U.S. Public Health Service Combined Category

Newsletter

U.S. PUBLIC HEALTH SERVICE Spring/Summer 2018

Inside this Edition

PAC's Chair Corner

By LCDR Rodney Waite, Chair of the PAC Chair Group

Happy Spring/Summer 2018! Did you know that this is the fifth Anniversary of the Combined Category Newsletter? Created in 2013, this newsletter was to "serve as a voice for those small categories that may lack the sheer manpower to have their own [newsletter], as well as increase awareness of all the categories and wonderful things [they] all do". Over the years, the PACs have met this goal by sharing those wonderful things our officers and Categories do within these pages. We have gotten to celebrate the 100th anniversary of the USPHS Engineers, have "Trained Like Admirals©", discussed healthy dieting, reflected on a large number of deployments, engaged our communities via the Prevention through Active Community Engagement (PACE) program, shared lesser known benefits of serving in a Uniformed Service, and more! These stories help build a wider narrative of what being a PHS Commissioned Corps officer is really about. The first USPHS Combined Category Newsletter can be viewed at: https://dcp.psc.gov/OSG/paccg/documents/Vol_1_Issue_1_Combined-Category-News_Spring-Summer-2013.pdf

To continue the momentum, the PAC Chairs Group has increased its collaborative capabilities via a number of initiatives, such as the creation of a PAC Chairs Group listserv, utilization of MAX.gov for sharing guidance between past, current, and future chairs, and creation of a "corporate knowledge" document summarizing recurring problems/solutions. Also, there have been a number of cross-category teams formed over these last five years, such as PHS Athletics, the IT Chartered Advisory Group (ICAC), the Sexual Orientation and Gender Diversity Advisory Group (SOAGDAG), an informal combined recruitment group, just to name a few.

But, this is not at all to say that everything has been solved by increasing our cross-category communication. Then, as now, there are multiple administrative challenges for our officers and PACS to overcome aside from our daily duty station work and our overall Mission. However, with engagement and communication at all levels, we can, and must persevere!

Per the quote in the inaugural issue of this newsletter from former Surgeon General, VADM Richard Carmona: *"We serve one President, one Surgeon General, and no matter what we have to keep the mission moving forward".*

LCDR Rodney Waite, 2018 PAC Chairs Group Chair

2017 AMSUS Oral Health Session

Contributed by: CAPT Vicky Ottmers and LCDR Tiffany Smith

The 2017 Association of Military Surgeons of the United States (AMSUS) Annual Meeting had the theme of "Force Health Protection: From Battlefront to Homefront" and was held at the Gaylord National Resort & Convention Center in National Harbor, MD from November 28–December 1, 2017.

On Tuesday, November 28, a special session lead and organized by USPHS on oral health topics occurred and was a huge success. Speakers representing the Public Health Service, Army, Air Force, and Navy presented on a focused multi-disciplinary topic of Orofacial Pain Management. This Oral Health Track targeted all primary care partners in oral health, including physicians, physician assistants, nurse practitioners, nurses, behavioral health professionals, dentists, dental hygienists, and all allied health professionals. The session was held in the main ballroom with attendance higher than expected, with 50 constant attendees at any given time and 100 total attendees for the entire 4-hour continuing education (CE) session.

Pictured above, CAPT Martin Johnston presenting on Prescription Opioid Misuse and Abuse

Pictured above, CAPT Vicky Ottmers receiving the 2017 AMSUS Dentist Award from RADM Joan Hunter

All AMSUS conference abstracts were reviewed for dental CE by CAPT Ottmers, with a final maximum of 19 CE hours available if a dental professional attended all approved dental CE courses. These approved courses were identified with a special molar tooth symbol insert. The Oral Health Track Session brought positive national visibility for USPHS and the Dental category; collaboration with our medical health care partners, our sister services, and our international colleagues; and excellent continuing education. This 2nd Oral Health Track session continued the tradition of being the first to include all four services and the only to incorporate official speaker introductions, present speaker AMSUS certificates, and have AMSUS Executive Leadership presence. AMSUS Executive Leadership continues to use our Oral Health Track session and the process to obtain dental-specific CE hours as the model example for other groups to follow.

Special acknowledgement and appreciation is extended to all Oral Health Track presenters, as well as RADM Nick Makrides, LCDR Andrew Felix, and LCDR Paula Arango for their AMSUS contributions.

Pictured Right, AMSUS Oral Health Track Planning Committee: LCDR Tiffany Smith, CAPT Vicky Ottmers, RADM Nick Makrides, LCDR Paula Arango, LCDR Andrew Felix, and Lori Laurence (AMSUS CE Coordinator)

How Can Your Sleep Habits Impact Your Health?

Contributed by: LCDR Margaret Di Gennaro and CDR Jennifer Myles

There is no denying that we live in a world where many of us are trying to do too much and do not get enough sleep. Most of us know that sleep is important, but we are not necessarily making sleep a priority. Inadequate or poor quality sleep increases risk of chronic disease. Therefore, it is important to understand the impact of sleep on health and disease and to learn strategies for optimizing sleep duration and quality.

