



HSPAC News and Views

#WeAreCorpsSTRONG

Winter 2018

Greetings from the Health Services Chief Professional Officer

Dear Fellow Officers:

In this season of thanks and giving, I would like to share my most sincere appreciation for you as my fellow officers. The end of the year has always been a time of reflection and gratitude and I never cease to be amazed and grateful for the blessings that have been bestowed upon myself and our Category. We have remained corps strong through this unprecedented year of change and I am most proud of the comradery and support we provided to the Corps as we recognized and celebrated the lives of our fallen officers. Our Category has demonstrated the utmost in officership and leadership as we continue to contribute to the mission of the Corps. Let us salute another year of unprecedented growth and progress! I am especially appreciative of the PAC leadership who have been the architects of our success. As we transition into the new year, I am honored to continue to serve as your Chief Professional Officer. I wish you and your family safe travels, good food, and a joyful holiday!



CAPT Jeanean Willis Marsh
Chief Professional Officer
Health Services Category

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2019 Executive Committee Members

Chair: CDR Simleen Kaur

Executive Secretary: LT Aaron Grober

Executive Recorder: LT Stephanie Chiang

2019 Subcommittee Chairs (*Non-Voting Members)

Committee	Chair	Co-Chair
Analytics	LCDR Roberto Garza	LCDR Alex Freiman*
Awards	CDR Jyl Woolfolk	LCDR Sara Azimi-Bolourian
Career Development	LCDR Elizabeth Goodger	CDR Pieter Van Horn
Communications	CDR Elizabeth Garza	CDR Karen Chaves LCDR Felicia Warren*
Community Wellness	CDR Malaysia Harrell	LT Latasha Turner*
Events	CDR Margaret Caulk	CDR Cynthia White
Membership	CDR Neelam Ghiya	CDR Kristin Kelly
Mentoring	CDR Catherine Beer	CDR David Hunter
Policy	CDR Anthony Johnson	CDR Joel Richardson
Readiness	LCDR Nicole Bell	LCDR Thomas Maruna*
Recruitment	LCDR Marquita Burnett	CDR Martin Guardia
Special Assignments	CDR Zanethia Eubanks	

Please join us in thanking 2018 HSPAC Chair, CDR Carlos Bell, for his vision and outstanding leadership and welcome CDR Simleen Kaur as the 2019 HSPAC Chair.



2018 HSPAC Chair's Corner

Dear Health Services Officers,

December 31, 2018 marks the end of the 2018 HSPAC operational year and thus the end of my year as the PAC Chair. In looking back over the past year, I am immensely proud of everything that we have accomplished as a PAC and a Category.

Thank you to the PAC Leadership, including each HSPAC Voting Members and the PAG Chairs, for all of their efforts and support over the past year. I specially want to thank LCDR Tom Maruna and LCDR Stephanie Kenez (EC Secretary and Recorder), for managing me (not an easy task let me tell you) and running the day-to-day operations of the entire PAC, which included managing meetings and communications from over 25 PAC organizations. CAPT Willis Marsh – thank you for your guidance and your honest and thoughtful leadership, but most importantly thank you for your dedication and commitment to each of us! You are truly an exemplary officer, role model and friend!

Last and most importantly, thank You! It does not go unnoticed by our Category leadership that, in addition to your day-to-day work to protect and promote the safety of our nation, many of you selflessly dedicate countless volunteer hours in service of your fellow officers through your work in the PAC. To say that I'm continuously amazed at the professionalism and selfless dedication that each of you have consistently shown over this past year, would be an understatement. Thanks to each of you for your active participating in our PAC. It is only through your service, that we have been able to grow and improve each year.

Please keep it up. Continue to lead and serve with excellence and integrity. Or, to put it another way, "Start strong, stay strong, and finish strong, but always remember why you're doing it in the first place." I am proud to count myself among your ranks and grateful to have had the opportunity to serve as your 2018 PAC Chair for the past year and thank you for all your support through out 2018!

I look forward to supporting our incoming 2019 Chair, CDR Simleen Kaur, as she begins her term as Chair. CDR Kaur and her team have been working diligently over the past couple of months to ensure a smooth transition and I am super excited for things to come under her leadership in 2019!

Happy New Year!



CDR Carlos Bell
2018 Chair, Health Services Professional
Advisory Committee

2019 HSPAC Chair's Corner

Dear Health Services Officers,

Happy New Year to you all! I hope everyone got the opportunity to thank their family and friends for their support and celebrated the start of the New Year in good spirits. As the 2019 Chair of the HSPAC, I welcome you to a new HSPAC Operational Year.

I would like to kick off the New Year by sharing my **3P** vision of improving HSOs' operations by increasing **Partnership** among the groups, advancing career **Progression** for volunteers and improving **Preparedness** by focusing on:

- Increased collaboration, enhanced communications, and recognition between HSPAC subcommittees and Professional Advisory Groups.
- Enhancing mentoring and building strong stakeholder relationships by proactive engagement for career progression.
- Advanced education and training to enhance HSOs' professional competencies to improve preparedness.

I have complete faith we will be able to accomplish this vision because of diverse and talented officers that makes us one-of-a-kind Category **#WeAreCorpsSTRONG!** But there is something more important than just believing: **Taking action!** Therefore, checkout our HSPAC website, join a Subcommittee, PAG or a HSPAC initiative that interests you and start making a difference! And don't forget to checkout our Health Services social page on [Facebook](#) and [Twitter](#).

Under the leadership of our Health Services Chief Professional Officer, CAPT Jeanean Willis Marsh and support from our HSPAC Voting Members, PAG Voting Members, and active participants we will be able to drive incremental innovations in our operations to meet the continuously changing needs of the Commissioned Corps. I also want to take a moment to express my gratitude to 2018 HSPAC Chair, CDR Carlos Bell, and his Executive Committee for a commendable job they did last year.

I would like to close with this quote that drives my everyday commitment at work and home: *"Start by doing what's necessary; then do what's possible, and suddenly you are doing the impossible."*
—Saint Francis of Assisi

"Start by doing what's necessary; then do what's possible, and suddenly you are doing the impossible."

—Saint Francis of Assisi



CDR Simleen Kaur
2019 Chair, Health Services Professional
Advisory Committee

Awards

How Do I Write a Compelling Award Nomination?

The key to a well-written individual or unit honor award nomination is providing the reviewers with specific information illustrating how the individual's or group's achievements have had a positive impact. In order for your nomination to stand out, you must explain and include evidence and clear examples of what makes your nominee(s) exceptional. Below is a recommended format for writing quality individual and unit awards.



1. **Introduction:** Include an introductory paragraph that addresses the general criteria for the award (e.g., continuous leadership, major public health impact, etc.) and the timeframe covered by the nomination. Ensure this timeframe matches the period covered on the nomination form.
2. **Background:** Provide some pertinent background to provide the reviewers perspective on the issue/problem and any prior or mitigating circumstances. Clearly describe the project/activity, including how and when it started, as well as any potential goals. When relevant, this section should also identify the nominee's regular duties/responsibilities and how the accomplishments are outside the expectations of the position.
3. **Accomplishments:** This section should address the following questions: How did the officers(s) go "above and beyond" the expected scope or responsibility of the position(s)? Why is it deserving of recognition? What were the specific outcomes/impacts (use data and dates whenever possible) on the program, USPHS, nation, etc. that were directly attributable to the actions of the officer(s)? How were the potential goals met?
4. **Impact:** Clearly and concisely state how the outcomes/impact of the specifically attributable accomplishments affected the program. Again, use data to demonstrate the impact of a nomination. Be sure to use a chronological order to assist in clarity.
5. **Conclusion:** Provide a short summary to emphasize the importance of the project/accomplishment/activity.

All nominations must include a **nomination form**. Use [Form PHS 6342-2](#) for Individual Honor Awards and [Form PHS 6342-1](#) for Unit Honor Awards. Submit HSPAC and PAG award nominations to the [HSPAC Awards Subcommittee](#).



CDR Jyl Woolfolk



LCDR Sara Azimi-Bolourian

Career Progression and Promotion Guidance (CP₂G)

The **FY19 Career Progression and Promotion Guidance (CP₂G) Toolkit** includes guidance documents to assist HSOs with career growth and it also includes documents to assist officers as they plan for their USPHS Promotion. It includes the current FY19 Official HS Category CV Format Instructions and FY19 Official HS Category CV Sample Template. You can access the **CP₂G Toolkit** directly from the HSPAC Home page by clicking on “**Resources for HSOs**” from the [HSPAC Career Development](#) website and from [HSPAC CP2G Toolkit \(FY19\) Max.gov](#). All resources are updated at least annually with feedback from the previous year HS Category Promotion Board.



