



Quarterly Newsletter

#WeAreCorpsSTRONG

Summer 2018

Greetings from the Health Services Chief Professional Officer

Dear Fellow Officers:

Thank you to all of the officers who planned and participated in our Category Day activities during the USPHS Scientific & Training Symposium in Dallas, Texas. Your contributions were invaluable and made the day a great success.

This issue of the Health Services Professional Advisory Committee Quarterly Newsletter highlights new policies, important initiatives, activities from the Symposium, and recognizes award recipients for their stellar accomplishments.



CAPT Jeanean Willis Marsh
Chief Professional Officer
Health Services Category

We are Corps Strong!

2018 Executive Committee Members

Chair: CDR Carlos Bell
Executive Secretary: LCDR Thomas Maruna
Executive Recorder: LCDR Stephanie Kenez

2018 Voting Members (*Non-VMs Co-Chairs)

CDR Catherine Beer	CDR Samuel Schaffzin
CDR Carla Burch	CDR Jacinta Smith
CDR Zanethia Eubanks	CDR Tina Smith
CDR Elizabeth Garza	CDR Cody Thornton*
CDR Neelam Ghiya	CDR Jyl Woolfolk
CDR Malaysia Gresham Harrell	LCDR Sara Azimi-Bolourian
CDR David Hunter	LCDR Nicole Bell *
CDR Anthony Johnson	LCDR Marquita Burnett*
CDR Kristin Kelly	LCDR Roberto Garza
CDR Simleen Kaur	LCDR Elizabeth Goodger*
CDR Brett Maycock	LCDR Joel Richardson
CDR Makeva Rhoden	LCDR Cynthia White

Inside This Issue:

Welcome from the HS CPO	1
HSPAC Chair's Corner	2
HSPAC Organizational Structure	3
Advanced Readiness Program	4
Career Development Updates	5
Career Progression and Mentoring Matters	6
Policy Updates	7
Public Health Advisory Groups (PAGs)	8
Special Initiatives and Awareness	9
HSOs in Action	11
Leadership Circle	15
USPHS Scientific & Training Symposium	19
#SGFit Push-up Fitness Challenge	23
Announcements	31
	33

Please Join Us in Congratulating the New HSPAC 2019 Voting Members

Officer	Agency	Duty Location (City, State)
CDR Martin Guardia	FDA	Baltimore, MD
CDR Pieter Van Horn	ICE	Buffalo, NY
LCDR Nicole Bell	FDA	Silver Spring, MD
LCDR Marquita Burnett	OS	Washington, DC
LCDR Margaret Caulk	FDA	Silver Spring, MD
LCDR Karen Chaves	AHRQ	Rockville, MD
LCDR Elizabeth Goodger	HRSA	Rockville, MD

HSPAC Chair's Corner

Dear Fellow HSOs:

I hope everyone enjoyed their respective summer seasons, particularly to take advantage of a little R&R, maybe squeeze in a vacation or two, and to work on individual health and fitness goals.

DON'T FORGET: [Verified Weight Reports](#) have to be submitted via eDOC-U by 11:59PM ET on **30-Sept-2018**

This year marked 17 years since September 11, 2001 -- I hope everyone took a moment to reflect and honor the victims of the 9/11 attacks and the brave first responders (including many of your own fellow PHS officers) who assisted in the response and recovery efforts.

September is National Preparedness Month, and there are a number of [preparedness and response scenarios](#) underway and on the horizon: PHS continues to support the **Hurricane Maria** recovery effort; in July, Secretary Azar renewed the nationwide public health emergency determination for the **opioid crisis**; and there are several hurricanes working their way across the Atlantic, including **Hurricane Florence**.

In the spirit of [National Preparedness Month](#) (regardless of whether September is your on-call month), now is the time to assess your personal and Commissioned Corps preparedness:

- Confirm your readiness status via [RedDOG Self-Service site](#) and resolve any projected compliance issues.
- Take stock of your "go" bag and revisit any contingency plans you need to have in place in case you are called on to deploy.
- If September or October is your [on-call month](#), make sure to remind your supervisor (just in case).

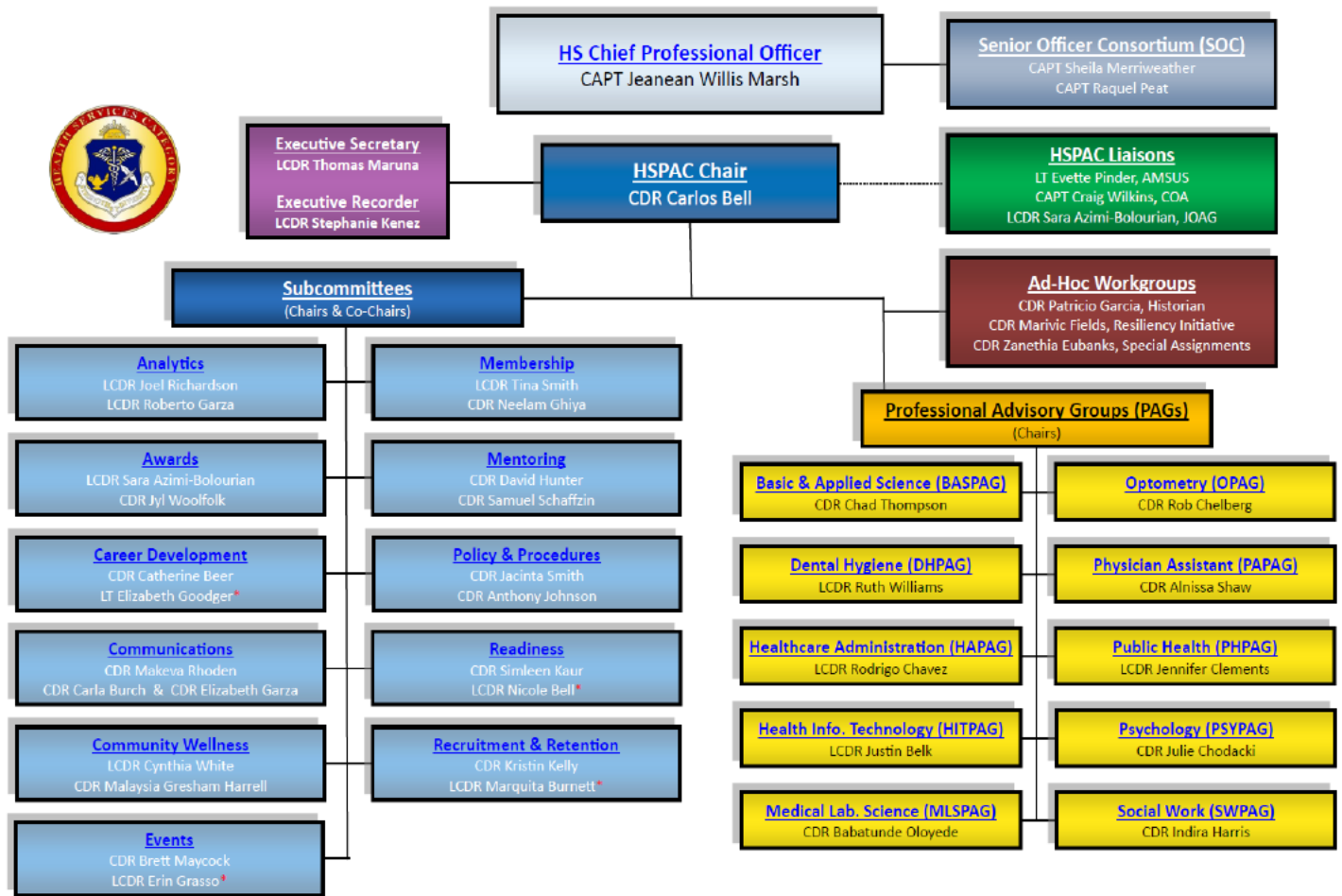
Our readiness to respond to the call of duty is where we, as PHS officers, truly excel. With each passing week, I continue to be impressed with the incredible contributions of our fellow Health Services Officers -- both in our regular duty assignments and through a variety of response activities. Please keep up the good work!



CDR Carlos Bell
Chair, Health Services Professional Advisory
Committee



2018 HSPAC Organizational Structure



*Non-Voting Member Co-Chairs

Structure	Definition	Distinction
HSPAC Subcommittees	A subdivision of the HSPAC organized for the purpose of furthering the mission of the PAC	<ul style="list-style-type: none"> Led by an HSPAC Voting Member (VM) Long-term need Multiple-Projects
Professional Advisory Groups (PAGs)	<ul style="list-style-type: none"> Discipline specific advisory organization under the HSPAC Serve as the lead of the discipline for the HSPAC and the Commissioned Corps 	<ul style="list-style-type: none"> 10 distinct disciplines Responsible for staying abreast of issues and topics related to the specific discipline
HSPAC Ad-Hoc Workgroups	An ad-hoc subdivision of the HSPAC organized for the purpose of meeting a short-term need for the PAC	<ul style="list-style-type: none"> Led by an HSPAC VM or non-VM Short-term need Project specific

Advanced Readiness Program

As the US Public Health Service Commissioned Corps continues to respond to today's regional, national, and global public health challenges, the Health Services Category leadership identified a need for enhanced readiness. Thus, the HSPAC Readiness Subcommittee was tasked with developing a program to provide training beyond what is required at the basic readiness level, and in 2016, the Advanced Readiness Program pilot was established. In collaboration with each Professional Advisory Group (PAG) Technical Readiness Subcommittee, the HSPAC Readiness Subcommittee developed a two-year program to increase officers' technical readiness and deployment knowledge and capabilities.