Excessive sleep (more than nine hours per night) in adults is associated with health risks.[1] However, most us are at little risk of sleeping too much. The more common problem of inadequate or poor quality sleep has been associated with increased risk of stress, anxiety, depression, fatigue-related accidents, and chronic diseases.[2] This article will focus on the contribution of short sleep duration, sleep disorders, and circadian misalignment to the risk of obesity, cardiovascular disease, and diabetes and will provide strategies for improving sleep hygiene.

What is Adequate Sleep?

In 2015, the National Sleep Foundation conducted a two-year research study, which resulted in the following guidelines on how much sleep is needed throughout the lifespan. In addition to minimum and maximum recommended amounts of sleep for each age group, a "may be appropriate" range was included to show that appropriate sleep durations can vary per individual.[3]

Numerous factors can keep sleep at bay. Insomnia, stress, social pressures, medical conditions, diet, medications, technology use, and caffeine and alcohol intake impact sleep quality and quantity. Specific work environments, such as shift work or jobs that require frequent travel, can also result in sleep deprivation. Despite the challenge of getting enough sleep, considering the myriad of health and cognitive issues associated with sleep may make rising to the challenge well worth it.

Effects of Short Sleep Duration

Nearly 30% of American adults report sleeping less than seven hours per night.[1] Insufficient sleep was found to be a risk factor for weight gain and obesity in large epidemiologic studies, such as the Nurses' Health Study.[1] Short-term sleep restriction inflicted on clinical study subjects led to increased hunger and higher 24-hour calorie intake.[1] The increased physical activity related to increased waking hours failed to offset this increased energy intake, resulting in a positive energy balance.[1,4] Changes in hormonal regulation of satiety and hunger in response to short sleep duration have been investigated with mixed results. Other potential reasons for higher calorie intake related to short sleep duration include increased opportunity for eating, impaired decision making related to food choices, and physical inactivity stemming from fatigue.[1,4]

Sleep duration may also affect body composition during weight loss. In a study of overweight individuals on a calorie restriction under either short or adequate sleep conditions, both groups had a similar amount of weight loss. However, those with short sleep duration experienced more loss of fat free mass (i.e., muscle) while those with adequate sleep lost more fat.[4]

Short sleep duration may increase blood pressure and increase proinflammatory markers, both of which are risk factors in cardiovascular disease[1]. Furthermore, short sleep duration carries a 30% increased risk of developing type 2 diabetes mellitus.[1] Short-term sleep restriction studies have repeatedly shown decreased insulin sensitivity, increased insulin resistance, decreased glucose tolerance, and increased A1c levels.[1,2,4,5] The good news is that extending sleep in those with short sleep duration can improve glucose metabolism.[4]

Effects of Sleep Disorders/Sleep Disordered Breathing

The two main disorders in this category include insomnia and obstructive sleep apnea. Insomnia is defined as difficulty initiating or maintaining sleep and impaired daytime functioning occurring three or more times per week for three or more months.[2] Epidemiologic studies have shown a greater risk of developing type 2 diabetes mellitus and an association with increased risk of cardiovascular disease for individuals with insomnia as well as with moderate to severe sleep apnea.[1] There is some evidence indicating continuous positive air pressure (CPAP) use in those with sleep apnea can improve glycemic control[2] and lower blood pressure.[1]

Effects of Circadian Misalignment

Circadian rhythms are patterns of biological processes that follow a ~24 hour cycle independently of external cues. Body temperature, hormones, mood and sleep propensity (the probability, ease, or speed of making the transition from wakefulness to sleep) all follow circadian rhythms. Circadian misalignment of the sleep-wake cycle happens when wakefulness occurs during the biological nighttime. This occurs in night shift work in professions that require round-the-clock staffing, such as with nurses and physicians.

Night shift workers have a higher risk of obesity, cardiovascular disease, and diabetes.[4] Weight gain could be the result of decreased energy expenditure, which was observed in subjects simulating night shift work schedule[4], or the tendency to eat more calorie-dense and carbohydrate-rich foods.[2] In other short-term studies of experimental inversion of the sleep/wake cycle and fasting/feeding cycle, subjects had impaired glucose tolerance and decreased insulin sensitivity.[2,5] Night shift workers may need to make a special effort to incorporate more physical activity and healthy diet practices to minimize some of these effects.

How to Improve Sleep Hygiene?