Career Development

There were minor changes to the **2019 Official HS Category CV Format Instructions**. These changes include:

- Any section or table that is Not Applicable should be noted “N/A” within the section or table.
- Continuing Education should not be repeated under the Training section when listed under the Continuing Education section.
- Included clarification to the limits on Publications (Section 13) and Presentations (Section 14).
- Added a “Changes to Previous Version” section to track updates from year to year.

We encourage you to take advantage of these tools and resources to better manage and track your career progression and prepare for your next promotion cycle.

Document Links	Description
FY19 Official HS Category CV - Format Instructions	Guidance and instructions for the current Official HS Category CV
FY19 Official HS Category CV - Sample Template	The Official HS Category CV Template. All HSOs are required to maintain an up-to-date HS Category CV in their eOPF.
FY19 HSO Benchmarks	Guidance on promotion precepts and benchmarks to describe the “best qualified” HSO for a specific grade
FY19 Best Practices	Best practices and changes to current required promotion documents
FY19 Promotion Checklist (New)	FY19 DCCPR Promotion Checklist including instructions and deadlines for required promotion steps
FY19 Officer Statement (OS) Health Services Guidelines	Guidance and examples for the Officer Statement (OS)
FY19 HS Reviewing Officer Statement (ROS) Health Services Guidelines	Guidance and examples for the Reviewing Officer Statement (ROS)
eOPF Upload Guidance Document (New)	Guidance for best representing and uploading documents to eOPF
Annual Accomplishments Tracking Sheet Template	Tracking sheet for officers to use during the year to keep up with accomplishments/ performance
2018 HS Category Career Trend Analysis Reports (Coming Soon)	Analysis of promotion statistics to identify and characterize current promotion trends among HSOs
2018 HS Category Career Progression Profile (Coming Soon)	Identifies & documents critical factors affecting HSO's professional development, provides insight into key drivers of professional success
Writing for Impact Guidance Document	Guidance & examples to assist HSOs with writing powerful statements that capture the impact of their work

Policy Updates

Directives vs. Instructions vs. Memoranda What's the difference?

Do you know the different types of policies that govern the personnel management of the Commissioned Corps? The directives, instructions, and memoranda issued by the Corps directly affect YOU as an officer. Here is a brief glossary of terms that define Commissioned Corps policy.

Commissioned Corps Directives (CCDs or Directives) are broad policy issuances containing what is required by legislation, the President, or the Secretary of HHS to initiate, govern, or regulate actions or conduct by HHS organizational components or personnel within specific areas of responsibility. The Secretary will issue Directives to establish or describe policy, programs, and organizations and also to define missions, provide authority, and assign responsibilities.

Commissioned Corps Instructions (CCIs or Instructions) are issuances that implement the policy contained in Directives, or prescribe the manner or a specific plan or action for carrying out the policy, operating a program or activity, and assigning responsibilities. Instructions are issued by the Assistant Secretary for Health (ASH).

Personnel Policy Memorandum (PPM) is an issuance that sets forth new or revised policies for the Corps and/or provides information or instruction(s) necessary for the proper administration and management of the Corps. PPMs are issued by the ASH due to time constraints which preclude publishing an Instruction that introduces new or revised policies. PPMs have the full force and effect of Instructions. Under the direction of the ASH, the Director of DCCPR may issue PPMs to make technical corrections to Instructions and PPMs, provide yearly updates, and make minor adjustments to policies issued by the ASH.

Personnel Operations Memorandum (POM) is an issuance that provides information and sets forth operational guidance from the Office of the Surgeon General (OSG). POMs are issued by the Surgeon General of the U.S. Public Health Service (SG). Under the direction of the SG, the Directors of the Office of Commissioned Corps Operations, the Office of Force Readiness and Deployment, and the Office of Reserve Affairs may issue POMs to make technical corrections to POMs, provide yearly updates, and make minor adjustments to information and operational guidance issued by the SG.

The **electronic Commissioned Corps Issuance System** (eCCIS) is the official system for the issuance of Corps policies, procedures, standards, instructions, and information governing personnel management of the Corps. For more information on eCCIS, please visit <https://dcp.psc.gov/ccmis/ccis/CCISForeword.aspx>. For information on the latest Commissioned Corps policies and guidance, please visit the CCMIS homepage at <https://dcp.psc.gov/ccmis/>.

For specific questions related to Commissioned Corps policies, contact the CCIS policy helpdesk at ccispolicy@hhs.gov or submit your questions to the HSPAC Policy and Procedures subcommittee at policy.hspac@gmail.com.



Optometry Professional Advisory Group (OPAG)

Optometry in the Last Frontier – Alaska

A small group of dedicated USPHS officers support health and wellness services for Alaska Native and American Indian people living in Anchorage, the Matanuska-Susitna region, and surrounding villages. We provide regional support to residents of 55 rural villages in the Anchorage Service Unit - a geographical area spanning 107,400 square miles across South-Central Alaska – extending from the Canadian border on the east to the Aleutian Chain and Pribilof Islands on the west. Six optometrists working with Indian Health Service and South-Central Foundation routinely travel to 30 villages providing comprehensive eye care in remote and austere environments. These temporary duty assignments are usually a week long and typically involve more than 60 patient/customer-owner encounters. These trips are critical since much of Alaska is not connected by a road system, and travel in and out of villages is challenging and expensive. Each village clinic saves thousands of dollars to the healthcare system by allowing residents to be seen at home village and not incur the expense of travelling to a large hub facility for care.



Officers travel to the villages by small plane, boat, helicopter, hovercraft, and snow mobile. Most officers would qualify for the USPHS hazardous duty award. Our equipment set is packed in 5 large pelican cases and weighs 250 pounds. There are numerous instances of travel cancellations and delays, even a trip to the Aleutian chain that resulted in a return delay of more than a week. Many villages have no restaurants or grocery stores, so food is packed in our carry-ons. We often sleep on cots in the village clinics if other lodging is not available. As you can imagine, these temporary duty assignments involve extensive planning, detailed logistical preparation, and fluid execution. Optometry service in the Greatland is truly unique and rewarding!



Public Health Professional Advisory Group (PHPAG)

2018 Annual PHPAG Survey Guides Subgroup and Team Priorities

The Public Health Professional Advisory Group (PHPAG) supports the coordination, development, training, and evaluation of activities related to the diverse professional disciplines of its 359 assigned members. The PHPAG Data and Evaluation Subgroup disseminates an annual survey to officers in the PHPAG to inform them of the priorities and activities of the PHPAG's subgroups and teams.



Characteristics of Respondents

- 104 (29%) officers assigned to the PHPAG responded to the survey.
- The majority of respondents held the rank of LCDR (47%) or CDR (37%).
- The majority of duty stations were located in the DC metro area (47%) followed by Georgia (32%). Other duty stations were varied and included 15 states, two overseas locations, and one U.S. territory.
- The top three agencies represented included Centers for Disease Control and Prevention (36%), Food and Drug Administration (22%), and Health Resources and Services Administration (16%). Other agencies represented included HHS/Office of the Secretary (OS), Centers for Medicare and Medicaid Services (CMS), National Institutes of Health (NIH), Administration for Children and Families (ACF), Department of the Interior (DOI), and Environmental Protection Agency (EPA).
- 72% of respondents listed MPH as their qualifying degree. Other degrees included MS, MHA, MSPH, MSW, MHS, and MA.
- Years of active duty service varied among respondents, <1 year (1%), 1-5 years (10%), 5-8 years (36%), 8-12 years (28%), >12 years (25%).
- The most common discipline among respondents was health promotion and health education (24%), followed closely by epidemiology (20%). There were 21 other disciplines reported by respondents, highlighting the diversity of disciplines in the PHPAG.

Results in Action

Survey responses informed the PHPAG subgroup and team activities during the 2018 operational year. For example, survey findings indicated that officers preferred to deploy in their area of expertise, and 79% of officers felt that they lacked the necessary training to serve in that role within the context of a PHS deployment. As a result, the Technical Readiness Subgroup started working with the Education, Training, and Mentoring Subgroup to develop trainings and webinars to address PHPAG officers' readiness needs. The survey also indicated that 50% of respondents were interested in serving as a subject matter expert on a PHPAG sponsored panel or webinar. The Stakeholder and Community Engagement Subgroup continues to reach out to these officers to support panels and webinars on public health areas of interest to PHPAG members. The PHPAG also worked to provide additional resources on the awards and nomination process, because 34% of respondents indicated that they were not familiar with the annual awards or nomination processes.

