodging information; and not knowing what time my flight was.

After the FCWG meeting in the afternoon, I called EMG Travel to ascertain my travel status and they confirmed that I was on the travel roster. However, they had not booked my flight for tomorrow as they were still working on flights for officers departing that day. As soon as I got off the phone, I searched for flights from D.C. to the nearest airport to March AFB and informed my deployment team leaders that I was on the travel roster. Then I was told that plans had changed, and I was being rerouted to Travis AFB. I switched gears and began searching for flights to Sacramento International Airport and called EMG Travel to provide the flight numbers to them (**tip #2**) so that they do not need to search for flights for me. I heaved a sigh of relief when I received my flight itinerary at 10 p.m. that night as I was feeling anxious waiting for it. I packed my passport (**tip #3**) in case I was rerouted overseas, looked up my logins and passwords for EMPortal and Personnel Accounting Reporting System (PARS) - programs that I would be accessing in the Planning section (**tip #4**) before going to bed.

Saturday, February 15: I contacted the logistics team at Travis AFB to ask for specifics as to the time and place on base to report to. Arriving late in the evening, I went straight to my motel. Fortunately, my travel itinerary included a rental car. Officers deployed without rental cars had to liaise with the logistics team for transportation from the airport. I brought my cell phone car mount along (**tip #5**) so I could use my cell phone to look at Google Maps for navigation. I also packed a USB cable

(continued next page)



to charge my cellphone in the car (**tip #6**).

Sunday, February 16: I reported to the IMT building at 0700 and checked in with the Planning Section Chief. She was delighted to be having assistance (she had been working alone in the planning section as the previous resource unit leader was demobilized the day before).

During my first week, I was the Resources Unit Leader. In that role, I assisted the Planning Section Chief to account for everyone on deployment at Travis AFB in California and also in Hawaii. Using PARS, I moved people from billeting (i.e., lodging) to on-site (i.e., Travis AFB) for those working the morning shifts and vice versa for those working the overnight shifts, doing this twice a day – in the mornings and evenings. This process was relatively easy in the beginning as many responders were lodging either on base or at a few hotels. However, it became more complicated as the number of responders grew, spreading out over different lodging sites, i.e., some in hotels, some in motels, and others on the base. Reasons for responders being spread out over different lodging sites include: 1) large number of responders, 2) hotel contracts expiring and so responders had to move to other hotels 3) not enough rooms in a single hotel to accommodate such a large number of guests 4) some responders who were at the base lodging had to move

off base to make room for the incoming cohort of evacuees from the Diamond Princess.

When new responders reported, I checked them into PARS and for those completing their deployments, I demobilized them in PARS. It has been three years since I last used PARS and so I was quite rusty. I had brought my notebook containing notes (**tip #7**) I took back when I was deployed to Puerto Rico in 2017. Fortunately, the Planning Section Chief was a good mentor who retrained me on the program.

During my second week, I was re-assigned to be the Planning Section Chief. In this role, I liaised with the Command Staff to update and revise the Incident Action Plan for each 24-hour operational period; facilitated the 0900 morning and 1730 evening briefs for all command and general staff; provided reports on behalf of the Planning Section during the 0730 Command Staff meetings; and completed the Personnel Counts to account for all staff on deployment for the Information Management Section so that they could produce the situation reports (also known as sitrep) for the HHS Secretary's Operations Center.

I am forever grateful for this deployment experience and would like to thank my supervisors and teammates for their support.

Self-Quarantine after a COVID-19 Deployment

By LT Jen Eng

During my deployment at JFK International Airport for 29 days as a screener, it was Go, Go, Go! There were direct flights within the airport at multiple terminals that we needed to be staged and present for; some flight times were overlapped making it adrenaline pumping.



Quarantine life after deployment turned out to be a relief. I utilized this necessary time to slow down and come off the high from deployment to unwind and reintegrate. I chose a location where I would have pleasant views and was comfortable since I knew that I would be stationed here for the next 14 days. During this quarantine period it did not mean sitting on the couch watching CNN and HGTV all day; I was back to work after two days of respite. After work hours in quarantine was a time to reintegrate back into normal day life with self-care tactics, meditation, decompression exercises, taking baths, and cooking meals. During this entire period, I monitored my health i.e., temperature checked twice a day and observed for symptoms pertaining to COVID-19. The chosen location had ample room for what I needed such as space to move, a desk to achieve work and a kitchenette. These items were mandatory to me since the quarters I stayed in during the deployment did not have amenities. When 'Emancipation Day' finally came, it meant that I was able to embrace my partner and dog again, it was a huge sigh of relief to be reunited once again.



COVID-19 Deployments Tips and Lessons Learned

Contributed by 40+ APAOC officers deployed for COVID-19 responses

THINGS TO BRING

Clothing:

- ◇ Recommend at least 2 sets of ODU, 10 pairs of socks, as many PHS T-shirts as you can bring.
- ◇ ODU boots and boot blousers
- ◇ Uniform outerwear
- ◇ Off-duty coat / sweater
- ◇ Civilian / workout clothes (for workout / off duty / sleepwear)
- ◇ A pair of sneakers / flip flops / off duty footwear (depending on location)
- ◇ Consider personal needs such as compression socks / stockings / sleeves

Supplies:

- ◇ PPE - face mask, gloves, face shield/ safety goggles, if available
- ◇ Sanitizing wipes, hand sanitizer, Lysol spray
- ◇ Alcohol spray (if available) and Kleenex packs
- ◇ Laundry detergent, dryer sheet, Quarters (coins for laundry), disposable laundry bag (or wash your reusable laundry bag every time)
Note: Do not bring laundry pods – officers notice a lot of hotels do not allow them
- ◇ Office stationaries (pens, note pad, sharpies)
- ◇ Seat Cushion (if your duty requires extensive sitting)
- ◇ Thermometer (if available)