If you are concerned about your sleep behavior, start by assessing your sleep needs and habits. The National Sleep Foundation (https://sleepfoundation.org/sites/default/files/SleepDiaryv6.pdf) recommends keeping a Sleep Diary for one to two weeks, to help track and assess sleep quantity and quality. Incorporating these healthy sleep tips will help improve your sleep hygiene as you strive for healthier sleep and a healthier lifestyle:

- Stick to a sleep schedule, even on weekends.
- Practice a relaxing bedtime ritual.
- Create a cool and comfortable sleep environment.
- Exercise daily.
- Avoid caffeinated beverages, tobacco, chocolate, large meals, alcohol, and medications that disrupt sleep before bedtime.
- Expose yourself to bright light early in the morning while avoiding it at night.
- Refrain from drinking too much water before bedtime.
- Limit the use of technology/screens/TV at least an hour before bedtime.
- Take a warm shower or bath 30 minutes before going to bed.
- Keep your phone away from you when you sleep.

If sleep continues to elude you, and you find yourself struggling to stay awake throughout the day, consider seeing your doctor or a sleep specialist who can better identify the cause and develop a treatment plan to help you work towards better sleep.

Short sleep duration, sleep disorders, and night shift work increase the risk of obesity, diabetes, and heart disease. Prioritizing adequate, good quality sleep is therefore an important component of a healthy lifestyle. Consider incorporating some of the strategies discussed to optimize sleep.

References:

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Collaboration in the Wake of Adversity

Contributed by: LT Garrett Chun

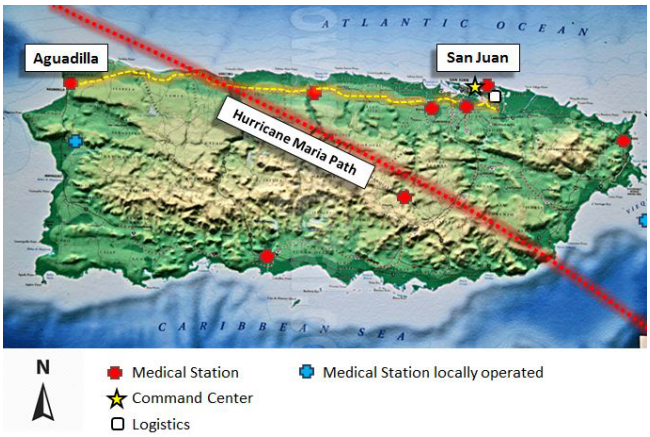
It's 0715 and the Puerto Rican sun is peeking through the morning clouds. The temperature is rising, and already I'm beginning to perspire, more so from the permeating humidity than the growing heat. I stuff an MRE (Meal, Ready-to-Eat) in my pack as I quickly exit the warehouse and jump into a box truck. My partner takes the wheel and starts the engine while I take shotgun and turn the radio to FM 97.3. It's an eclectic mix consisting of equal parts 80's rock, 90's hop, millennial pop, with a splash of local commercials, some in English but mostly in Spanish. I've been in Puerto Rico for only a week and already feel that this is my station. In a way, the station reminds me of my team: an assorted blend of civilians, retirees, and PHS Officers from all sorts of professions and from all corners of America coming together to provide support and aid to this island in the aftermath of Hurricane Maria. Within a few minutes the truck's air brakes sound ready, my partner signals to the convoy leader "good-to-go", and we are off. We are part of a four-box truck convoy, and the task today is going to make for a very long day.

I'm assigned to Emergency Support Function (ESF) #8, Public Health and Medical, as part of Logistics (LOGS) in the heart of San Juan. This is my first deployment, and I'm excited to contribute what I can and absorb anything I can learn. For the past week, LOGS has been supplying ESF #8 temporary medical stations dispersed throughout the island with medical/pharmaceutical supplies and general provisions. The core objective is for the various responders to come together as a unified group to provide temporary public health and medical services to the general population, which will allow the local healthcare facilities some needed time to recover. Today is unique because we will be breaking down a full medical station in conjunction with reopening a local hospital.

Pictured left, typical morning briefing at the LOGS warehouse

After what seemed like forever to get out of city traffic, we eventually transition from a four-lane freeway to a two-lane highway. The lack of functional traffic control is quickly apparent as we muscle our way through each log jammed intersection. Power and water are generally available in the capital city, but such amenities are a luxurious rarity in the outskirts, as evident by the downed power poles that frequent the roadside. Three hours later, we finally arrive at our destination, Aguadilla. Immediately after the hurricane, the Aguadilla medical station was put up. It is composed of four massive tents, a generator, an HVAC unit, a water treatment system, twin shower stalls, and a graywater holding tank and can treat as many as 300 patients a day. It was designed with the help of LOGS support to be self-sufficient in any environment.

Pictured right, PHS Officers hauling a box for transport at Aguadilla



Pictured above, a map of Puerto Rico showing the temporary medical stations and the path of Hurricane Maria (image taken from howardmodels.com)

This particular medical station is staffed by the Army Reserve 335th, a 20-person medical company local to the island. Our Command decided that the physical components of the station will go to the local government to help support a more rural and isolated part of the island. The 335th is present to assist in the take down since they are the local team responsible for reassembling and staffing the station at its new location. To start, we integrate and disperse into smaller groups to take down the tents and pack up the incidentals. It is hard work, dirty work, and a lot of work with just one momentary break for pizza. Astonishingly, we fit everything into 72 totes and bins and 2 extra-large cardboard containers and ultimately into four box trucks. With the colossal task finally complete, it's now 1900, and we still have the long drive back to San Juan. To everyone's dismay, the order is no stopping for dinner so the drivers won't get groggy. MREs never scored very high on my culinary scorecard, but tonight I distinctly wished I packed another one for the return trip.