Social Work Professional Advisory Group (SWPAG)

SWPAGs Flagship Initiative: The National Homeless Veterans Outreach Campaign



The Social Work Professional Advisory Group (SWPAG) stands ready and willing to meet the mission of the USPHS to protect, promote, and advance the health and safety of our nation. The USPHS Day of Service in Atlanta, Georgia, was the culminating event for the SWPAG's 2018 flagship initiative, *The National Homeless Veterans Outreach Campaign*, which also executed events in Fayetteville, North Carolina, Baltimore, Maryland, and San Diego, California. This collaboration, facilitated by CDR Stephanie Felder, was a joint effort between the SWPAG and the Training Reintegration Outreach and Opportunity Program Services (TROOPS). TROOPS is a veteran-specific career development and employment services program offered by Mary Hall Freedom House, Inc. designed to meet and the needs of our country's military veterans and veteran families who are at risk or currently experiencing homelessness.

During the event, 10 skilled officers from various HSPAC Categories and agencies such as NIH, CDC, and ICE facilitated sessions on interviewing, resume building, and financial planning, and conducted mock interviews with 10 veterans. Participants were provided with notebooks filled with information on SMART goals, creating financial freedom, mental health and substance abuse resources, as well as flash drives that can be used to store resumes, cover letters, and other essential documents. They were also provided the opportunity to fellowship with USPHS officers and hear about our mission.



USPHS officers participate in the National Homeless Veterans Outreach Campaign in Atlanta, Georgia.

The USPHS Day of Service Committee plans to continue fostering the relationship between the Corps and VA Homeless Programs across the country. Interested officers are strongly encouraged to contact LT Jamillah Bynum to obtain further information at jamillah.bynum@nih.gov.

CDR Felder and the Team Leaders, CDR Indira Harris and LT Jamillah Bynum, would like to thank all of the officers who volunteered their time and resources to this event:

*CAPT Donald Schmidt
CDR Jennifer Borneman
CDR Christye Brown
CDR Ali Danner
CDR Theresa Grant
LCDR Sarah-Blythe Ballard
LCDR Eboni Galloway
LCDR Robyn Neblett-Fanfair
LCDR Katrina Sloan
LCDR Toscha Stanley
LT Michael Galloway*

The Story Behind the 1st Annual PAC #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. This marked the first ever *PAC Push-Up Challenge*, a fitness challenge that created a wave of exhilaration and excitement throughout the Corps. Officers could be found in their respective offices having push-up battles. Some even took to social media to challenge fellow officers to prove how #SGFit they were. The U.S. Surgeon General, VADM Jerome Adams, also joined in the fun logging push-ups and posting his progress on his social media accounts. **Officers completed an unprecedented 627,211 push-ups!**

"By failing to prepare, you are preparing to fail."

Benjamin Franklin

**Prepare now for the August 2019
PAC Push-Up Challenge**

Newly commissioned HSOs **LT James Betz** and **LT Mouhamed "Mo" Halwani** (OBC 98 & 95 respectively) conceptualized what would become *the* fitness challenge of the USPHS. The challenge, which incorporated a critical component of the USPHS Annual Physical Fitness Test (APFT), was originally intended to boost followers for the HSPAC twitter account @PHS_HSPAC. LTs Betz and Halwani never imagined that it would quickly grow into much more and become a USPHS-wide initiative. With support from HSPAC leadership, these junior officers spearheaded a competitive challenge that resonated and gained traction with fellow officers. They developed an electronic data collection tools to log push-ups and launched a social marketing campaign across multiple platforms (HSPAC listserv, [Facebook](#), and [Twitter](#)). They created memes, gifs, and videos and also crunched numbers and prepared USPHS-wide reports. The campaign ultimately transcended across all categories and was adopted by the Office of the Surgeon General.

Originally, the goal was to get an ambitious 30,000 push-ups completed by HSOs as well as hopefully get a few fellow officers to participate from other PACS. The HSO Category alone surpassed that goal within the first week! HSOs answered the call, and by the close of the challenge we completed a total of 118,109 push-ups, nearly four times the original goal! Not only did officers from every PAC participate, but the challenge made its way to the most senior members of each category's leadership. An impressive nine Admirals participated in the challenge along with several Chief Professional Officers. HSOs Push-Up Challenge Champions were **LCDR Shercođa (Cody) Smaw** and **CDR Anthony Johnson**. Combined, they logged a total of 12,849 push-ups.

As a result of the Push-Up Challenge's success, the USPHS adopted it as an annual initiative to encourage physical fitness, esprit de corps, and *friendly* competition. Please join us in thanking LTs Halwani and Betz for their vision, creativity, and leadership. Planning for next year's competition is currently underway. To join the planning team, contact Communications.HSPAC@gmail.com with '2019 Push-Up Challenge' in the subject of the email.

Be sure to save the date and begin preparing for the August 2019 PAC Push-Up Challenge! Let's see if HSOs will emerge as the new Push-Up Challenge Champions and defeat the Environmental Health Officers.



NDMS Summit 2018: RIST NCR Training in Action

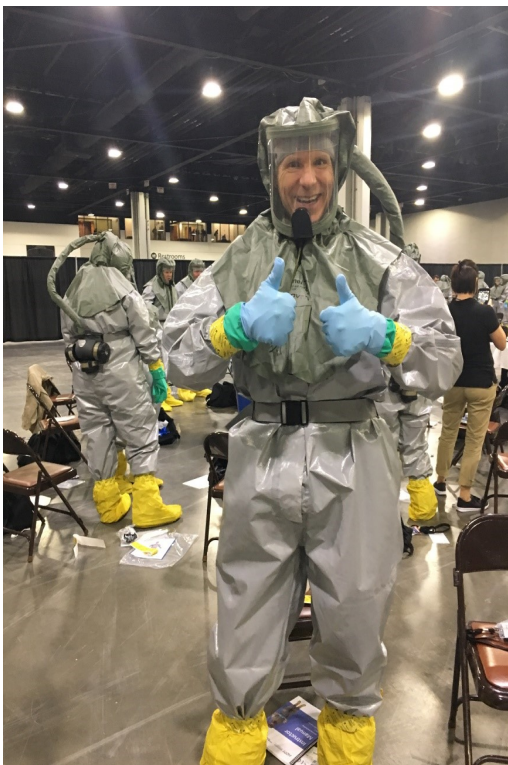
Dr. Robert Kadlec, the Assistant Secretary for Preparedness and Response (ASPR), has made training a priority for HHS personnel. The National Disaster Medical System (NDMS) Summit, held in Atlanta, Georgia on July 24-26, 2018, was the first held in over five years and included approximately 1800 NDMS attendees. The USPHS was well represented at the Summit. For the first time, more than 400 USPHS officers attended the conference and CAPT Wanda Finch gave an inspirational rendition of the Star Spangled Banner at the opening. All Tier I and II teams were represented and some officers on Tier III teams were also in attendance. Four officers from the Regional Incident Support Team - National Capital Region (RIST-NCR) had the opportunity to participate in this important training opportunity.



At the Summit, leadership from within the Office of the ASPR provided key updates on significant changes to the organizational structure for emergency response operations. These changes are more aligned with the Incident Command Structure and are the results of lessons learned from the intense 2017 hurricane season. The new response posture at the leadership level will be to support the teams in the field rather than coordinating them. In order to provide a more scalable and flexible response, the Incident Response Coordination Team (IRCT) structure has been changed to the Incident Management Team (IMT). The leadership roles with the IMT will be directly reporting to the ASPR and subject matter experts will be utilized as advisors to the ASPR.



LCDR Chitra Mahadeva at a Base of Operations (BoO) set up during the NDMS Summit.



LCDR Scott Steffen demonstrates proper sequence for donning Level C PPE.

This change will provide the ASPR a better method to tailor the response needs to a particular mission making it more adaptive to the type of event. Leadership from within the Office of the ASPR also stated they would be directing more efforts toward information management and situational awareness.

The Summit provided a great variety of didactic and hands-on training. All personnel were required to take training in Electronic Medical Record (EMR), the Joint Patient Assessment & Tracking System (JPATs), Personal Protective Equipment (PPE), and respirator fit testing. In addition, clinicians were required to take smallpox and the Strategic National Stockpile trainings. EMR training provided the opportunity for RIST-NCR members to access the EMR system, create locations, admit patients, assign beds, and create patient medical records under various roles including system administrator, doctor, nurse, or pharmacist, which are tasks that expand the current training and functional skill set of RIST-NCR officers. JPATs training demonstrated how to input patients and family members identifying information for tracking purposes and the capabilities of generating manifests and reports. NDMS Summit attendees were also trained on donning and doffing Level C PPE suits in preparation for exposures during a hazardous material event. All of the training sessions were useful in helping increase the understanding of the capabilities of these systems and the equipment used during deployments.