The Advanced Readiness Program has three readiness components:

- Enhanced
- Technical
- Field



The **Enhanced Readiness** component consists of training that applies to any officer, regardless of discipline. This training typically covers management, leadership, and communications.

The **Technical Readiness** component is discipline-specific. This training consists of increased practical clinical hours and/or additional discipline-specific courses related to the officer's qualifying degree. A minimum of 25 hours of Enhanced and Technical Readiness coursework are required during each year of the program.

The **Field Readiness** component requires the officer to have been awarded the Field Medical Readiness Badge (FMRB). Completion of program requirements is documented on an interactive Excel tracker that provides an inventory of available courses. Throughout the year, the HSPAC Readiness Subcommittee also hosts trainings and webinars that meet the requirements for the Advanced Readiness Program.

Prerequisites of the program include basic readiness, field readiness, and no current or pending adverse actions. A certificate of completion will be provided to those who fulfill all requirements of the Advanced Readiness Program. The program is not a requirement by the HSPAC or the Commissioned Corps. However, the HS Category Chief Professional Officer encourages all eligible officers to participate.

On March 1, 2018, enrollment into Phase 1 of the Advanced Readiness Program pilot was launched for the Physician Assistant (PAPAG) and Public Health (PHPAG) PAGs. Thirty-four officers officially started the program on April 1, 2018 (11 PAPAG and 23 PHPAG). The HSPAC Readiness Subcommittee's Advanced Readiness Team worked with enrolled officers to identify challenges and improve processes of the program.

Phase 2 of the pilot began on May 25, 2018 with the same PAPAG and PHPAG officers. As of June 2018, 8 new officers (3 PAPAG and 5 PHPAG) have been accepted into the program. At this time, only PAPAG and PHPAG are eligible for enrollment into the program. Future plans for the program include opening enrollment to four additional PAGs (two clinical and two non-clinical). Look out for the announcement!

For additional information or to apply to the program, please contact the Advanced Readiness Team at advancedreadiness.hspac@gmail.com or your PAG's Technical Readiness Subcommittee Chair.

Career Development Updates

Job Search Aids

[USAjobs Tip Sheet](#)

This tip sheet, available on both the [CP2G site](#) and the [HSPAC Job Listserv](#), has been developed to provide assistance and guidance to HSOs in navigating the USAJOBS.gov website. It is intended as a helpful guide during job searches and is not intended to serve as a comprehensive resource or guarantee of success when searching and/or applying for positions.

[Job Applicant CV](#)

This document, available on both the [CP2G site](#) and the [HSPAC Job Listserv](#), has been developed to serve as a guide to officers when applying for jobs that require a civilian/standard CV. It is not a required document for the Category. Please note that this is **not** the Official HS Category CV that is required for category business, promotion, or the CV that should be placed in your eOPF.



[HSPAC Job Listserv](#)

The HSPAC Career Development Subcommittee's HSO Job Listserv allows officers' to receive email notifications about various HSO specific Federal job openings. Since some job opportunities are not available via USAJobs, and are not specific to HSO's, this listserv could assist you with your job search. For additional job resources, hints, and tips, view the [USAjobs Tip Sheet](#) and the Job Applicant CV Template located on both the [CP2G site](#) and the [HSPAC Job Listserv](#).

[Instructions for joining Listserv \(also available on the HSPAC Job Listserv\)](#)

.GOV Email address - To join the listserv and receive Job Announcements directly to your .gov email address:

1. Visit [HSPAC Federal Job Listing Page](#)
2. Use your [MAX.gov](#) credentials to login when prompted.
- ** If you haven't registered yet, click [Register Now](#) button at the top right of the [MAX.gov](#) screen
3. Hover over the "**Watchers**" link located in the top right section of the page (in the light blue bar just under your name – screenshot below.)
4. Once the drop down expands, select "**Watch This Page**".
5. Each time a job announcement is added to the page, you will receive an email notification.

Non- .GOV Email address - To join the listserv and receive Job Announcements directly to your non .gov email address:

1. Contact LCDR Justin Belk at justin.belk@fda.hhs.gov
2. Subject line of email should read ACTION REQUESTED: HSO.MAX.gov access; Officer Name – PHS EmplID
3. A fillable registration form will be sent to all requestors once their credentials have been verified.
4. Return registration form to justin.belk@fda.hhs.gov.
5. You will receive a notification from MAX.gov with registration and login guidelines.

The user should only be sponsored while access is required. Once access is no longer required, please contact LCDR Justin Belk for their sponsored account to be closed.

***For more information, contact LCDR Chris Sheehan (Christopher.Sheehan@hhs.gov) or LT Ryan Marie Smith (RyanMarie.Smith@cms.hhs.gov).**

Career Progression and Promotion Guidance (CP₂G)

Thank you to the ~300 officers who participated in the Career Progression and Promotion Guidance (CP₂G) survey this year. Through this survey, we learned that most of our officers are not aware of the CP₂G Toolkit and its valuable information about promotions and career progression. The CP₂G Toolkit is a comprehensive resource repository of guidance documents to assist officers with promotion preparation and career progression.

In September, we rolled out the FY 2019 CP₂G Toolkit highlighting any documents that have been updated since last year using the HSPAC listserv. The FY 2019 CP₂G Toolkit is also on the HSO Facebook page. The HSPAC CP₂G Toolkit includes:

- FY 2019 HSO benchmarks
- Official HS CV, ROS and OS guidelines
- New HSPAC eOPF Upload Instructions (coming soon!)
- Supporting documents and resources
- CP₂G related webinars

Plans are underway for webinars to discuss any new changes and updates to resource documents.

Start preparing for your promotion now! Visit the newly updated CP₂G [website](#) for your all-inclusive HSPAC CP₂G Toolkit. Be sure you bookmark the link and check back often. The link can also be found on the new HSPAC "Resources for HSOs" page.



Career Development

Mentoring Matters

HSPAC Mentoring Subcommittee Professional Advisory Workgroup hosted the HSO Career Counseling Session at the USPHS Scientific and Training Symposium on June 5, 2018. Led by CAPT Raquel Peat, the team recruited 20 senior officers to serve as mentors for the session to provide valuable advice to 31 officers with such limited time! Even officers who already had a mentor in the HSPAC Mentoring Program and were just looking for a second opinion, benefited from the 2-hour event. It served as an excellent opportunity to receive career advice from a HS senior officer, network, and learn from each other.

Call to Active Duty Transition Mentoring Initiative (CADTMI) Status Update

The CADTMI is a component of the HSPAC Mentoring Subcommittee and the primary means for connecting newly commissioned officers with experienced mentors to form an interactive, committed partnership for the new HSO's first year in the USPHS Commissioned Corps. Mentors serve as a guide to the officer mentee, providing timely and relevant information, support, and assistance, making the transition into active duty as smooth as possible.

CADTMI mentors are experienced officers at the rank of LCDR or higher with five or more years of Commissioned Corps experience. Mentors are thoroughly vetted to participate in the program, and are required to be knowledgeable about subjects of interest to new Officers. Potential mentees are greeted by CADTMI liaisons at the Officer Basic Course (OBC) and are provided an explanation of the CADTMI along with a CADTMI Mentor/Mentee Preference Worksheet. In addition, the Call to Active Duty (CAD) officer is given an orientation to the HSPAC and a welcome packet. The officers who submit their preference sheet receive an email providing them with the contact information of their CADTMI mentor to initiate contact and establish a relationship between the mentor and mentee. Once mentees have reached the one-year mark, they will be offered the opportunity to transition to the traditional Health Services Mentoring program.

The CADTMI continues to reach out to OBC students to facilitate the matching process of new CADs with CADTMI mentors with each new cycle of OBC students.

Tips on for Successful Mentoring

On June 28, 2018, the Mentoring Subcommittee Matching team hosted a mentoring training webinar titled "The 8 Strategies for Successful Mentoring." During the webinar, CAPT Dwayne Buckingham shared his expertise and experience both as a mentor and a mentee, and offered practical strategies that everyone can use to foster a successful mentoring experience. The presentation brought a refreshing perspective of a mentor and mentee relationship, and how to make it mutually beneficial to both parties. The webinar recording can be replayed through this [link](#).



HSO Captains pose for a group photo during the HSO Career Counseling Session at the USPHS Scientific and Training Symposium in Dallas, Texas.

Policy Updates

During this year's USPHS Scientific & Training Symposium in Dallas, Texas, RADM Joan Hunter, DCCPR/HQ Director, discussed the various policies and issuances being updated by the USPHS Commissioned Corps. As such, it is imperative to ensure awareness when these policies are released. We highly recommend that each officer become familiar with these issuances as they become available.