At the time of this writing, it has been several months since I left Puerto Rico but I still remember that day like it was yesterday. Perhaps it was the camaraderie and friendships that were forged that day. Or maybe it was the collaboration and feeling of being part of a group with the cumulative ability to affect more positive change than I ever could do alone. From late September to November, ESF #8 provided healthcare and medical services to nearly an entire island population of 3.5 million. That day stood out to me, yet it was one of many filled with unforgettable experiences and memories. As I look back at my deployment, being part of LOGS provided a great vantage point to view the entire operation that was happening on the island; I was able to interact with all of the eight medical stations, engage with the command center and staff, travel throughout much of the island, and converse with many locals and fellow responders. In writing this article, it is my hope that it would inspire other Officers to answer the next deployment call. Regardless of your professional background or deployment experience, you will fill a need, and you most certainly will make a difference.

Pictured right, LCDR Osamede (left) conversing at the LOGS warehouse.

How to Calculate Temporary and Permanent Promotion Dates

Contributed by: CDR Carolyn Oyster

Over the last two years, the Environmental Health Officer (EHO) PAC published several documents in our seasonal EHOPAC Newsletters to assist EHOs in calculating Permanent (P) and Temporary (T) grade promotion dates. The EHOPAC wanted to share this information with the Officers from other categories in the hopes this information will help them understand how P grade promotions changed based on the Commissioned Corps' implementation of the Affordable Care Act (ACA) in 2010. If you were assimilated prior to the ACA, you most likely did not see any change to your P grade promotion dates. However, if you were in process for assimilation, or had not yet been assimilated into the Regular Corps, the ACA deemed you Regular Corps and reset your P grade promotion date. For Officers coming into the Commissioned Corps in the immediate years after the ACA, those Officers most likely will have a P grade higher than Officers deemed Regular Corps due to the re-setting of P grades during the implementation of the ACA.

For more information regarding the changes to your P grade promotion date, the EHOPAC recommends you review documents published on our website, with DCCPR approval, as well as articles we published in our EHOPAC Newsletters:

1. https://dcp.psc.gov/OSG/eho/newsletters.aspx (Winter 2017: pages one and two; Fall 2017: page five)
2. https://dcp.psc.gov/OSG/eho/ehopacnews.aspx (Scroll down to ACA information under Responder of the Year)

To calculate your P and T grade promotion eligibility dates, you will need to use data stored in your PIR. You cannot use the same process for calculating your P grade you use to calculate your T grade promotion date.

The eligibility criteria for both the P and T grade promotions can be found on the CCMIS website at: https://dcp.psc.gov/ccmis/promotions/PROMOTIONS_competitive_eligibility_m.aspx.
T grade promotions are based on Training and Education (T&E), Time in Grade and Time in Service. P grade promotions are calculated based on Promotion Credit Dates (PCD) and Seniority Credit Dates (SCD), depending on your rank and category. Please utilize the charts below to calculate your P grade and T grade promotion eligibility:

Temporary Promotion Eligibility Criteria

(Applies to all Officers including new CADs, recalls to extended active duty and inter-service transfers.)

Eligible Grade	T&E Credit Required	Time in service requirement	Time in grade requirement during current tour with the Corps
O-2	4 years	None	None
O-3	8 years	None	None
O-4	12 years	6 months on **current tour** as Officer in the PHS Commissioned Corps (*as of March 1st of the year reviewed by prom. board*)	None
O-5	17 years	5 years (2 years must be as a PHS Officer)	2 years as O-4
O-6	24 years	9 years (3 years must be as a PHS Officer)	3 years as O-5

Please note: T & E Date and Time in Service are located in your PIR.

Permanent Promotion Eligibility Criteria

(Applies to all Officers including new CADs, recalls to extended active duty and inter-service transfers.)

Eligible Grade	Credit Required for Regular Corps Officers
O-2	7 years T&E
O-3	3 years Promotion Credit
O-4	10 years Promotion Credit
O-5 Restricted	7 years Seniority Credit
O-6	4 years Seniority Credit

Please note: T & E Date and Time in Service are located in your PIR.

Health Services Professional Advisory Committee (HSPAC) Community Wellness Subcommittee

Contributed by: LCDR Cynthia White

The Health Services Professional Advisory Committee (HSPAC) Community Wellness Subcommittee has its roots as an adhoc group to PHS Athletics. In late summer of 2016, with the focused direction of HSPAC leadership, this adhoc group took a new direction: to demonstrate effective community engagement aligned with the National Prevention Strategy (https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html) priorities outlined by the Office of the Surgeon General. This new charge invigorated the existing cadre of dedicated and energetic workgroup Officers, and drew in some equally motivated new Officers to our ranks. Soon therefore, this cadre of dedicated Officers, through community engagement, started to make a difference in the realm of public health. We have since evolved to support the health initiatives of the Office of the Surgeon General through community engagement.