NDMS Summit 2018: RIST NCR Training in Action (cont'd)

RedDOG and the MAB conducted two required sessions for USPHS officers. The RedDOG session provided a review of deployable USPHS Tier 1 and 2 teams. RedDOG also explained the process for fulfilling deployment requests from the initial receipt of the requests from HHS to submitting those requests to the Tier 1, 2, and 3 teams through securing officers for deployment. MAB provided a briefing on the proposed medical readiness requirements that are currently undergoing legal review by the Corps. The proposed requirements include a Periodic Health Update (PHU) performance within the past year for Tier 1 and 2 or within the past three years for the Tier 3. MAB will review the PHUs and assign each officer to one of four Medical Readiness and Deployment Groups. **MRC-1:** Deployable anywhere; **MRC-2:** Deployable with limitation; **MRC-3:** Temporarily Non-Deployable; and **MRC-4:** Non-Deployable.



CDR Melissa Walker is deployment ready after completing PPE donning and doffing skills training.

The summit also offered optional sessions that proved no less important. CDR Karen Chaves and LCDR Scott Steffen attended the "Stop the Bleed" training that instructed both medical and non-medical personnel in critical lifesaving techniques all responders can utilize to address the number one cause of preventable death from trauma. As a result of this training, participants can pursue certification as trainers to properly implement "Stop the Bleed" skills, including tourniquet application and other lifesaving techniques. These officers are now able to teach these skills to local communities. The intubation hands-on training was exciting and interesting, even for a non-clinician. During the training, the instructor emphasized that during a major event or mass casualty incident, non-clinicians could assist paramedics by quickly identifying and providing items the paramedics would request, which could potentially help save lives. The Wilderness Medicine session attended by LCDRs Chitra Mahadevan and Scott Steffen provided informative and practical tips for deployments in austere conditions. It may be a surprise to some to learn how handy common items such as super glue and duct tape can be for medical emergencies in austere conditions with limited resources. The CDC also had a Federal Medical Station on exhibit. CDR Melissa Walker attended the Travel Systems and Policy 101 session and reviewed the Hurricanes Harvey, Irma, Maria Federal Coordinating Center operations where she learned how HHS coordinates with the Department of Defense during emergency operations. Attendees were able to tour many different versions of tents which made up a Base of Operations (BoO), thereby bringing a context to the training received. This activity also assisted LCDR Steffen in his role as a safety officer to visualize potential safety problems that may be encountered in the field. In addition, the clinicians in attendance received mandatory training on the Strategic National Stockpile and its contents as well as the opportunity to practice vaccine administration. Collectively, these skills may seem irrelevant to non-clinicians on the surface. However, the skills learned provide the opportunity for non-clinicians to be more versatile and efficient, especially when medical demands may exceed the resources of available clinicians.



CDR Karen Chaves practices lifesaving "Stop the Bleed" techniques.

Overall, the training was very useful in enhancing the roles of USPHS officers in the field. The next Summit is projected to be in two years. You won't want to miss it.

APHA Live: Virtual Continuing Education Opportunities for Officers

Depending on your category, discipline, or licensure, chances are that you must complete continuing education units (CEUs) annually. CEUs are easy to obtain through annual conferences, meetings, and/or symposiums; however, the cost of attending can add up fast. In addition, officers who are able to attend sometimes find themselves deployed or stationed elsewhere, making attending in person a somewhat challenging feat. This appeared to be a conundrum until recently, when the American Public Health Association (APHA) embarked on an innovative virtual opportunity called APHA Live.

APHA Live is a unique platform developed by APHA that allows registered users to attend the annual APHA conference virtually. Registered users can choose to attend the conference “live” or on-demand for up to a year following the conference. Either option provides users with the ability to catch all 14 premier sessions and earn up to 19 CEUs in several credentialing categories*. In order to obtain credit, registrants watch each session, then take a brief quiz. Once completed successfully (typically score of at least 80%), registrants receive a certificate via email, which they can then upload or mail to the certifying credentialing service of their choice.

This unique offering is the brainchild of LCDR Tracy Tilghman, who thought it would be great for officers to take advantage of the APHA virtual conference using the group membership option. Although it was a last minute idea, LCDR Tilghman was able to get over 80 officers registered last year to participate in the virtual conference. Many more officers expressed interest following the start of the conference, which prompted a more coordinated effort to ensure the option of on-demand attendance moving forward. This year to date, more than 200 officers across all USPHS Categories have registered to participate in this exciting endeavor. We are hopeful that our partnership with APHA will increase the opportunities for officers to attend this and other conferences virtually.

This opportunity is being provided again this year to all officers through the coordination and collaboration of the Health Education and Health Promotion (HPHE) and Generalist tracks, which is a subgroup of Public Health Professional Advisory Group (PHPAG) within the Health Services (HS) Category. For more information on APHA Live, please visit <https://www.apha.org/APHA-Live>.

We are happy to work with officers and other categories within USPHS and encourage officers to participate in these training opportunities. For more information on how to participate in this endeavor next year or to learn more about APHA, please email hphe.phpag@gmail.com.

*Please note: The current certifications for CEUs are as follows: CHES®, MCHES®, CME, CNE, CPH, OP (ask your licensing/certification board if they accept CMEs for Non-Physician).



LCDR Tracy Tilghman



CDR Neelam Ghiya



LCDR Tchernavia Gregory



LCDR Charlotte Kaboré

Global Health Track Conducts 3rd Annual Site Visit with Global Health Leaders

The Public Health Professional Advisory Group (PHPAG) Global Health Track is the only USPHS group focused on global health. Established in 2013, it serves as an interdisciplinary resource for officers of all categories working in — or interested in — the field of global health. Since 2017, the group has nearly doubled in size. The now 80+ member group currently has representation around the world from seven USPHS Categories: Engineer, Environmental Health, Health Services, Medical, Nurse, Pharmacists, and Scientist and provides resources to officers of all ranks.



USPHS Global Health Track meets with global health leaders in New York City.

The group's overarching objectives are to: 1) *Foster professional development opportunities in global health* and 2) *Enhance interpersonal connections and share global health resources*. The group hosts one in-person site visit each calendar year, which is its cornerstone activity. In 2016, the group met with global health leaders in U.S. Government visit in Washington, D.C. (U.S. Department of State, HHS Office of Global Affairs, and CDC Washington). In 2017, officers visited CDC Headquarters in Atlanta, Georgia to learn about its domestic and overseas global health programs.

On November 9, 2018, eleven officers participated in a one-day, in-person site visit in New York, New York. Of note, eight of the eleven officers self-paid and took leave to travel from as far away as South Dakota and Minnesota to participate in the day's activities. During the site visit, officers met with leaders of organizations that USPHS may collaborate with during an international deployment. The two objectives of the day were to:

- Promote discussion of global health topics and introduce key stakeholders
- Meet with other officers currently working or interested in global health programs

During the site visit, the officers met with leaders from the Council on Foreign Relations (CFR), United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), United Nations International Children's Emergency Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), United Nations Medical Support Section/Division of Field Support (UN MSS/DFS), and Médecins Sans Frontières (MSF). During these meetings, officers discussed topics such as the integration and intersection of health and foreign relations as well as national disasters and conflict coordination.

The Global Health Track continues to expand the diversity of its membership (e.g., diversity in rank, category, experience, duty location, etc.). For more information, please contact Global Health Co-Leads: LCDRs [Alyson Rose-Wood](#) and [Felicia Warren](#).

USPHS Participants

Officer	Category	Agency	Duty Station
CDR Dina Passman	Health Services	HRSA	Washington, DC
CDR Jerry Zee	Pharmacist	CMS	New York, NY
LCDR Michelle Dittrich	Environmental Health	CDC	St. Paul, MN
LCDR Courtney Gustin	Nurse	OSG	Washington, DC
LCDR NaTasha Hollis	Scientist	CDC	Atlanta, GA
LCDR Rachael Moliver	Pharmacist	FDA	New York, NY
LCDR Alyson Rose-Wood	Health Services	CDC	Atlanta, GA
LCDR Mary Thoennes	Pharmacist	IHS	Sisseton, SD
LCDR Felicia Warren	Health Services	CDC	Atlanta, GA
LCDR Jay Wong	Pharmacist	FDA	New York, NY
LT Helen MacGregor	Nurse	BOP	Danbury, CT

Retirement and You: Successfully Navigating your Way After 20+ Years in the USPHS

No matter your experience or time in the USPHS, it is never too early to start planning for retirement. In a survey conducted among retired officers from 2010, a staggering 98% of retired officers would advise other officers to attend a pre-retirement seminar. With that in mind, here are some key retirement topics to consider as you navigate your way towards the end of your USPHS career!