Did you know that the revised [Substance Use Commissioned Corps Instruction](#) was recently posted on the CCMIS website? The Instruction sets forth the zero tolerance policy relating to the abuse of alcohol, use of illicit drugs, and misuse of prescription medications. Further, the Instruction sets forth the policies and procedures for officers of the US Public Health Service Commissioned Corps regarding the conduct and performance of officers with substance use disorders (SUD), supportive and administrative oversight and actions pertaining to officers who have a SUD, and approval of referrals for SUD treatment, when applicable. The Substance Use Commissioned Corps Instruction went into effect on August 7, 2018.



For more information on upcoming USPHS Policies, please go to the USPHS [CCMIS website](#).

Please email the HSPAC Policy and Procedures Subcommittee at policy.hspac@gmail.com with any questions concerning this update.

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES



COMMISSIONED CORPS INSTRUCTION



CCI 211.06
EFFECTIVE DATE: 7 August 2018

By Order of the Assistant Secretary for Health of the U.S. Public Health Service:

ADM Brett P. Giroir, M.D.

SUBJECT: Substance Use

- PURPOSE:** This Instruction sets forth the zero tolerance policy relating to the abuse of alcohol, use of illicit drugs, and misuse of prescription medications. Further, this Instruction sets forth the policies and procedures for officers of the Commissioned Corps (Corps) of the Public Health Service (PHS) regarding the conduct and performance of officers with substance use disorders (SUD), supportive and administrative oversight and actions pertaining to officers who have a SUD, and approval of referrals for SUD treatment, when applicable.
- APPLICABILITY:** This Instruction applies to all active duty Corps officers.
- AUTHORITY:**
 - 3-1. [5 U.S.C. §552a\(i\)](#), "Privacy Act of 1974"
 - 3-2. [42 U.S.C. §202](#), "Administration and supervision of Service"
 - 3-3. [42 U.S.C. §204a](#), "Deployment readiness"
 - 3-4. [CCD 111.02](#), "Disciplinary Action"
 - 3-5. [CCD 123.01](#), "Involuntary Separation"
 - 3-6. [CCD 129.01](#), "Board for Correction of Records"
 - 3-7. [CCI 211.01](#), "Standards of Conduct"
 - 3-8. [42 C.F.R. §21.23](#), "False statements as disqualification"
- PROPONENT:** The proponent of this Instruction is the Assistant Secretary for Health (ASH). The Surgeon General (SG) is responsible for assuring the day-to-day management of the Corps.
- SUMMARY OF REVISIONS, AND UPDATES:** This is the first issuance of this Instruction within the electronic Commissioned Corps Issuance System (eCCIS) and replaces Commissioned Corps Personnel Manual (CCPM) CC29.3.8, "Alcohol and Drug Abuse," dated 27 February 1960. This Instruction will be effective 90 days after its publication date.

Optometry Professional Advisory Group (OPAG)

Optometry Officers Participate in Remote Area Medical (RAM) Mission

Since the USPHS Commissioned Corps partnership was established with Remote Area Medical, optometry officers have provided vital vision and eye health services for all RAM missions. Three optometry officers volunteered their time to serve at the Durant, Oklahoma RAM in June 2018 – the annual RAM event that coincides with the USPHS Scientific & Training Symposium.

The Eye Care Team examined 566 patients and produced several hundreds of pairs of glasses through the same day, on site Mobile Optical Lab. Along with just over 100 other officers, they provided high quality vision, medical and dental examinations, and women's personal health care totaling more than \$200,000 of medical services at no cost to this underserved population.

Thank you to the OPAG officers who volunteered their time and services:

*CDR Erin Giles,
LCDR Laura Alexander
LT Matt Geiger*



RAM Eye Care Team, Durant, Oklahoma

OPAG New Officer Spotlight

OPAG is excited to introduce LT Regina Sullivan! There are currently 55 optometry officers in the Health Services Category, and 52 of them serve in the Indian Health Service (IHS). LT Sullivan is one of three optometry officers assigned to an agency outside of IHS. She is a Project Officer and vision health subject matter expert at the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Applied Research and Translation Branch where she provides technical and programmatic assistance and guidance to eight Prevention Research Centers.



LT Regina Sullivan

Prior to this position, LT Sullivan worked as a Public Health Analyst and vision health subject matter expert with CDC's Office on Smoking and Health (OSH). In that role, she provided assistance to OSH grantees, reviewed scientific literature, and collaborated with the American Optometry Association and American Academy of Ophthalmology to add tobacco screening and counseling in vision care objectives to *Healthy People 2020*. LT Sullivan earned her Doctorate of Optometry from Southern College of Optometry in Memphis, TN, and her Master of Public Health from Georgia State University. Before commissioning with the USPHS Commissioned Corps in August 2018, she worked for more than 10 years in private practice and served as a Major (O-4) with the US Air Force Reserve, providing vision care and managing vision protection programs for pilots and aircrew of the 172nd Airlift Wing.

Psychology Professional Advisory Group (PsyPAG)

PsyPAG Initiates SWAP Meets

SWAP Meet is a new forum for US Public Health Service Commissioned Corps psychologists to have meaningful dialog about any topic of interest. Share Wisdom Across Psychologists (SWAP) meets about two times per month ad hoc. During the meetings, officers have the opportunity to participate in informal discussions about an identified topic of interest. To date, SWAP Meets have been conducted on a variety of topics, which include:

- *How to Define Opioid Misuse*
- *The Roles of Psychologists at Different Agencies*
- *The Differences between Military and Civilian Psychology*

If you would like more information about SWAP Meets or would like to participate in an upcoming SWAP Meet, please contact CDR Heidi Daniels at Heidi.Daniels.mil@mail.mil. There are no PowerPoint slides and no formal preparation required. All topics are possible!



PsyPAG officers represent their professional discipline during Category Day at the USPHS Scientific and Training Symposium in Dallas, Texas.

Operation Corps Strong (OCS)

Operation Corps Strong (OCS) is a newly created initiative within the HSPAC with the goal to promote a resilient and ready Commissioned Corps by developing comprehensive, resilience-focused, and innovative practices and initiatives. The target audience for OCS are Commissioned Corps officers and their families.

OCS was developed by a small team of multidisciplinary officers who recognized key gaps in providing behavioral health support and resources to all Commissioned Corps officers. Some of these gaps became apparent during the 2014 Ebola response and were temporarily addressed through the formation of a Family Support Network. OCS organized four pillars to develop training and to provide subject matter expertise on the identified gaps. Key initiatives include development of a resiliency program, suicide prevention campaign and resources, grief and loss resources, and Officer and family support throughout the deployment cycle. Recognizing the support services developed by the Armed Services for their service members, OCS aims to create resources and supports that speak to the unique needs and challenges of the Commissioned Corps. OCS believes that resilience initiatives should be incorporated into all aspects of the Commissioned Corps, beginning in Officer Basic Course (OBC), regardless of professional discipline, location, or agency assignment.



OCS aims to work across all Corps categories and disciplines. Although initially started in the HSPAC, significant interest from other disciplines have fostered cross-PAC collaboration, beginning with the Nursing PAC (N-PAC). Some of the past work includes resiliency training at OBC, Food and Drug Administration (FDA), and Rapid Deployment Force (RDF) 5. Current initiatives for 2018 include: Resilience through meditation program, a bereavement initiative, Exceptional Family Member resources, and suicide prevention campaign and resources. OCS will also be working with Team Leaders in Tiers I and II to identify additional supports and best practice initiatives.

OCS launched their initiatives at the 2018 USPHS Scientific and Training Symposium, including the Suicide Prevention Campaign, H.O.P.E., which stands for "**H**ear the officer's call for help, **O**ffer a helping hand, **P**rovide resources, **E**ncourage follow-up/**E**scort if possible." A full launch of the suicide prevention campaign, including an officer-to-officer support guide, leader support guide, family support guide, and distribution of pocket cards will take place in September 2018, through the HSPAC in partnership with N-PAC as a part of Suicide Prevention Month.

2018 Initiatives

1. *Resilience through meditation program*
2. *Bereavement initiative*
3. *Exceptional family member resources*
4. *Suicide prevention campaign and resources*

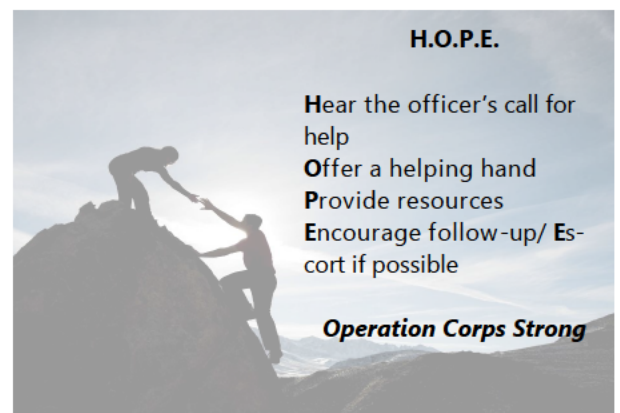
Founding Members of Operation Corps Strong:

CAPT Josefine Haynes-Battle (Nurse-SAMHSA)
CAPT Marivic Fields (Social Worker-ACF)
CDR Indira Harris (Social Worker-HRSA)
CDR William "Bill" Bolduc (Social Worker-ACF)
LCDR Joy Mobley (Clinical Psychologist-SAMHSA)

H.O.P.E.