Personal Items:

- ◇ Snacks, re-usable water bottles, lunch bag, ziplock bags
- ◇ Bowl, plate, container for sandwiches, small cutting board, utensils
- ◇ Hair trimmer, nail clipper, shaver (as needed)
- ◇ OTC, vitamins, medications (recommend bringing 45-60 days, especially for the 30-day deployment and 14 days quarantine)
- ◇ Personal items for stress relief and leisure use (e-book reader, cards, music)
- ◇ Passport (some officers need that for special badge application at airport deployments)
- ◇ CAC Card, PIV Card
- ◇ Sunglasses, sunscreen, bug repellent
- ◇ Sleeping bag, inflatable pillow, ear plugs (depending on the lodging arrangement at your deployed location)

Technology/Tool Items:

- ◇ Cell phone charging chords, car charger, car cellphone mount, and backup battery pack
- ◇ Mouse, mousepad, USB flash drive, USB multi-port
- ◇ Work laptop (Note: Please check with your agency before bringing your work laptop)
- ◇ Personal laptop as some work laptops have firewalls that disable capabilities on data sharing
- ◇ Pocket multi-tool (*only if you have check-in bag*)
- ◇ Work gloves, flashlight, carabiners, pad lock

PREPARE PRIOR TO DEPLOYMENT

Know Your Deployment Plan: Know your POCs for the ASPR Travel (or any other agency you deploy with), Readiness Deployment Branch (formerly RedDOG), and where you are deploying to.

Trainings: Complete the trainings, and be familiar with the deployment structure, government and non-government stakeholders.

Bags: Do not overpack. No more than 1 large bag and 1 carry on.

Some officers recommend having a large carry on and a good size backpack that can have padded space for laptop.

Please refer to the CCHQ Deployment Preparation Resource link for Family Care Plan and the extensive Deployment Checklist. https://dcp.psc.gov/ccmis/RedDOG/Forms/Deployment_Checklist_March2016.pdf

TRAVELING TO THE DEPLOYMENT SITE

Check Flight Status – Ensure flight is on schedule.

Have Travel Itinerary Handy – Including flight, reporting location, and car rental information, if available.

Carry on – Pack a set of ODU/boots, just in case check-in luggage got lost. Wear your boots to save luggage space.

If possible, Travel In Your Uniform – Lighten the luggage, and you will have a complete set of uniform. Also, this comes in handy when some officers were put to work AS SOON AS they reported to the location.

LESSONS LEARNED

Be FLEXIBLE! Travel Itineraries, Operational Plans, Deployment Roles could all change. Deployments can also be extended or cut short.

Protect Yourself – Adhere to deployment rules of engagement including proper use of PPE and *no social media postings UNLESS approved.*

Self-Care – Take breaks, walks, maintain healthy diet, exercise routine if possible. You can't take care of anyone else if you are not well.

Improve Communications – Get team members cell phone numbers, or setup group chats to ensure easy access to group communications.

Understand Your Role and Responsibilities – Do not afraid to ask any clarifying questions to make sure how you can best support your team, and the mission.

Bring Small Bills – Hotel/food industries are severely affected during this public health emergency. It is nice to have small bills handy for tipping.

POST DEPLOYMENT CONSIDERATIONS

Pre-/Post- Deployment Guidance – Ask if you do not receive one. Some agencies also issue their own guidance, so check with your agency liaison if you are not certain.

Post Deployment Quarantine - Check if you need to make arrangement for post deployment quarantine, especially if you have family members who might be at greater risk.

Post Deployment Telework Arrangement – Plan ahead with your agency for telework if needed.

OTHER CCHQ POLICY REFERENCES

Post Deployment Respite Absence

https://dcp.psc.gov/ccmis/ccis/documents/POM15_002.pdf



Call for Article Submissions and Volunteers

2020 APAOC Spring Newsletter

The Publications Subcommittee is seeking article submissions for the 2020 APAOC Spring Newsletter. Please consider submitting articles highlighting any newsworthy activities of APAOC members, whether you are a general member or a voting member.

Interested in submitting an article or volunteering?

Please forward your submissions to
LT William Chang, William.Chang1@fda.hhs.gov
or LT Huan Tran, Huan.Tran@fda.hhs.gov

General Guidelines

- Please submit articles in Microsoft Word (.doc or docx format), using Times New Roman 12-point font.
- An editor will be assigned to each article and they will work with the authors to edit/modify the content as necessary.
- When emailing your article, please include the following subject line: **APAOC Fall Winter 2019 Newsletter – [Article Title]_[Author Last Name (s)]**

Agency Clearance (if required for your article)

- Please obtain appropriate clearances for any agency-specific or agency-sensitive information prior to submission to APAOC.
- Before sending the article to your Agency, we encourage the primary author to contact LCDR Catherine Arnatt, LT William Chang, and LT Huan Tran via email once you have your preliminary draft for an initial review.

Photography Guidelines

Photographs are strongly encouraged to be submitted with articles. Please ensure that the submitted pictures meet the following guidelines:

- Photographs in .JPG or .PNG format are preferred. High quality resolution is strongly recommended.
- Please embed photo(s) into the Word document and include original file(s) as an attachment for better resolution.
- Uniformed officers must follow the USPHS uniform specifications and related policy uniform (e.g., conference name tags should not be visible over the uniform).
- Uniformed officers must follow general military etiquette when including different ranks (e.g., officers should be ordered in lowest to highest rank, left to right)
- A caption is required for each picture; in the caption, please include the rank and full name for each PHS officer present in the picture.
- If there is a civilian in the photo, please obtain their written authorization to publish the photo.

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