- **Initiating Retirement:** Decide which day you want to be your last day working at your duty station. The deadline for submission of the PHS-1373 is 90 days before your final day at work. You should consult the separations policy, your agency liaison, and a separations counselor before submitting your PHS-1373. Once you submit the PHS-1373, it may not be rescinded.
- **Pay:** Since USPHS retiree pay is managed by the U.S. Coast Guard (not the Compensation Branch), the CG-4700 form designates how you will receive your retiree pay. While receiving uniformed service retirement benefits, there is generally no reduction of Social Security benefits.
- **Survivor Benefits:** Upon the death of the retiree, retirement pay stops. If you have a spouse and/or children, have you considered how you would like to continue providing financial support when you pass away? The same CG-4700 form allows you to select your choice for the Survival Benefit Plan (SBP), which can provide a maximum coverage of an annuity of 55% of your full retired pay at a pre-tax monthly premium of 6.5%.
- **Medical and Dental Care:** You and your dependents are still eligible to receive medical care post-retirement; however, you will need to re-enroll in TRICARE within 90 days of retirement. Enrollment forms and eligibility information are available on the TRICARE website. Dental care benefits are currently administered by Delta Dental® of California, which is a voluntary, premium-based DoD dental program that is available to retired service members and their families (www.trdp.org).
- **Travel and Transportation:** Your agency at the time of retirement coordinates the movement of household goods and dependents to a home of selection using the PHS-1373 form (which can be different from the non-changeable home of record that was indicated upon your accession into the USPHS).
- **Life Insurance:** While on active duty, you are eligible for enrollment in SGLI. This is convertible to the Veterans' Group Life Insurance (VGLI) or any other commercial policy after separation. VGLI coverage is available in increments of \$10,000, up to \$400,000, with premiums also increasing with age. The application form to convert SGLI to VGLI is available on the VA [website](http://www.va.gov).

According to a 2010 survey, 98% of retired officers recommend attendance at a pre-retirement seminar. It is never too early to plan for your future!

The few topics here only scratch the surface of the retirement process. Fortunately, there are many resources you can utilize to help. The USPHS Learning Management System (LMS) has a retirement seminar that provides valuable information on many retirement-related topics. Furthermore, the Separations Team at DCCPR (phscseparations@hhs.gov) is available to answer any questions and to help guide you through the process.

Disclaimer: This article's content was submitted by LCDR T. Monique Bailey, LT Alesha Harris, and LT Fengyee Zhou. It is accurate as of November 2018 and is meant for informational purposes only. It is not intended to replace the role of a separations counselor or a pre-retirement counseling session.

E-Cigarettes and Youth: A Public Health Priority

E-cigarettes or Electronic Nicotine Delivery Systems (ENDS) have become the most common form of nicotine consumption in our nation's adolescents and young adults, surpassing traditional cigarettes. Use of these products by our young population is increasing at unprecedented rates. Flavorings are being added to attract our nation's youth and deceptive advertising practices are ubiquitous, spurring false perceptions that these products are safe alternatives to traditional smoking.

The devices are easy to conceal and are nearly odorless. In the U.S., 16% of high school students reported using an e-cigarette in the last 30 days. VADM Murthy stated in his 2016 report that e-cigarette use among high school students grew 900% between 2011 to 2015. In fact, electronic cigarette use has surpassed the use of traditional cigarettes among high school students.

While our parents and grandparents had to battle with combustible (traditional) cigarettes, we are the first generation to experience the e-cigarette. Adult's knowledge of the devices is highly variable and inconsistent. As a commissioned officer in the USPHS, it is important to educate ourselves and others most vulnerable to the effects of ENDS. Officers are in a unique role to present information in an authoritative manner on this public health problem.



I would ask each of you to do the following:

- Become educated on e-cigarettes - the devices, the contents, the dangers.
- Talk to your school aged kids about e-cigs. Chances are, they already know more than you do.
- If you are a clinician, include vaping in your tobacco screening. Many patients don't consider it "smoking."
- Draft a letter to your neighborhood/community listserv and educate them to talk to their school-aged kids about the dangers of e-cigarettes.

Below are a number of resources on information about electronic cigarettes:

1. [Should I talk to my kid about vaping?](#)
2. [JUUL Factsheet](#)
3. [Risks of Vaping \(Youth\)](#)

Contact [CDR Brian Burt](#), Prevention Lead, Nicotine Cessation Services Access Workgroup with any questions.

Prevention through Active Community Engagement (PACE)

"It takes a big heart to help shape little minds." This inscription was on the plates that staff from Hollis T. Dietz Elementary School presented to USPHS officers in appreciation for their commitment to health education and prevention. On October 24, 2018, LT Kevin McDermott, LT Jason Caballero, and LTJG Kristina Valenzuela shared fun and engaging activities on how smoking is harmful to health with 253 students through the PACE program. Prevention through Active Community Engagement (PACE), chartered by the U.S. Surgeon General, leverages the expertise of USPHS officers to provide health education about the benefits of prevention to local communities.

During the event, officers presented to 12 classes where they provided an overview of the USPHS and its mission and explained how smoking is detrimental to health. To illustrate the dangers of smoking, officers made green slime using common household ingredients: Elmer's glue, contact lens solution, baking soda, and food coloring. Students used the slime to pick up small pieces of glitter and sprinkles, which simulated how mucus helps collect and remove harmful germs and substances from the lungs. At the end of the class, students were able to explain how smoking interferes with the body's immune system and ultimately can cause serious health problems such as lung cancer. Students received handouts with instructions for making the slime at home and were encouraged to discuss what they learned with their family.

Students were excited to have the officers on campus and school administrators were appreciative of the officers' time and expertise. After the event, several parents shared that their children came home from school and enthusiastically discussed how they would never smoke because of its harmful consequences. School officials noted that the officers were the highlight of their Red Ribbon week focus on tobacco and drug abuse prevention. The officers were invited to return for Career Day to encourage students to consider a future as future USPHS officers.



From left to right: LT Kevin McDermott, LT Jason Caballero, Melissa Smith (Principal), Ummi Bodede (Assistant Principal), Mynda Rivera (School Counselor), and LTJG Kristina Valenzuela



LT Kevin McDermott and a student use green slime to simulate how mucus protects the lungs.



LTJG Kristina Valenzuela, LT Kevin McDermott, and LT Jason Caballero make slime for a class demonstration.



LT Jason Caballero and LTJG Kristina Valenzuela pose with LT Kevin McDermott and his daughter, Bree.

HSOs in Action

Water Restored to 25,000 Homes in Arecibo, Puerto Rico

On September 20th, 2017, the strongest hurricane in 85 years made landfall on the island of Puerto Rico. Hurricane Maria caused unprecedented damage, requiring a response of equal magnitude from both government agencies and non-government organizations. In response to Hurricane Maria, Commissioned Corps officers deployed in a variety of roles, including establishing Federal Medical Stations (FMS) throughout the island.

In October 2017, CDRs Hugo Gonzalez and Adam Lofton along with Arecibo native, LCDR Vladimir Tirado, formed a team to identify the needs of potential FMS sites. The team's mission was to determine if the structure at Coliseo de Arecibo Manuel "Petaca" Iguina Reyes could support an FMS. Upon initial inspection, the team noticed a major issue with the site — no water. Running water is essential at an FMS for providing air conditioning and to ensure functioning sprinklers in the event of a fire. A lack of electricity at a nearby pump house was the cause of the outage. The officers soon found out that the problem was much larger than flipping a switch to restore power.

Arecibo native LCDR Vladimir Tirado and fellow Commissioned Corps officers CDRs Hugo Gonzalez and Adam Lofton helped restore water to 25,000 households in Arecibo, Puerto Rico after the unprecedented damage from Hurricane Maria.

Hurricane Maria devastated Arecibo, a city of nearly 100,000, located on the northern coast approximately 50 miles west of San Juan. While a generator to power the pump house was available, the amount of debris and downed electrical lines surrounding the pump house made installing the generator unsafe. Restoring power to the pump house and getting an FMS running in Arecibo was going to be a massive effort that would require the help of multiple organizations in the surrounding Arecibo area. Fortunately, LCDR Vladimir Tirado, was not only born in Arecibo, but spent his first twenty-six years there before leaving the island to pursue a new career.