Hear the officer's call for help
Offer a helping hand
Provide resources
Encourage follow-up/ **E**scort if possible

Operation Corps Strong



Healthy Mind Initiative: Raising Mental Health Awareness in the Community

Suicide deaths have catapulted to the top as the leading cause of death for Asian American and Pacific Islander (AAPI) adolescents 12-19 years old in 2016¹. AAPI youth are the only race/ethnicity for whom suicide is the leading cause of death, yet this is rarely discussed. The challenge of raising mental health awareness among AAPI communities is multifaceted, but includes two key barriers: language issues and lack of culturally sensitive educators.

To address this emerging public health crisis, the Asian Pacific American Officer Committee (APAOC) launched the Healthy Mind Initiative (HMI) to utilize our multilingual public health professionals who are also trusted community members to deliver culturally sensitive messages on mental health and emotional wellness awareness. However, most of our APAOC officers are not mental health providers, and we need support from senior leadership to champion this new initiative. This is when APAOC reach out to our knowledgeable officers for support.

Our Health Service Chief Professional Officer, CAPT Jeanean Willis Marsh, was our champion for the HMI, and served as our strategic senior advisor to jumpstart this project. In addition, we have a few HSO officers in the HMI leadership roles to support our planning and operations. The Social Work Professional Advisory Group chair CDR Indira Harris is the co-lead for the HMI's Clinical Support Team at our outreach events. CDR Karen Chaves is the co-chair for HMI; CDR Simleen Kaur is the team lead for the Indian-American outreach unit; and LCDR Kelly Leong is the HMI's chief information officer.



USPHS officers and key partners attend the first training session in June for APAOC's Healthy Mind Initiative in

The HMI is a collaboration across the federal, county, and community sectors to improve mental health literacy in AAPI communities and address the mental health stigma and cultural barriers to seeking mental health treatment faced by AAPI youth and communities. It leverages multiple types of expertise and resources from its partners, which include the Substance Abuse and Mental Health Services Administration (SAMHSA), the Montgomery County Health and Human Service's Asian American Health Initiative (AAHI), the National Institute on Minority Health and Health Disparities (NIMHD) at the National Institute of Health (NIH), and local AAPI community organizations.

As of July 2018, our partners have trained over 25 officers, with another 50 officers signed up for the August 2018 training. The initiative will be piloted in Montgomery County and surrounding areas starting September 2018. For more information on the initiative and other mental health resources, please refer to the following resources:

HMI Website: https://dcp.psc.gov/OSG/apaoc/healthy_mind_initiative.aspx

NIMHD Blog on Healthy Mind Initiative: <http://nimhd.blogs.govdelivery.com/2018/07/16/healthy-mind-initiative-an-innovative-model-to-address-emerging-mental-health-needs-among-asian-american-and-pacific-islander-youth/>

NIMHD Blog on The Journey to Healthy Minds for Healthy Youth:
<http://nimhd.blogs.govdelivery.com/2018/05/18/the-journey-to-healthy-minds-for-healthy-youth/>

References: ¹Centers for Disease Control and Prevention (2018). WISQARS Leading Causes of Nonfatal Injury Reports, 2000-2016. Retrieved from <https://webappa.cdc.gov/sasweb/ncipc/nfilead.html>.

Boy Scouts Public Health Merit Badge

Did you know that the Boy Scouts of America has a Public Health Merit Badge?

Helping Scouts earn this badge is a great way for USPHS officers and their families to get involved in local communities, teach today's youth about public health issues, enhance the visibility of the USPHS, and most importantly plant the seed in today's youth for a future career in this exciting field.

The field of public health deals with maintaining and monitoring the health of communities and with the detection, cure, and prevention of health risks and diseases. Although public health is generally seen as a community-oriented service, it actually starts with the individual. From a single individual to the family unit to the smallest isolated rural town to the global community, one person can influence the health of many.

The Public Health Merit Badge was one of the original 57 merit badges issued by the Boy Scouts of America in 1911 and was last revised in 2018. There are eight requirements, including explaining what public health is, discussing diseases and conditions, immunizations, vectors, visiting wastewater or solid waste management facilities, a food service facility and a public health agency, and describing health dangers from diseases, pollution, alcohol and drug abuse as well as illegal and prescription drugs.

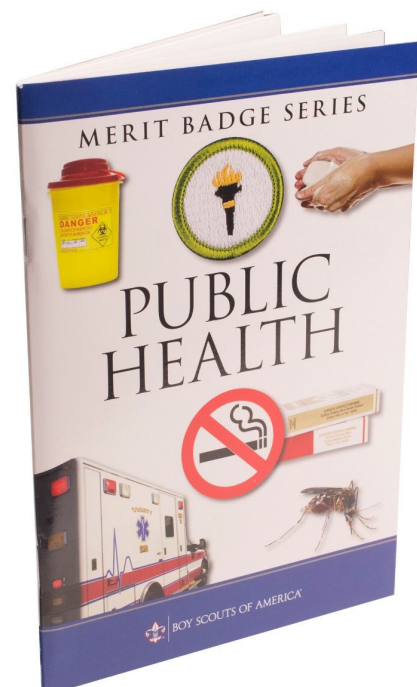
Once the Scout completes these requirements, he meets with a Merit Badge Counselor, who verifies knowledge of each of the listed requirements and signs a merit badge application card, which is forwarded to the local Boy Scouts of America Council Headquarters for processing and awarding of the merit badge by the local Scout Troop.

To qualify as a Merit Badge Counselor, one must:

- Be at least 18 years old and of good character.
- Be registered with the Boy Scouts of America (position code 42).
- Complete Youth Protection training.
- Be recognized as having the skills and education in the merit badge subjects covered and hold any required qualifications and training as outlined in the Guide to Safe Scouting or the Guide to Advancement, or use others so qualified.
- Be able to work with Scout-age boys.

For additional information visit the 2018 Boy Scout requirements, visit:

<https://www.scoutshop.org/2018-boy-scout-requirements-book-641568.html>.



Getting Squared Away: Military Bearing for USPHS Officers

LCDR Robert Van Meir currently serves at Fort Bragg, NC, the largest military installation in the world (by population) with more than 50,000 active duty personnel. As a USPHS officer, he is expected to act and conduct himself with military bearing at all times. Here are some basic tips:

Military bearing is posture, gestures, and behaviors that are consistent with standards expected of armed and uniformed service members. Military bearing includes presenting a professional appearance, being courteous, projecting enthusiasm and confidence, and having a positive outlook. Military bearing is maintaining professional attitude and demeanor at all times when dealing with all service members of all ranks.

Many USPHS officers have not served in the armed services or may not have daily contact with other service men and women, so they can feel unsure or out of place when on a military installation or with members of the armed services. As a uniformed service, these customs and courtesies set us apart from our civilian counterparts.

Coming to attention is a basic uniformed service courtesy and it the stance that indicates that you are alert and ready for duty. The position is assumed when:

- Called to attention by the Officer in Charge
- Rendering a salute
- Being formally spoken to by a senior (higher) ranking officer.
- The National Anthem is being played indoors (no salute)
- A senior officer enters into a room or joins a table of uniformed personnel. Usually when a senior officer, such as the U.S. Surgeon General, enters the room and the command is given "Attention" or "Attention on Deck," all stand at attention. Upon entering the room the superior officer promptly responds "As you were." The room will be called to attention once the officer departs. Note: The room is not called to attention when an officer of equal or higher rank is already present.

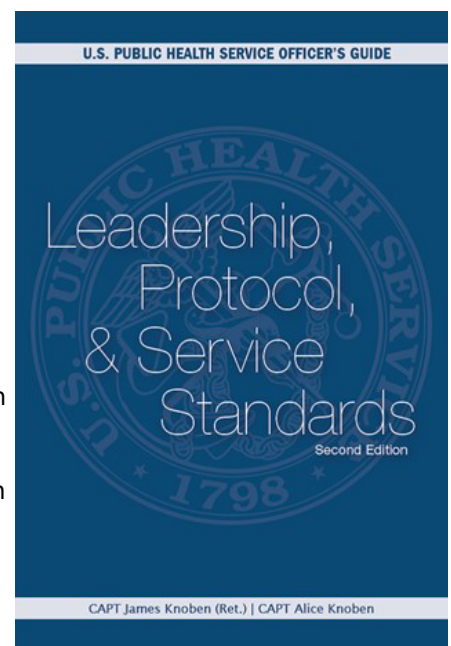
You may hear the phrases "at ease" and "as you were." The command "at ease" is typically used to provide rest momentarily while in formation. The command "as you were" serves to return people back to what they were doing prior to the superior officer entering the room.

Standing at attention or being at attention is a military posture which involves:

- Standing upright with an assertive and correct posture: famously "chin up, chest out, shoulders back, stomach in".
- Arms fixed at the side, thumb or middle finger parallel to trouser or skirt seam, depending on military drill specifics.
- "Eyes front": head and eyes locked in a fixed forward posture. Ideally, eyes are unmoving and fixated on a distant object. Blank facial expression.
- Keeping the heels together, with the toes apart.
- No speech, facial, or bodily movements except when required by military drill.