Recently, a request was received from our esteemed colleagues in the Nursing Professional Advisory Committee (NPAC). They were looking for guidance on how to start up a similar subcommittee within the NPAC. They had many questions ranging from how we got started, how we are structured, and the types of events we have sponsored through our HSPAC Community Wellness Subcommittee. An informal meeting was held between myself, CDR Malaysia Harrell, and a few NPAC Officers, including those Nurse Officers who had been identified to lead a similar subcommittee within the NPAC. We addressed their questions to the best of our ability and lent our support to enable them to more easily establish their own group. We offered our nurse colleagues all the 'reference materials' we had, including our Operational Standard Operating Procedure, and an open invitation to partner with us on any of our upcoming events. We also provided a detailed synopsis of the activities and community engagement events we had completed over the last year to help foster ideas for their group. Overall we impressed upon them that the key factor in the success of our subcommittee has been and continues to be the committed and energetic Officers who volunteered to help. They are the success of this subcommittee.

We started 2017 with a presentation to the HSPAC, provided by the Officers in National Prevention Strategy Prevention through Active Community Engagement (NPS-PACE) program. https://sites.google.com/a/nps-pace.com/nps-pace/home program takes advantage of the expertise of the Corps Officer and utilizes it to provide education about the benefits of prevention to an Officer's local community. NPS-PACE has developed some fantastic lesson plans for a range of topics from why it is important to wash your hands to the brain mechanics of addiction. NPS-PACE provides these materials, along with a letter of introduction and other materials to get started. NPS-PACE has done the hard work of researching and preparing these tremendous tools, but it is up to all of us to employ them.

Pictured left, CAPT Jean Pierre DeBarros and LCDR Liza Sosa leading the HSPAC in dynamic stretching during category day (Symposium 2017)

Our next collective impact was demonstrated during the 2017 Commissioned Officers Association's Annual Scientific and Training Symposium in Chattanooga, Tennessee. Here we partnered with all the Professional Advisory Committees (PACs) at the Joint PAC Opioid Awareness Booth. Each PAC was assigned to present information specific to their specialty as it related to opioids. As our HSPAC has more specialties than can fit on an index card, the topics we researched and presented on were focused on neonatal abstinence and patient education. Throughout the Symposium, we rallied HSPAC Officers to be ready and able to speak to these topics.

In addition to providing educational materials on Opioids, the HSPAC Community Wellness Subcommittee contributed to other notable events. This was the first year we partnered with PHS Athletics and the Symposium organizers for the annual Surgeon General's 5K race, which included a new "Run for a Cause", offering participants an opportunity to run for one of three causes. The three causes were tobacco prevention or cessation, drug awareness, and suicide prevention. We chose these three causes as we had proposed community engagement activities related to each one. This was a big hit! Most Surgeon General 5K participants ran for at least one cause, and many ran for all three. Given

the success of "Run for a Cause" we will continue this new tradition during the Surgeon General's 5K Race. We look forward to a similar success this year, and hope to see you there!

Finally, for the first time ever, active breaks were included in the program for our Health Services Category Day. During four ten-minute blocks of time during Category day, we provided all in attendance the opportunity to get up and move a bit. The kick-off activity, and clearly a hit with the crowd, was an active trivia game led by LCDRs Camille Mitchell and Renee Smith. Well-researched historical questions about our category were asked, and the attendees were encouraged to provide their answer through responsive movements (squatting for 'A', waving your arms for 'B'). Additional break activities included some office stretching, a game of 'Surgeon Says' based on the rules of the well-known 'Simon Says' and dynamic stretching led by CAPT Jean Pierre DeBarros and LCDR Liza Soza.

The autumn of 2017 held additional community engagement activities. In September, we promoted and engaged in "Out of the Darkness" (https://www.theovernight.org) walks held across the country to bring to the forefront awareness of suicide prevention initiatives, and the underlying need for an improved mental health infrastructure. In October, we supported Red Ribbon Week (http://redribbon.org/engagement) events where Officers went into local area schools to speak to students about substance use. This was followed, in November, by our second engagement with Great American Smokeout (https://www.cancer.org/healthy/stay-away-from-tobacco/great-american-smokeout.html) encouraging tobacco cessation or, better yet, preventing the development of this habit in the first place. Here we partnered with several stakeholders, within and beyond the Commissioned Corps of the United States Public Health Service (USPHS).