Over the next several days, the Commissioned Corps team coordinated with local power and water companies and federal agencies to restore water in Arecibo. First, the team located the pump house just off the beaten path ten miles north of the coliseum. The team assessed the damage and determined what organizations and accompanying strategies were needed to provide an alternative power source to pump the water. After meeting with the Army Corps of Engineers, FEMA, and General Services Administration, the team developed a plan that would require highly coordinated efforts with the water and power companies. LCDR Tirado contacted the Puerto Rico Aquatic and Sewage Authority (PRASA) North Region Director and Deputy Directors to discuss how to bring the pump house back to life. Then, LCDR Tirado met with the mayor of Arecibo to discuss licensing use agreements. Together, PRASA and the Army Corps of Engineers assessed the pump house. LCDR Tirado explained the situation and representatives from Puerto Rico Energy and Power Authority (PREPA) came to the site and removed the fallen tree, poles, and down power lines. In less than 48 hours after PREPA removed the debris, the Commissioned Corps team coordinated with PRASA and the Army Corps of Engineers to install and connect new generators. Because of these collective efforts, water was restored to 25,000 households in Arecibo.

LCDR Tirado's family are still residents of Arecibo. His parents, sister, and 89 years young grandmother embraced him as they informed him that they now had running water in their homes for the first time since Hurricane Maria made landfall more than a month earlier. They spent the previous month traveling to farms to get well water or purchasing 5 gallons of water at a time from a nearby company. They no longer had to leave home to find water thanks to LCDR Tirado and his CDRs Gonzalez and Lofton. When CDR Lofton realized how significant the impact was, he immediately called his wife only to find that words escaped him and were replaced with tear-filled eyes as he stood silently holding the phone.

The impact of helping others can be substantial. The results from such collaboration can be overwhelming at times and even leave us speechless. This team realized they couldn't overcome these obstacles on their own, but by reaching out to PRASA and PREPA while collaborating with responding federal resources, they formulated a plan for success.

HSOs in Action

2018 Peace Officer Memorial (POM) Mission: National Security Event

In 1962, President Kennedy proclaimed May 15 as National Peace Officers Memorial (POM) Day and the respective calendar week as National Police Week. National Police Week provides special recognition to the local, state, and federal peace officers who have died, or who have been disabled, in the line of duty. In 2018, the 37th annual event was held at the west front of the U.S. Capitol. During the event, President Trump addressed more than 40,000 guests, including survivors of the fallen. This year 199 fallen officers were honored. The prestigious ceremony included a reading of the Roll Call of Heroes.

Planning for this monumental National Event required weeks of preparation from a multidisciplinary group of healthcare and logistics professionals. POM 2018 was a national special security event that was supported by the HHS, Office of Assistant Secretary for Preparedness and Response (ASPR), and Office of Emergency Management (OEM). USPHS officers worked alongside the National Disaster Medical System (NDMS) teams to complete HHS's mission of providing health and medical response resources in support of the response strategy of the Office of Attending Physician to Congress.

Our mission was to assist with the preparation, transportation, deployment, set up and break down of the HHS response. This year's event yielded the highest number of patients seen in our medical tents; 92 patients required medical intervention. Ten officers were requested from RedDOG: one pharmacist, two information technologists, one EMGLOG desk expert, one communications expert, and five general logistics responders (includes transportation and inventory control). Officers from several agencies (EPA, CDC, FDA, HRSA, and NIH) were deployed May 6-18, 2018 to three locations: Mission Support Center (MSC) in Frederick, MD, Humphrey Building in Washington DC, and the Capitol grounds.



CDR Vandna Kishore, LCDR Shaun Chapman, LCDR Jun Lee, LCDR Morgan Walker, LT Elizabeth Kim, and LT John Skender deploy for POM event.



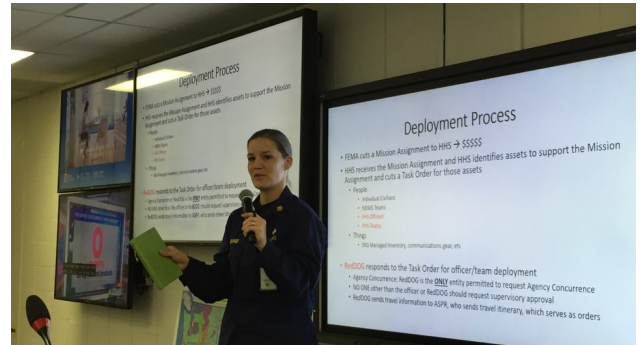
USPHS officers deploy in support of Peace Officer Memorial mission.

The POM was a great opportunity to learn deployment preparation, develop good deployment habits, work with teams from various federal agencies, engage in varied roles, and test physical endurance. In addition, it was a great opportunity to experience, understand, and appreciate the logistical roles of a deployment. New deployers learned deployment planning, practice flexibility, and training in logistical roles. USPHS partnered with Logistics Response Assistance Teams (LRAT) and Disaster Medical Assistance Teams (DMAT) to support and complete the mission. Be on the lookout for your opportunity to serve!

HSOs in Action

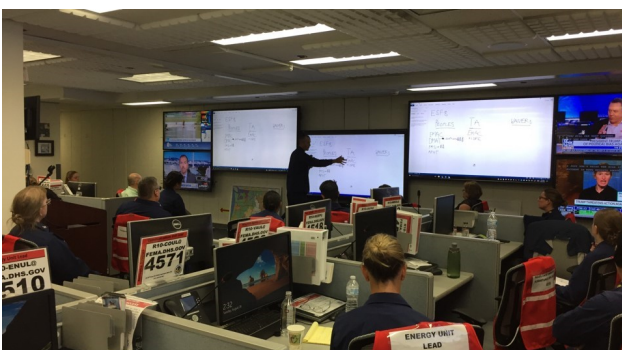
Regional Incident Support Teams (RIST) Lead the Way

All disasters are local. Local personnel are first to respond to incidents, local resources are first to be utilized in the aftermath of a disaster, and accurate situational awareness begins to build first at the local level. Commissioned Corps Regional Incident Support Teams, or RISTs, are located throughout the country and their geographic hubs align with 10 FEMA regions. Officers serving on RISTs are geographically distributed throughout individual regions, and serve in close physical proximity to state and local emergency response leadership, operations centers, and public health departments. They are familiar with the nuances of local culture, politics, and response structure. If a state, tribal, or local health infrastructure suffers damage from a disaster, the RIST team is uniquely positioned to rapidly respond and assist or advise.



CDR Elizabeth DeGrange discusses USPHS deployment processes.

In August 2018, RIST members from Regions 8, 9, and 10 traveled to Bothell, Washington for a 2-day in-person training opportunity. Funding was provided by the Assistant Secretary for Preparedness and Response (ASPR), and instructors were sourced from the cadre of Regional Emergency Coordinators (RECs) in the participating regions, Commissioned Corps Readiness and Deployment Operations Group (RedDOG), as well as FEMA staff from Region 10. REC cadre instructors consulted the RIST 8, 9, and 10 team leaders to help determine the most critical knowledge gaps and operational concerns of the RISTs. Combining those concerns with the wealth of public health emergency management experience in the REC cadre, an agenda was developed that sought to strengthen the operational effectiveness and expand the knowledge base of RIST personnel. Led by Region 8 (CDR John Gibbons and Dr. Ken Sturrock), 9 (CAPT Brad Austin), and 10 RECs (CAPT John Smart and LCDR Jennifer Cockrill), and drawing upon in-person expertise of CDR Elizabeth DeGrange from RedDOG, RIST members were trained on USPHS deployment processes, legal underpinnings of deployment, the full spectrum of Emergency Support Function-8 (ESF-8) deployment and assistance assets—from DMATs to DMORTs, EPAP to 1135 Waivers—and topical mission sets, such as ASPR's role in emergency repatriation and NDMS patient movement operations. Leveraging regional collaboration with FEMA counterparts, RIST personnel were also trained on FEMA resource request and mission assignment processes, as well as the full complement of Emergency Support Functions that serve as mission enablers for ESF-8 during field operations. Overall, the training was well received by the RIST personnel, with all RIST trainees indicating that the training they received will improve their performance during a deployment. ASPR's regional emergency coordinators look forward to working with RIST teams to develop and coordinate future in-person trainings to build capacity among our Commissioned Corps deployment teams.



USPHS officers receive critical deployment training in Washington, DC.



USPHS officers from RIST 8,9, and 10 participate in deployment training.