Covers: A military hat is called a cover because it literally covers and protects your head. When in uniform and outdoors, the cover is always worn. We do not remove or raise it as a form of greeting. The cover does not need to be worn if an outside area has been designated by the local commander or uniform authority as a "covered area." For safety reasons, covers are to be removed and secured upon entering an active aircraft landing zone or airfield tarmac. The cover could be blown into an engine of a multi-million dollar aircraft. Uniformed service personnel remove their cover when entering a building and remain uncovered while indoors. Removing the cover is optional when entering a commercial or public building such as a hotel or airport.

Source: Knoblen J. & Knoblen A (2014). Leadership, Protocol, & Service Standards 2nd edition.



HSOs in Action

Medical Affairs Branch: Call for Volunteers

In February 2018, Commissioned Corps Headquarters issued a request for volunteers to gain insight on the internal operations of Commissioned Corps Headquarters. I have often wondered what goes on up there in *Camelot* and wanted to assist in any way I could!

After securing permission from my supervisor for the assignment, which did not include funding, I cleared my schedule for two weeks and drove from Fort Bragg, North Carolina to Washington, DC. Within Commissioned Corps Headquarters, I specifically volunteered to work with the Medical Affairs Branch MAB. As a department chief at Womack Army Medical Center, I often refer service members for Fit-For-Duty (FFD) evaluations. Yet, as a USPHS officer, I was unfamiliar with our FFD processes, and this was a great opportunity to change that.

After completing a tour of headquarters, I set up a workstation and began reviewing regulations about disability assessments. I was then assigned cases to review, which involved conducting a thorough examination of an officer's medical records to find pertinent notes regarding their care. I was tasked with answering questions such as: Is there sufficient information contained in the clinical chart to make a decision regarding maximum therapeutic outcomes? Has the standard of care been met regarding the patient's medical complaints? As with our sister services, both the officer's ability to fulfill work related tasks *and* ability to function in a deployment setting are evaluated.

I was particularly interested in learning more about how officers were referred to MAB. Commonly, an officer's chain of command requests an FFD evaluation after an officer's extended medical absence from the office. Officers may also request an FFD evaluation if he/she feels they cannot perform their duties.

Overall, I would highly recommend that any officer interested in the "inside scoop" volunteer to support Commissioned Corps Headquarters. This was an incredibly insightful and valuable experience!



LCDR Joseph Newcomb

HSOs in Action

Pirate “Doc” Ahoy!

I served in the Bureau of Prisons (BOP) for nine years. It was a great experience, where I learned a lot and was able to really accomplish the mission of serving underserved populations. Many of my patients had never been to a provider before they went to prison, and as I tell everyone that asks: prison medicine is fantastic.

Why? Well, thank you for asking. Think about this. You have a captive audience. Literally. You can set their appointments and they have to come. You don't think they are taking their meds? Just put them on pill line and determine if they are. They need to lose weight? You can tell them they have to join the yoga or cardio class. Can you do that at other federal agencies? In private practice? Probably not without some complaints. The best part is being able to practice evidence-based care and not “standard care.” A hurt ankle? Let's go through the Ottawa Ankle rules and not send you for an x-ray if the maneuvers are negative. Try that at a local ER. You want antibiotics for a sniffle? No, we follow clinical guidelines and wait for 7-10 days before considering an antibiotic. As a BOP provider, you can ensure that your patients are truly getting great, evidence-based care.

So, then I made the hard decision to leave a place I love with people that are pretty great themselves and transferred to NOAA to work on their premier dive boat, the Hi'ialakai [Hee Eee Al (as in weird) Eh Ky (as in Sky)] where I am known as “doc.” To be clear, I am a Physician Assistant. My friends joke that I decided to become a pirate “doc. ” And here I am, along the beautiful island of Ofu (part of American Samoa) on a three month mission to explore strange new underwater worlds, to seek out new life and new coralizations, to boldly go where no man has gone before.

Today, I am running a dive chamber drill and looking forward to diving in one of the most remote settings in the world as part of my job. My patients? The 47 scientists and crew aboard the NOAA ship, Hi'ialakai. Some days we are four days from any help and so I'm it. Here, on the high seas, I get to practice evidence-based care as well as hone my physical exam skills. Now I *have* to use Ottawa Ankle Rules since there isn't an x-ray for days and my patients have to listen to me as I educate them about their diabetes.

Because of my duty stations, I have had opportunities to work in great places with great people and I've been afforded the ability to practice solid medicine. Can a provider ask for anything more?



LCDR Katherine Demers captures photos during a proficiency dive off of the coast of Honolulu, Hawaii. Say fisheeeez!



LCDR Katherine Demers learns how to use a hard hat during the Dive medical Officer (DMO) School training in Seattle, Washington.

HSOs in Action

HSOs Heal with CAARE

During a discussion at the kitchen table between sisters Patricia Riley-Amaechi and Dr. Sharon Elliott-Bynum in 1995, the non-profit organization known as the Center for Accessible Affordable Health, Research, and Education (CAARE) was born. CAARE provides services to address cancer, cardiovascular disease, diabetes, HIV/AIDS and obesity which are the health disparities that contribute to the highest mortality rates in Durham County, North Carolina. CAARE services are highly dependent upon federal and state government support, private donors, and volunteers.

CAARE co-founder, Dr. Elliott-Bynum, was an invited speaker during a 2008 North Carolina Commissioned Officers Association event. This marked the beginning of the relationship between the USPHS Commissioned Corps and CAARE. In 2014, Dr. Elliott-Bynum's speech at the USPHS Scientific and Training Symposium in Raleigh, NC, highlighted the value and power of service, adaptability, perseverance, and sharing of resources. This passion inspired CAPT Beverly Dandridge to expand opportunities for USPHS officers and others to give back to the community and replicate services like those of CAARE nationally. She wanted to create a meaningful service project that aligned with USPHS core values and the objectives of the Surgeon General's National Prevention Strategy. After months of planning, CAPT Dandridge formed a partnership between the Nurse Professional Advisory Committee (N-PAC) and CAARE, and the first Healing with CAARE Mission was held with 34 USPHS officers during the 2015 Martin Luther King weekend of service.



USPHS officers volunteer at the Healing with CAARE Mission in Durham, North Carolina.

The fourth annual Healing with CAARE Mission took place January 15-16, 2018 in Durham, NC, with 94 volunteers. More than 15% of volunteers were HSOs. Dominated by N-PAC officers, CAPT Dandridge remarked that HSO volunteers brought "richness" and "another layer of depth" to the event. Officers volunteered with CAARE women's veterans dormitory, Habitat for Humanity, senior assisted living facility, animal shelter, NC Cooperative Extension Community Garden,

HSOs brought "richness" and "another layer of depth" to the Healing with CAARE mission.

- CAPT Beverly Dandridge



RADM Susan Orsega and CAPT Beverly Dandridge provide USPHS leadership during the Healing with CAARE Mission.

TROSA, and the Welcome Baby Family Resource Center. Officers also worked with the NC Harm Reduction Coalition assembling more than 500 Naloxone kits and with the Medical Reserve Corps Veterans Clinic taking blood pressure and being discussing the VA benefit sign-up process.

USPHS volunteers provided more than 1100 person-hours during sixteen community events. The economic impact of the 2018 CAARE Mission volunteer activities was equivalent to approximately \$43,210 in cost-savings across the community.

Through a third sister, Carolyn Hinton (CAARE CEO), the legacy of sisters Patricia and Sharon will continue to live through the annual Healing with CAARE Mission. Planning for the next mission is already well underway. CAPT Dandridge challenges HSPAC officers to "walk the talk" of *Strength through Diversity* by joining her in Durham, NC, January 20-22, 2019.

HSOs in Action

Service Access Team (SAT) Response to Hurricanes Irma and Maria in Puerto Rico

In September 2017, in the aftermath of Hurricane Maria in Puerto Rico (PR), the Service Access Team (SAT) deployed officers to assist with the Hurricanes Irma and Maria response missions. Our team included CDR Karina D. Aguilar from SAT 4; CDR Amy Chanlongbutra and LCDR Paula Arango from SAT 1; LCDR Vesnier Lugo from SAT 2; and LCDR Fahad Alsayyid from SAT 5. Our mission was to provide case management services to severely ill patients from the United States Virgin Islands (USVI) who were transported to PR during Hurricane Irma and were now again impacted by Maria.

The SATs were created as part of the National Response Framework's Emergency Support Function (ESF-8). The team is a Tier 2 response team, requiring deployment within 36 hours of activation. The mission is to provide resources and assistance to local health authorities throughout the country and overseas. The SAT assists with the coordination of evacuee return, medical case management, coordination of evacuee travel, coordination of human services, and data collection.

During this deployment, there was a critical lack of connectivity and basic needs and severe infrastructure damage around the island, including the total disruption of the power grid. In addition to Team Lead and Deputy Team Lead, our team aligned positions with the Incident Command System to provide standardization, organization, and clear lines of communication. As such, members of the SAT took on additional responsibilities by serving as the Safety, Planning or Logistics Officers. Because some team members had family on the Island, the team also included a Morale, Welfare, and Recreation position to help identify triggers that compromised our disposition and to maintain our mental health capacity.



HSOs provide technical assistance and logistical support in Puerto Rico.