We kicked off 2018 with a few new physical, emotional, and mental health initiatives. At the start of March, we provided a webinar on Caregiver Operational Stress Control (http://www.public.navy.mil/NECC/ecrc/Documents/Operational%20Stress%20Control%20-%20Wedensday.pdf) a program developed and actively implemented by the United States Navy to ensure force and family readiness through casual mental health assessments. This program identifies the responsibility for leadership, family, friends, and colleagues in identifying and intervening as appropriate to mitigate stress and stressors. The HSPAC Community Wellness Subcommittee will continue to offer related webinar throughout the operational year, primarily related to resilience. Why is this important? Well, if we cannot practice resilience in our day-to-day lives, how can we possibly expect to effectively employ resiliency when we are deployed? In looking forward, we hope to engage with RedDOG and CorpsCares to offer these and associated webinars to encourage force resilience within our Commissioned Corps.

Our U.S. Surgeon General, VADM Jerome Adams has charged our Corps with engaging in collective effort to address the nation's opioid crisis, and more generally engage with our communities. In considering our potential impact here, we have reached out within and beyond our HSPAC, to the HSPAC Physician's Assistant Professional Advisory Group (PAPAG) and to the Physician PAC (PPAC) to explore the opportunity to present a short non-clinical webinar on the identification of the need for and the administration of Naloxone. In planning for our upcoming Symposium in Dallas, Texas, we are actively working with local area Health Occupation Students of America (http://www.hosa.org) representatives to assist with healthy community engagement initiatives, including how we can engage with this organization to further opioid education. We look forward to meeting and working with you in these activities!

Looking ahead, our Community Wellness Subcommittee will be planning and engaging our Health Service Officers in two national community engagement activities. Our first such event is scheduled to be conducted during National Public Health Week (http://www.nphw.org) in April 2018. United States Surgeon General VADM Jerome Adams will be giving the opening remarks for National Public Health Week, and we encourage all to tune in. The topic of interest this year is currently being decided and will be announced soon. Please stay tuned, and join us in promoting wellness in your community!

Pictured above, CDR Danielle Didonna at a GASO event 2017 with California State University- Long Beach Masters of Public Health students.

Nurses Embrace the Challenge to Meet USPHS Height Weight Standards

Contributed by: CAPT Linda Jo Belsito & CDR Heather Skelton

The nurse category has been preparing diligently for the new USPHS height and weight standards in October 1, 2018. Embracing these new standards has been challenging, but not for reasons that may seem obvious. Research shows that nurses are more likely to be overweight, have higher levels of stress, and get less sleep. Due to work schedules, nurses often have difficulty adhering to a healthy diet and maintaining a consistent physical fitness routines. Some postulate that nurses do not care for themselves as carefully and consistently as they care for their patients or anyone else in their lives. In a 2014 article published in the *Online Journal of Issues in Nursing*, Dr. Susan Levtak writes, "The sad reality is nurses 'accept' health problems that come from the physical and emotional demands of the profession, and while caring for others often do not care for themselves."

With a quick Google search, one can find several echoes of Dr. Levtak's assertions and a plethora of scholarly articles, self-help blogs and experts who write (or preach) about nurses not always possessing the capacities to care for themselves. Lee and Anstead write in a 2010 article in *Nursing Management*, "We learn to be compassionate and provide care for our patients, but who's caring for our nurses when their fuel needs to be replenished?" Provision five of the American Nurses Association (ANA) code of ethics emphasizes the significance and reads, "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth." We are excited about the new weight standards. They will not only ensure that USPHS nurses are healthy and fit to meet the mission and vision of the Commissioned Corps and the people we serve, but it will also set the stage for nurses, who struggle with self-care, to reflect about the importance of caring for themselves We all need to find a "fitness friend" – a spouse, co-worker, or friend. This someone can motivate you and support your movement to getting healthier. For the USPHS, this is about joining forces and supporting one another so we can motivate each other.

The Nursing Professional Advisory Committee (NPAC) has endeavored this year to bring speakers and experts to the nursing monthly meetings that cover different tips, tricks, and programs to attain and maintain a healthy weight. Recipes and formulas have been presented and analyzed. The NPAC also has partnered with a few of the other USPHS categories to learn how they are ensuring their Officers remain in compliance with the new weight standards (thinking about the Therapists PAC Lose It! challenge here). As the Nurse PAC chair, we would love to partner with other categories on a combined fitness strategy or hear what you are doing. Last month, the ANA presented its Healthy Nurse

Healthy Nation™ Grand Challenge. This national initiative focuses on improving the health and wellbeing of the nations' nurses, so that, in turn, the health of the country improves. The initiative maintains that if nurses, who are considered the most trusted health profession, can improve their own health and wellbeing, their patients will improve too. The Healthy Nurse Healthy Nation™ website, although focused on nurses, contains many resources that are helpful for anyone who is trying to improve physical, mental and emotional wellbeing (http://www.healthynursehealthynation.org). We urge everyone to go to this site, take the health survey, and stay motivated. This is just one example and no doubt there are many within each category.