HSOs in Action

Enhancing Health Through Community Outreach: HSOs Lead Community Health Fair in Columbus, Georgia

On October 5-7, 2018, USPHS officers participated in BCOAG's 3rd annual Columbus Hometown Mission Initiative, a weekend dedicated to service and community outreach. During the weekend, USPHS officers:

1. Engaged a local high school and university to introduce students to the USPHS and public health career opportunities;
2. Volunteered with a community tutoring program to assist elementary and middle students with essential reading and math skills; and
3. Organized a community health and wellness fair to provide critical health screening and education to community members.



USPHS officers screen Ft. Benning active duty service men and women during a community health fair.



USPHS officers provide health education and screenings to local community members.

The community health fair took place on Saturday, October 6, 2018 in collaboration with the 83rd Annual Tuskegee-Morehouse Football Classic at the Columbus Civic Center. This multidisciplinary event included collaboration with officers across multiple categories including Health Services, Nurse, Pharmacist, and Scientist. Together, these officers conducted more than 200 blood pressure and 6 glucose screenings for local community members including educators, students at the high school and college level, adults of all ages, as well as Army service members from Ft. Benning, GA. Officers also provided a health information and counseling centered on heart health, women's and men's health, mental health, fitness, and the importance of a healthy diet to nearly 300 people.

Several attendees asked general health-related questions and inquired about additional health education resources. Moreover, the attendees' focus and inquiries centered on increasing awareness and stimulating commitment within their local communities to work together with organizations and public health authorities to promote better health and a better quality of life for all. Public health is both broad and specific as it involves protecting and improving the health of individuals, communities, our nation, and the world. The health fair provided a great opportunity for USPHS officers to practice our mission in the local community.

Thank you to the officers who volunteered for the 3rd Annual Columbus Hometown Mission Initiative:

LCDR Kimberly Calvery (HSO)	CDR Ralph Smith (HSO)
LCDR Karnisha Harvey (HSO)	LCDR Ingrid St. Amand (Nurse)
LCDR NaTasha Hollis (Scientist)	CDR Jemekia Thornton (HSO)
CDR Anthony Johnson (HSO)	LCDR Dave Tshiupula (Nurse)
LT Felicia Peterson (Nurse)	LCDR Felicia Warren (HSO)
LT Steven Rush (Pharmacist)	LCDR Lorraine Williams (HSO)

HSOs in Action

Professional Development: Corps to Corps

On Columbus Day, October 8, 2018, not all federal employees were taking a vacation and not all students were taking a study break. On that day, a Corps to Corps interaction took place between the USPHS Commissioned Corps and the U.S. Job Corps in Montgomery, Alabama. Job Corps is an in-residence program administered by the U.S. Department of Labor that offers free-of-charge education and vocational training to young men and women ages 16 to 24. It was established in 1962 and was initially limited to allowing young students to work in national parks, forests and federal lands in exchange for higher education and skills training. Since its conception, Job Corps has grown to providing diplomas or certifications in 81 high-demand career paths that can be obtained within 8-24 months.



In October, LCDR Aaron McNeil was invited to participate in the career development period, one of Job Corps' stages of educational maturity. LCDR Aaron McNeil, a physician assistant and Certified Correctional Health Professional, engaged the Job Corps medical administrative assistant students in an informative lecture on professional development. Although the subject of professional development covers multiple topics, LCDR McNeil focused on time management and prompt action, professional attire, professional attitude, and professional knowledge. During the interactive lecture, the students were encouraged to reflect on real life situations in which each of these topics could be applied in their career field or any other. At the end of the lecture, the students were able to better understand the role professionalism plays in their careers and apply LCDR McNeil's tools for success.

For more information on the U.S. Job Corps, visit: www.jobcorps.gov.



LCDR Aaron McNeil completes professional development activities with U.S. Job Corps participants.

HSOs in Action

It Takes One to NOAA

Last quarter, I wrote an article about my experience with the National Oceanic and Atmospheric Administration (NOAA) and was surprised with the number of USPHS officers who reached out with questions related to our sister service, the NOAA Commissioned Corps. Because of the interest expressed, I enlisted the help of the ensign aboard my ship to provide some education regarding the other “unknown branch” of the uniformed services.

First things first: NOAA is an organization with approximately 12,000 personnel worldwide. Within NOAA there are approximately 350 uniformed officers who make up the NOAA Commissioned Corps, including three flag officers. NOAA Corps has been around for just over 100 years but originally, NOAA is a component of the Coast and Geodetic Survey Corps started in 1807 by President Thomas Jefferson. During a time of war, NOAA officers can be incorporated into any of the other sister services.



LCDR Katherine Demers (center) with NOAA Corps officers in the Hi'ialakai Ward Room in the American Samoa.

Some basics: NOAA Corps officers wear the same uniforms as USPHS officers - part Coast Guard and part Navy with the same rank structure, customs, courtesies, and benefits. Just like the Coast Guard, their name tapes are white on the ODU, so you can easily spot the USPHS officer with the yellow tape.

NOAA operates in two main areas: oceans and the atmosphere. Sixteen ships worldwide perform oceanographic research such as coral reef and fisheries assessments and hydrography (mapping of sea floors) creating the nautical charts around the coastal U.S. There are nine planes for storm evaluation, emergency response, research and surveying. Hurricane hunters? Absolutely.

NOAA officers go through an 18-week Basic Officer Training Course along with Coast Guard officer candidates at the Coast Guard Academy located in New London, CT. All new ensigns serve their first assignment aboard NOAA vessels learning how to navigate and steer ships for two years after which they transition into a three-year land assignment. Assignment location is based upon application review, wish lists, and luck. For the most part, they spend their career alternating between two years at sea and three years on land. A small percentage of officers serve as pilots and navigators for the aviation fleet.



T-Agos Class Oscar Elton Sette at Midway Atoll.

Like the USPHS, NOAA does not have enlisted personnel. On the ships, the officers serve with NOAA wage mariners. (Note: The original mission of the USPHS was to provide medical support to this group) who perform the day-to-day operations of the ship, while the officers provide command and operational leadership, navigate, and steer the vessels. The “Ward Room” refers to the group of officers on a ship.

Hopefully this has shed some light on the smallest branch of uniformed service within the Department of Commerce that supports our nation’s wildlife, coastlines, and weather services with the motto “Honor, Respect, Commitment.”

Health and Wellness

Seasonal Affective Disorder (SAD)

As the seasons change, so can our mood. Seasonal Affective Disorder (also known as SAD) is described as a type of depression that tends to occur (and recur) as the days grow shorter in the fall and winter. It is commonly called winter depression, winter blues, or the hibernation reaction. This disorder has been linked to a biological imbalance in the brain prompted by shorter daylight hours and lack of sunlight in the winter. As seasons change, individuals can experience a shift in their biological internal clock that can cause them to feel out of step with their daily schedule.

Seasonal affective disorder occurs in about 5% of adults with up to 20% of individuals having symptoms of the condition but not sufficient enough to meet diagnostic criteria for the disorder. It is four times more common in women than men. The average age of individuals who suffer from Seasonal Affective Disorder is 18 – 30, but it can affect anyone.

The most difficult months for sufferers of Seasonal Affective Disorder are December through February. Symptoms of Seasonal Affective Disorder can include fatigue, lack of interest in activities previously enjoyed, social withdrawal, craving foods high in carbohydrates, weight gain or weight loss, and decreased appetite. Treatment for Seasonal Affective Disorder can include light therapy (phototherapy), psychotherapy, and medications. The treatment recommendation by a mental health professional will vary depending on presenting symptoms and severity. As we begin to experience fall and winter months and seasons, please be encouraged to speak with your medical team regarding mood changes and other symptoms you may be experiencing. If you notice symptoms in a friend, relative, or colleague, share information about Seasonal Affective Disorder with them and encourage them to seek help. Detailed information can be found in the references below.

References:

- Cleveland Clinic. (2016). Seasonal Depression. Retrieved from: <https://my.clevelandclinic.org/health/diseases/9293-seasonal-depression>
- Mayo Clinic. (2018). Seasonal Affective Disorder. Retrieved from: <https://www.mayoclinic.org/diseases-conditions/seasonal-affective-disorder/symptoms-causes/syc-20364651>
- Mental Health America. (2018). Seasonal Depression. Retrieved from: <http://www.mentalhealthamerica.net/conditions/sad>
- National Institute of Mental Health. (2016). Seasonal Affective Disorder. Retrieved from: <https://www.nimh.nih.gov/health/topics/seasonal-affective-disorder/index.shtml>



Health and Wellness

Recharging Yourself During the Holiday Season

As an officer, when we are called to respond, we often push ourselves to go the distance and often exceed our natural limits to get the job done. Whether we are serving in an official capacity at our duty stations or at home with our families as parents or caregivers to a loved one, we are constantly giving ourselves to others in a moment's notice. This can leave little or no time for us to recharge our minds and bodies. We must practice self-care and listen to our minds and bodies when we are overextending ourselves.