CDR Karina Aguilar, CDR Amy Chanlongbutra, LCDR Paula Arango, LCDR Vesnier Lugo, and LCDR Fahad Alsayyid respond to Hurricanes

As the prior SAT rotated out, our team provided continuity to the mission, which was to facilitate case management and family reunification for approximately 118 patients and their non-medical assistants (NMAs) from the USVI. As the majority of the patients were housed in the San Juan metropolitan area hospitals and medical centers, our team quickly learned that Spanish was vital in order to communicate with hospital personnel from PR. We visited patients and their NMAs at the different facilities, worked with social workers to contact families in the USVI, and assisted with their discharge. We also helped secure medication and medical equipment, such as wheelchairs or crutches. In addition, we assisted with preparing travel requests, accommodations, and airport logistics to ensure an adequate return and successful reunification with their families.

We fulfilled our mission and felt a sense of accomplishment with every patient we were able to help with health care and family reunification. In spite of the lack of water, electricity, and food, the Puerto Rican people we met were strong, resilient, and determined to overcome their current situation. It was an honor to participate in this deployment and to serve the people of PR and the USVI.

Leadership Circle

Inspire and Be Inspired: Helpful Tips for Mentoring Sessions

You and your mentees have met, started to get acquainted, and talked in general terms about who you are and what you might do during your mentoring partnership. Now what? The most important thing to remember is that mentoring a PHS officer is not another meeting or program; it is about building connection, dependability, and resourcefulness. One of the Core Values of PHS is to demonstrate commitment to public health through compassionate actions and stewardship of time, resources, and talents. Effective mentoring means getting personally involved in helping mentees develop those skills and plan their PHS career wisely. Mentoring sessions also require your active involvement, and should be designed to help your mentees get the most from you and what you know how to do! Here are a few suggestions to make your mentoring sessions more effective.

Planning is the Key

1. **Know your benchmarks:** Help your mentee think two grades ahead. To plan we must know where they are going!
2. **Focus and prioritization:** Help your mentee tune out the noise and determine the essential from the non-essential, and complete that task first.
3. **Review on a consistent basis:** Help your mentee review on a consistent basis— think over time, not just annually.

Connect

1. **Be an active officer:** Help your mentee serve in a capacity that resonates with them— not just do things to check the boxes (e.g., deployment team, PAC, PAG).
2. **Learn from others to see how they are successful:** Advise your mentee to ask those who have achieved success, especially recently, to see how they have gone about things.
3. **Go to COA:** Highly encourage your mentee to attend COA to make connections with peers, and build a rapport with those senior officers who can become mentors.

Be Resourceful — Encourage your mentee to create their own opportunities, know where and who to go to, and be prepared and do their work ahead of time.

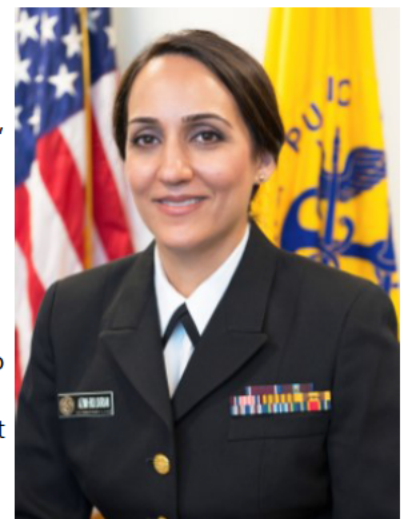
Dependability — Help your mentee follow through on what they say they are going to do and what they are capable of doing.

How to overcome Challenges and Obstacles

It is the challenges and obstacles that we overcome by stretching our limits that make us interesting and give us the substance to progress in our careers. Experience, by itself, makes you neither wiser nor any more prepared than the first time, but evaluated experience does. Time is also your friend. Too often, we rush into endeavors without taking the time to evaluate the implications of rushed decisions. Encourage your mentee to slow down, really take stock of where they are, and plan their next move. Great things take time to achieve, and are more efficiently accomplished by evaluating previous experiences. So before making that next big decision, help your mentee take a moment to reflect on where they have been and it takes to get where they plan to go.



CAPT Todd Alspach



LCDR Sara Azimi-Bolourian

Leadership Circle

The Secret to Engagement

A colleague and I are both getting ready to transfer to new positions. We will both be senior leaders and supervisors in our next assignments and are mentoring each other to help prepare. My colleague recently asked me whether I had any resources to share related to staff engagement. This question seemed so broad, because it involves so many factors, and the solution could be very specific to the situation. For many managers, finding the answer to this question would be like discovering the Holy Grail.

In reality, the secret to engagement is simple. It's about valuing, respecting, and honoring people – whether your staff, colleague, or leadership. People are every organization's most valuable asset. Here are ten ways to engage the people with whom we work and the teams that we lead.

We model leadership when we behave in this way. As a result, we earn trust, promote healthy work environments, and support organizational cultures, in which every member can contribute, thrive, feel empowered and *engaged*.

1. *Genuinely care about people and the mission (because people know when you're faking).*
2. *Get to know people individually and as a group.*
3. *Really listen, and be responsive to other's needs.*
4. *Allow others the autonomy and flexibility to fully utilize all their skills and talents.*
5. *Support other's successes. Back them up, push them if needed, have the difficult discussions with them that no one else is willing to have.*
6. *Be kind, and facilitate learning when others stumble or fail.*
7. *Help people shine. Be their biggest cheerleader and publically celebrate their successes.*
8. *Help others grow technically in their current job and for their future potential.*
9. *Communicate often and clearly.*
10. *Always follow through.*



CAPT Maria Benke

**TRUE LEADERS
DON'T CREATE
FOLLOWERS.
THEY CREATE
MORE LEADERS.**

Leadership Circle

Safety Tips for a Safer Summer

Summer officially started on June 21st and ends on September 22nd. During this time, we tend to engage in many activities, especially outdoor ones. Schools are out, and many people are on the road. Summer is also a critical time for accidents and injuries. By keeping that in mind, we can all prevent or reduce these risks. Typically, more injuries take place during the summer than any other time of the year. Here are some tips I want to share with you to help you and your loved ones stay safe. These are not all inclusive.

Road Trips: Never drive sleepy or groggy. Take frequent breaks, but before heading out on a long road trip have your vehicle inspected by a qualified mechanic to ensure it is in safe working condition. Pre-plan your travel route, and always use your seat belts. Avoid cell phone use while driving. Never drink and drive. If you are going to consume alcohol, never drive. Use a designated driver or arrange a taxi or other transportation service.

Heat-Related and Other Injuries: Watch for signs of heat stress/stroke. Take frequent breaks in the shade and stay hydrated by drinking plenty of water or drinks that would replace your electrolytes. Wear loose fitting clothing, a hat, sunglasses, and sunscreen. Heat intensifies in the summer. Never leave an infant in a car. The same goes for pets. Never leave a pet in a car alone in the heat.

Summer is great for insect breeding and as a result, insect bites. Always wear mosquito repellent and if in the woods, protect yourself from ticks.

When biking, skating, or engaging in similar activities, always use the required protective gear. For instance, if biking, the use of a good helmet, knee and elbow pads is essential. If doing yard work, use eye and ear protection, and never wear open toe shoes or sandals when mowing the lawn or using the trimmer to avoid losing a beloved toe. Use gasoline in approved containers. Never touch a lawnmower's engine or muffler with bare hands to prevent burns. Always use working gloves, not the plastic ones for washing dishes.

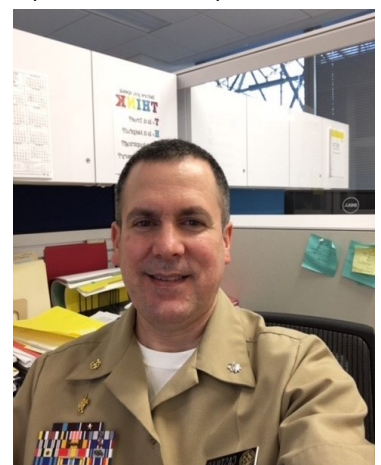
Outdoor cooking, grills and barbecues: When using a gas grill make sure the propane tank does not have any leaks. If one is detected, immediately turn the gas off and get the tank repaired or replaced. Inspect the grill hose and make sure it is not torn or broken. If cooking with charcoal, never start a fire with gasoline. Never use an outdoor grill in your trailer, tent, house, garage, or any enclosed area because carbon monoxide may accumulate and kill you. It also can be a fire hazard. In case of a fire, always keep an appropriate fire extinguisher nearby. Check your old fire extinguishers and discard them if they do not have the appropriate pressure. Place the grill in well-ventilated area and away from children's play area. Wear fitted clothing so loose clothing does not contact fuel or fire. Stand upwind when lighting the fire. Do not let children play around the grill or leave unattended pets near the grill. They can knock it over. Always be present. If you need to leave the grill or take a break, ask another adult to supervise.

Swimming: Never lose sight of an infant or a child. Do not run around the pool. You can trip and fall into the water. Make sure there are lifeguards present. If swimming in the ocean, never swim alone and watch for warning signs, like rip currents. If caught in a rip current, do not panic and do not swim back to shore directly against a rip. Instead, swim parallel to shore until outside of the rip or in a diagonal direction towards the shore. Stay out of the water during thunderstorms and severe weather. Never dive into shallow water, especially if you are on a river and there is no clear visibility. You never know if there is a rock under the water.