Before you start setting goals for yourself, it's important to establish a baseline. Use a pedometer, fitness tracking device, or a smartphone app to figure out how many steps you take today. "From there, you can establish a more realistic goal of adding say 500 or 1,000 extra steps to your day (depending on what your current level of physical activity is) to begin making progress toward your ultimate health and fitness goals," says Jessica Matthews, MS, senior advisor for health and fitness education for the American Council on Exercise (ACE). Despite all the resources, messaging, and introduction of suggested programs presented to USPHS nurses this year, perhaps the way to health and wellbeing is not that difficult. Setting a goal, making a commitment, and creating a realistic plan is how you succeed. It does not come from the most popular weight loss program, exercise fad, or the latest health guru. It is simpler. Health and well-being is a way of life, not a formula that is followed for a finite stretch of time.

If you have not exercised in a while, or if you are carrying extra weight, ease into your routine to allow your joints, muscles, tendons and ligaments to adapt to the new stress and work. Start 2–3 days a week, begin a gentle walking program, stretch, drink more water, and incorporate strength training when you are ready. Begin with 15 minutes a day, and slowly start to add one minute. Before you know it, you will be walking 30 minutes at a good pace. Make sure you have a good pair of walking shoes or sneakers and comfortable socks. Don't be afraid to ask someone to help you, as technique is critical to success and remaining injury-free, whether it is cardio or strength training. As you slowly begin your program, you will notice your body beginning to reshape and tone the muscles now being used. Your body will adapt if this is done correctly. You may notice clothes fitting differently, and you will feel better. All of this will increase your all around fitness level by working the most important muscle in your body, your heart!

Remember the first step is making a realistic plan. As Nurses, we do this all the time.

PLAN, DO, CHECK, ACT! REPEAT!!!! Let's do this.

USPHS Commissioned Corps Officers' Breastfeeding Experiences in the Workplace Survey Results

Contributed by: CDR Eunice Chung-Davies, CDR Cara Halldin, CDR Michelle Sandoval-Rosario, CDR Trang Tran

Purpose of the Survey

The benefits of breastfeeding infants have been well documented in the literature. According to the 2016 CDC Breastfeeding Report Card, which is a part of a Health and Human Services (HHS) initiative entitled Healthy People 2020, the national targets for breastfeeding are 81.9% (ever to have breastfed), 60.6% (breastfeeding at 6 months), and 34.1% (breastfeeding at 12 months). The U.S. national averages are close to meeting those breastfeeding targets: 81.1% started to breastfeed, 51.8% were breastfeeding at 6 months, and almost one third (30.7%) were breastfeeding at 12 months. However, lower than recommended breastfeeding rates still persist among infants 6–12 months of age[1]. As reported by the Surgeon General's Call to Action to Support Breastfeeding, women still find it very challenging to breastfeed for the recommended durations[2].

Similar to the general population, breastfeeding women in the United States Public Health Service (USPHS) Commissioned Corps face difficulties. In an effort to determine whether breastfeeding challenges were a Corps-wide issue, the Pregnancy Committee of the Commissioned Corps Women's Issues Advisory Board (CCWIAB)[3] developed a survey to assess breastfeeding experiences in the workplace through a survey disseminated Corps-wide. This article highlights results of the breastfeeding survey conducted by the CCWIAB Pregnancy Committee.

Methods

The CCWIAB Pregnancy Committee developed a 10-item questionnaire and disseminated it through various electronic mailing lists, such as those for USPHS professional advisory committees, agencies, and organizations. The survey was open from May 1–15, 2017. The survey results were analyzed by the Breastfeeding Survey Working Group within the Pregnancy Committee.

Results

A total of 450 respondents from 22 different agencies participated in the survey. The top four agencies responding were Indian Health Service (IHS; 27.8%), Food and Drug Administration (FDA; 22.2%), Centers for Disease Control and Prevention (CDC; 21.3%), and Bureau of Prisons (BOP; 8.9%) (Figure 1). Over two-thirds of respondents indicated they had been pregnant previously (70.7%, n=318) and had breastfed (69.1%, n=311) as an Officer in the USPHS (Figure 2). Among Officers who indicated they had ever been pregnant in the USPHS, a majority (94%) of those indicated that they also breastfed at various durations (Figure 3). A similar trend was observed across agencies.