Stress and anxiety are present in our workplace and personal lives, and the holiday season can sometimes magnify these stressors. The good news is that we can mitigate these stressors by taking short moments throughout the day to practice self-care. Your body and mind will thank you!

Here are 5 simple self-care tips you can add to your daily routine to help you recharge and refresh during the holiday season:

1. **Use music to manage your mood.** Music has a profound effect on the human limbic system which controls our behavior and emotional response. This explains why certain songs or tunes can make us feel happy or sad. Medical researchers have found a relationship between listening to music and hormone balance. By selecting the right music to use in your daily life, you can achieve many stress free benefits.
2. **Stay hydrated.** Two-thirds of our cells are comprised of water. Studies have shown that dehydration can lead to higher cortisol levels, the stress hormone, which makes it harder to cope with stressful situations. Keep water next to your desk or in your car and drink it throughout the day.
3. **Just move!** Daily physical activity is an effective weight management tool and its effect on relieving stress and anxiety are well documented. Taking a 20-minute brisk walk can not only manage your weight but lift your mood as well.
4. **Catch some rays.** For many of us, getting sunlight is much easier to achieve during the summer versus the winter. Not only does sunlight awaken our brain, it is one of the best ways to increase vitamin D levels in our bodies. If the weather is too cold to go outside or you cannot make it outside, sit near a window. Be sure to wear sunscreen before sun exposure.
5. **Take a digital break.** Take 30-minutes to detach yourself from the electronic world (Facebook, Instagram, Twitter, and emails). Do something that requires human contact such as being present to talk face-to-face, meditate, or sit outside and enjoy nature.

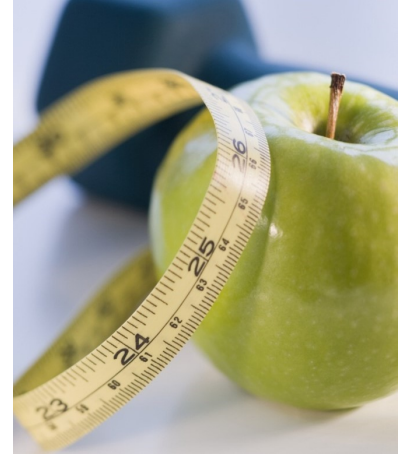
Health and Wellness

The Importance of Staying Fit During the Holiday Season

For many, the holiday season symbolizes a time to give thanks, spend time with family, and to reflect on the past year. The winter months are also full of indulgence and celebration. While we all try our best to stay on track during the holidays, it is not uncommon to pick up unhealthy habits while allowing some of our healthier habits to take a backseat momentarily.

Holiday Weight Gain

According to a [study](#) published in the New England Journal of Medicine, holiday weight gain is an issue in America and abroad. The study found that the American participants experienced a 0.2% increase in weight over the Thanksgiving holiday followed by a 0.4% increase over Christmas. Our German counterparts experienced an increase in body weight by 0.6% over Christmas and an incremental 0.2% over Easter. Finally, Japanese participants saw a 0.5% increase in body weight over Christmas and 0.3% boost over Golden Week, a period which includes four national holidays.



Battle the Bulge This Holiday Season

- The ramifications of overindulging and allowing your fitness routine to slip during the holidays can go far beyond a few pounds on the scale or an extra notch on your belt. There are a myriad of health risks associated with sudden weight gain. According to the National Institute of Diabetes and Digestive and Kidney Disease, being overweight can put you at risk of developing type 2 diabetes, high blood pressure, heart disease, certain types of cancer, and more.
- The list of benefits of physical activity goes on and on. Helping to maintain a healthy weight, producing natural endorphins, and fighting heart disease are just a few of the benefits. In addition to those benefits, research findings have reported an association between regular physical activity and a reduced risk of certain types of cancers.
- Rather than simply allowing yourself to gain a few extra pounds this holiday season, get moving! Make the commitment now to stick to your workout and/or activity routine. Hit the gym a little harder the day before and the day after a major holiday splurge. Consider opting for healthier food options or portion control. By taking a few measures now, you will be doing yourself and your body a lot of favors.

Health and Wellness

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

As we continue to try to find time for the exercise we need to stay healthy and meet the new height and [weight standards](#), here are some upper body exercises that can be done in the office when we have a few spare minutes or even while we are working. As always, it's wise to consult with your physician if you are starting a new exercise routine.

Do each exercise for 60 seconds.

Arms (Seated)

- Gripping a full water bottle, bend your elbow and curl your arm towards your chest then lower it back down to your leg. Switch arms.
- With your feet flat on the floor, bring your palms together in front of your chest and push your hands together.
- With your feet flat on the floor, clasp your hands together with one hand's thumb pointing to the floor and the other pointing to the ceiling. Pull!



Arms (Standing)

- Throw a few jabs, hooks, and uppercuts in rapid succession. (Be mindful of nearby equipment, coworkers and your own face!)
- With your arms by your sides and your palms facing behind, pulse your arms backwards.
- Clasp your hands together, resting them on your right shoulder as if holding an axe. Gently swing the "axe" down toward your alternate thigh.

Chest, Back, and Neck, Core (Seated)

- Roll back your shoulders until your shoulder blades are pinched together.
- Raise both shoulders up toward the ears.
- Put your head in your hands (as if exasperated). Press your palms into your forehead as if trying to push the head backward. Resist.
- Sitting upright in a swivel chair with your abs engaged, raise your feet a couple of inches off the floor. Hold the edge of your desk while swiveling from side to side.
- Position yourself at arm's length from a desk or table and grasp its edge with your hands. Engage your core, raise the feet slightly off the ground, and pull with your arms until the chair slowly rolls forward and back all the while keeping your feet raised.
- Take a deep breath and tighten your abs.
- With both elbows on your thighs, try to curl the chest in towards the legs while resisting the movement with the arms.
- Do a seated dance at your desk.

Full Body

- Stand and read your email or written report rather than doing so while seated.

Do you keep forgetting to do your deskercises at work? Create an Outlook calendar reminder or apply sticky notes around the workstation. Embarrassed? Seek out an empty conference room on your lunch break.



CAPT Julie A. Niven

Leadership Circle

We've Never Met, but Are the Best Peer-Mentoring Pals

The peer-to-peer mentoring was established in January 2014. The introductory emailed message stated, "I am pleased to welcome your participation in the peer-to-peer networking program as 'buddies'. This is a wonderful opportunity for you to share your experiences in the Corps!" The organizers suggested we speak about career development (promotion process, assignments, etc.), personnel issues (leave, pay, etc.), support issues (COA, professional associations, etc.), and life-work balance (PHS discounts, juggling multiple priorities, etc.).

In the nearly 5 years, we certainly have covered those topics and more! It sure has been a wonderful opportunity and we appreciate the Mentoring Committee that first started the peer-to-peer mentoring program. Over the years, we have often joked, *Does the peer mentoring program even still exist?* We believe the peer-to-peer mentoring program was only meant to be a year commitment and we accomplished that goal. However, what we found was that having a peer mentor who you trust and confide in, accomplished much more that we each could have hoped for. It created a lasting friendship. Perhaps that is what the original intention was - to build USPHS relationships and support each other as more than just Officers, but as individual people.

Since our match, we are still going strong and have met on a regular basis for these almost 5 years without ever having a face-to-face meeting. We usually have our conference calls every other month or as needed. On our calls, we always check-in with each other on work-life balance, family, work experiences, Commissioned Corps updates, and overall challenges and accomplishments (home and work). When we started, we were both CDRs and in different job roles. Through our peer-mentoring calls, we have coached each other through promotions at work and the Commissioned Corps.

Each of our paths has taken us to unexpected places. From deployments for the Ebola mission, the unaccompanied children mission in along the U.S. border, and hurricane responses, we each have been actively supporting the USPHS. We have completed and are actively pursuing doctoral degrees while continuing working as USPHS officer. Even if the peer mentoring program is not a formal activity, we plan to continue encouraging and coaching each other, and maintaining our friendship. And very soon, we will hopefully meet face-to-face for the very first time. Additionally, we will add a bit of technology (video conferencing) to our bi-monthly sessions in 2019.

We encourage you to give peer mentoring a try. You might just find a key partner in service to walk right next to you on your Commissioned Corps journey.



CAPT Letia Boseman



CAPT Kent Forde

Announcements



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

Submit articles and photos to:
Communications.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.

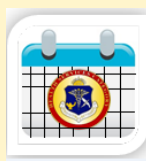
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