Boating: All passengers need to wear a life jacket and never operate a watercraft, such as jet skis while under the influence of alcohol. Always ensure someone on land knows where and when you plan to go and return in case you have an emergency while out on the water. Heed weather warnings and never overload the boat.

Fireworks: Never allow children to play with or ignite fireworks. Obey the fireworks law in your area. Read and follow all warnings and instructions. Be sure people are out of range before lighting fireworks. Only light fireworks on a smooth, flat surface away from the house, dry leaves, and flammable materials. Never try to relight fireworks that have not fully functioned. Keep a bucket of water/garden hose and/or fire extinguisher ready.

Summer time should be great for everyone. We can mitigate and prevent the risks of accidents and unnecessary injuries. I hope that these tips help you, your friends, and loved ones. May you all enjoy the final days of summer, safely!



CAPT Carlos R. Castillo

Leadership Circle

Deskercise (Part I of II): Do You Have Sixty Seconds to Improve Your Health?

As we are all aware, Deputy Surgeon General, Rear Admiral Sylvia Trent-Adams, approved weight standards for US Public Health Service Commissioned Corps officers on July 10, 2017. These standards are due to take effect on October 1, 2018. According to a survey by CDC, nearly 50% of adults in the U.S. do not engage in the suggested 30 minutes five days a week of moderate physical activity or the suggested 20 minutes three times a week of vigorous activity. **That translates to about half of us not getting the physical exercise we need!**



The good news is that we can do exercises right at our desk to improve our body's flexibility, tone, and strength, and many without even interrupting our daily work. Just remember to check with a doctor before starting any new exercise regimen.

I gathered the following exercises from a variety of sites and tried them all. Unless otherwise noted, do each exercise for 60 seconds. The intensity of each exercise can be increased by varying the speed, pressure, or repetitions. Also, do not forget to breathe throughout the reps and when holding a position. Above all, try to have fun and feel good about taking care of your health!

Legs (While Seated)

- Tap your toes quickly on the floor under your desk.
- Squeeze your buttocks together, hold then release.
- Straighten both legs and hold them in place. Loop a purse or briefcase strap over your ankle(s) for a more intense workout.
- Place an unwrapped ream of paper between your knees and squeeze your legs inward, engaging your inner thighs.

Legs (While Standing)

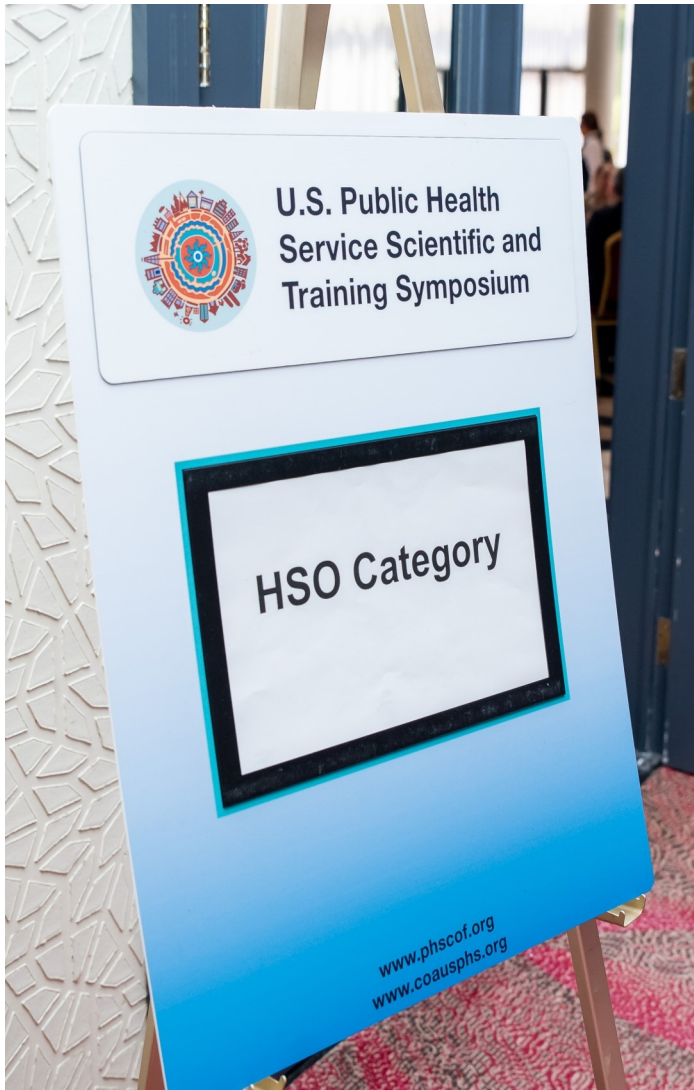
- In front of a small trashcan, lift each leg alternately to tap your toes on the top edge of the can.
- Jog in place beside your desk. Move your arms and bring your knees up higher for a more intense workout.
- With your back against the wall, bend your knees and slide your back down the wall until your thighs are parallel to the floor.
- With your feet shoulder-width apart, press up onto your tiptoes, pause at the top, then lower again. For a more intense burn, try raising only one leg at a time.
- With your feet together, bend your knees so your thighs are almost parallel to the ground (as if sitting in a chair). As you bend, raise your arms straight up or out in front of you while keeping your knees together and aligned. Hold for 15 seconds and release. Repeat 4 times.
- Stand behind your chair and hold onto it for support. Gently kick one foot back, aiming the heel for the top of your thigh. Lower the foot back down and repeat with the other leg.

To review the Commissioned Corps Retention Weight standards, click on [Commissioned Corps Retention Weight Standards](#).



CAPT Julie A. Niven

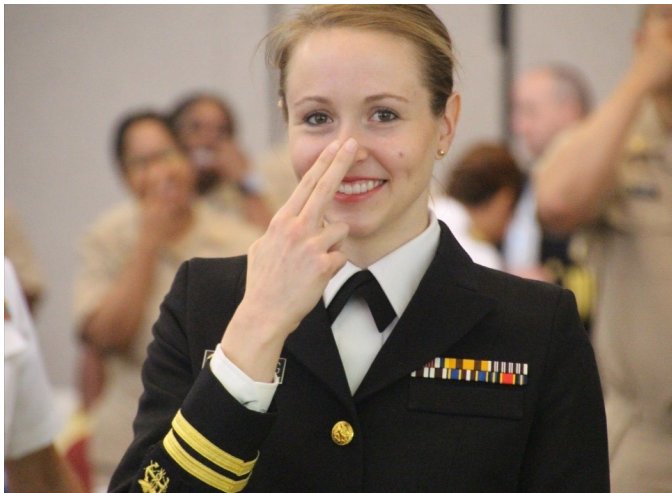
Highlights from the 2018 USPHS Scientific & Training Symposium



#WeAreCorpsSTRONG



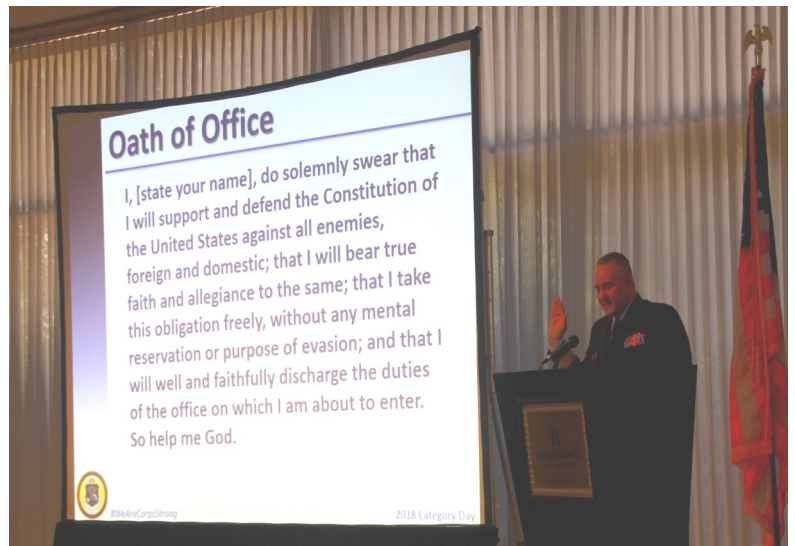
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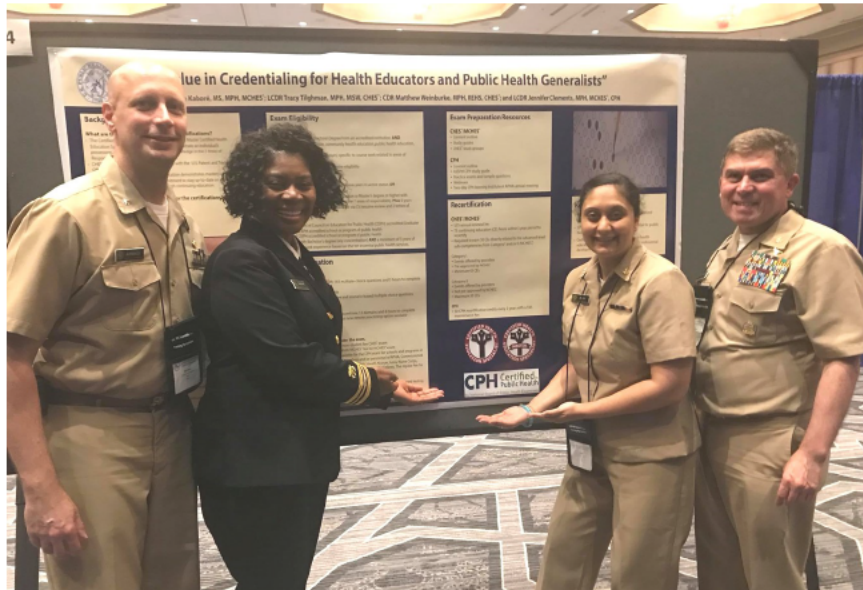
Highlights from the 2018 USPHS Scientific & Training Symposium



#WeAreCorpsSTRONG



Highlights from the 2018 USPHS Scientific & Training Symposium



#WeAreCorpsSTRONG



Highlights from the 2018 USPHS Scientific & Training Symposium



#WeAreCorpsSTRONG



2018 Category Awards

Congratulations to the 2018 recipients of our prestigious HSPAC and PAG awards. These officers exemplify excellence, officership, and leadership and have made significant contributions to advance the mission of the USPHS and serve the nation.

	Award	Recipient	Description
HSPAC Awards	Stanley J. Kissel, Jr. Award / HSPAC Senior Officer of the Year	CDR Ericka Murray	Presented annually to the outstanding Health Service professional of the year
	Joseph Garcia, Jr. Award / HSPAC Junior Officer of the Year	LCDR David Young	Honors a junior officer who has made a significant contribution to the advancement of the nation's health
	HSO Responder of the Year Award	CDR Patricio Garcia	Recognizes a Health Services officer who has made extraordinary contributions to the Public Health Service and the Health Services Category with regard to responding to critical events impacting the health of others while deployed
Joint Service Award	United States Army Medical Service Corps Award of Excellence	LCDR Elizabeth Goodger & LT Aaron Grober	Recognizes junior officers from the Army, Navy, Air Force, and U.S. Public Health Service who demonstrate exceptional capacity and potential for leadership



*USPHS and HSPAC leaders congratulate the 2018 Category award recipients.
From left to right: ADM Brett Giroir, VADM Jerome Adams, RADM Sylvia Trent-Adams, RADM Joan Hunter, CAPT Willis Marsh, and CDR Bell.*

2018 Category Awards

Award	Recipient	Description
BASPAG Junior Officer of the Year	LCDR Benoit Dagadu	Recognizes the many accomplishments this officer has made as an environmental scientist assigned to the Environmental Protection Agency
DHPAG Candace M. Jones Dental Hygienist of the Year	CDR Stacy Harper	Recognizes this officer's work experience that encompass 23 years as a clinician, educator, and public health advocate in private practice, military installations, and eight and a half years in the Commissioned Corps
DHPAG Junior Dental Hygienist of the Year	LT Latasha Turner	Recognizes the notable work this officer done in support of tribal communities located in isolated hardship areas in Alaska
HAPAG Senior Excellence in Healthcare Leadership Award	CAPT Charlene Majersky	Demonstrated leadership in furthering the adoption of Electronic Health Records and advancing Health Information Exchange and Interoperability for all Americans
HITPAG Senior Officer of the Year	CDR David Wright	For demonstrating tremendous knowledge of resources in this officer's field, mentoring other IT specialists throughout the USPHS, and inspiring others to be self-sufficient
HITPAG Junior Officer of the Year	LCDR Olden Walker	For undeniable leadership and dedication to the USPHS Commissioned Corps by playing an active role in mentoring and providing structured guidance to other junior officers
MLSPAG Senior Officer of the Year	CDR Robin Goodwin	Proven leadership as the sole Laboratory Technical Consultant for the Coast Guard
MLSPAG Junior Officer of the Year	LT Julie Smoot	For demonstrated leadership and dedication to the Commissioned Corps by playing an active role in mentoring and providing structured guidance to other junior officers
OPAG Lester Caplan Award	Jacqueline Lesniak (non-USPHS officer)	Proven commitment and loyalty to the optometric profession is evident through hard work in developing the Ocular Disease Residency Program at the Tsehootsooi Hospital
OPAG Edward Hamilton Award	CDR Gregory Smith	In recognition of excellent professional qualifications, achieving multiple leadership roles, and mentoring/recruiting young officers
OPAG Richard Hatch Junior OD of the Year Award	Paula Johns (non-USPHS officer)	Recognized for developing innovative projects in improving and enhancing clinical services at the Lawton Indian Hospital

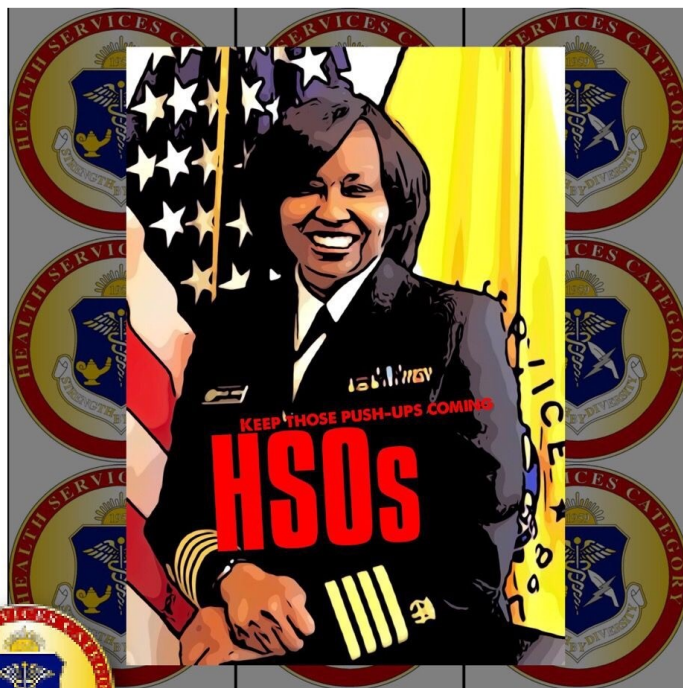
**HSPAC
Professional
Advisory
Group (PAG)
Awards**

2018 Category Awards

	Award	Recipient	Description
HSPAC Professional Advisory Group (PAG) Awards	PAPAG RADM Epifanio "Epi" Elizondo Senior Physician Assistant of the Year	CDR Pascale Lecuire	Awarded for demonstrating a career of leadership, professional excellence, and Corps readiness
	PAPAG RADM Michael R. Milner Junior Physician Assistant of the Year	LCDR Matthew David	In recognition of this officer's leadership in driving outcomes that improve health and safety and provide mothers with workplace support to better integrate their work and family needs
	PsyPAG Senior Career Award	CDR Heidi Daniels	For sustained high quality work performance demonstrated by significant accomplishments and leadership that led to enhanced international public health collaborations with the Government of Mexico in the field of behavioral health
	PsyPAG Early Career Award	LCDR Sharyl Trail	For sustained high quality work performance and leadership accomplishments in mental health
	PHPAG Excellence in Leadership Award	CDR Elizabeth Russell	In recognition of this officer's great accomplishments at the CDC and as a senior officer in the USPHS and commitment to the PHPAG
	PHPAG Junior Officer of the Year	LCDR Felicia Warren	In recognition for exemplary commitment to the field of public health and contributions to the HSPAC and PHPAG
	SWPAG Senior Social Worker of the Year	CDR Jamie Seligman	For demonstrated leadership, professionalism, and personal initiative to advance mental health services and for this officer's work as the HSPAC Recruitment and Retention Subcommittee Chair
	SWPAG Junior Social Worker of the Year	LCDR Israel Garcia	In recognition of this officer's leadership in the Commissioned Corps significant accomplishments in the field of public health

#SGFit Push-Up Fitness Challenge

On August 1, 2018, HSPAC leaders challenged all HSOs as well as all PACs to do push-ups daily in August. This new initiative encouraged officers across all Categories to get #SGFit.



#SGFit Push-Up Fitness Challenge

Fellow officers accepted the challenge and challenged one another to get #SGFit. Here just a few of the many challenges that were captured via Facebook.



Announcements



Are you interested in contributing to the next issue of the HSPAC Quarterly Newsletter?

Submit articles and photos to:
Communication.HSPAC@gmail.com

When submitting articles, be sure to include:

- "Article" in the subject line.
- A descriptive title for the article.
- 1-2 high quality photos with captions to help tell your story. Photos should be in .jpeg or .png files.

Articles should be no longer than 1 page in length.

Upcoming Events



The **HSPAC Events Calendar** (located at the bottom of the HSPAC website) shows upcoming events being hosted by the HSPAC. Click the calendar icon to visit the Events Calendar page. To include an event on the HSPAC calendar, submit a calendar invitation to HSPAC at Calendar.HSPAC@gmail.com with all pertinent information and a point of contact.

Connect with us:



<https://dcp.psc.gov/osg/hso/>



hspac.usphs@gmail.com



<https://dcp.psc.gov/OSG/hso/calendar.aspx>



<https://www.facebook.com/groups/HSO.HSPAC/>



https://twitter.com/PHS_HSPAC



<https://www.youtube.com/watch?v=MAFgNP-NSc>