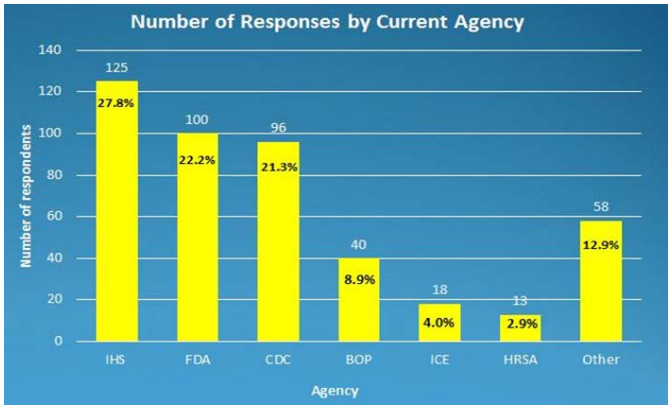


Figure 1: Number of Survey Responses by Agency

When asked whether they had support in the workplace (e.g., managers, supervisors, peers, facilities, job expectations, schedule flexibility, policies), 53.8% of respondents stated they had support in the workplace during breastfeeding (including pumping) compared to 12.4% who reported that they did not have support (Figure 4). Among the Officers who reported lack of support in their workplace, 73.2% indicated that their work schedule did not allow for pumping breaks, 64.3% indicated the lack of a private place to pump at work, 50.0% indicated the lack of storage for breast milk at their location, and 21.4% indicated the lack of supervisor support (Figure 5)[4]. The highest reported incidences of lack of support were from Officers stationed at IHS, FDA, and BOP[5].

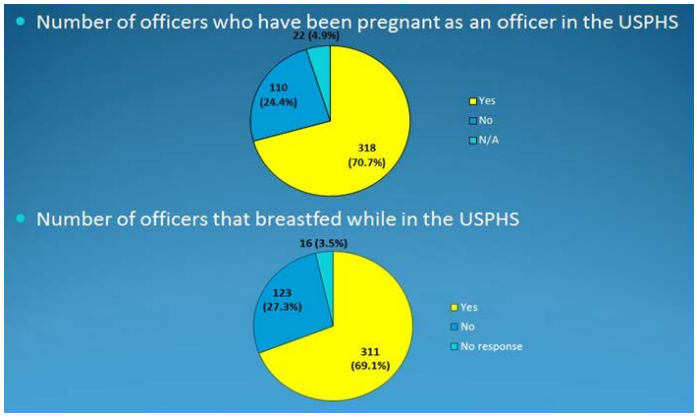


Figure 2: Number of Officers who reported being pregnant or breastfeeding as an Officer in the USPHS.

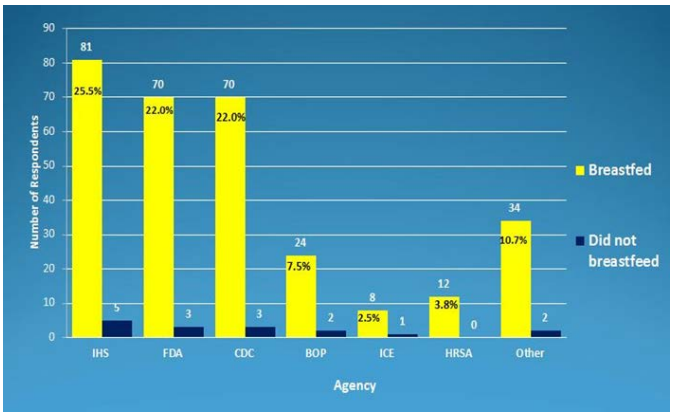


Figure 3: Number of Officers who breastfed while in the PHS by Agency.

Of the 36 Officers who reported the reason for lack of support for breastfeeding/pumping at work due to the lack of a private place to pump, 33% were from IHS, 25% were from FDA, and 19% were from BOP. Although CDC was among the agencies with the highest number of respondents to the survey, only 4% of CDC Officers indicated that they lacked support for breastfeeding in the workplace. Among 12 Officers who reported the reason for lack of support due to the lack of supervisor support, eight (66%) were from IHS. Of the 41 Officers who reported the reason for lack of support due to work schedule as a conflict, 34% were from IHS, 22% were from FDA, and 17% were from BOP. Finally, of the 28 Officers who reported the reason for lack of support due to inadequate storage for breast milk, 32% were from FDA, 21% were from IHS, and 18% were from BOP (Figure 6). Some other notable reasons that were provided in the "other" category for lack of breastfeeding/pumping support included: unsupportive workplace culture (e.g., negative comments from co-workers); requirements to work extra hours to make up for time spent pumping leading to time encroachment related to other family and home responsibilities; job expectations (e.g., only provider on shift, mandated work travel, lack of flexibility of work hours); and lack of knowledge or awareness of supportive breastfeeding practices and policies.

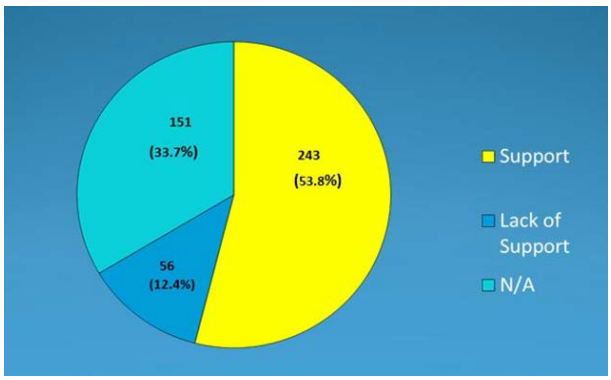


Figure 4: Officers responses indicating levels of support in the workplace during breastfeeding/pumping.

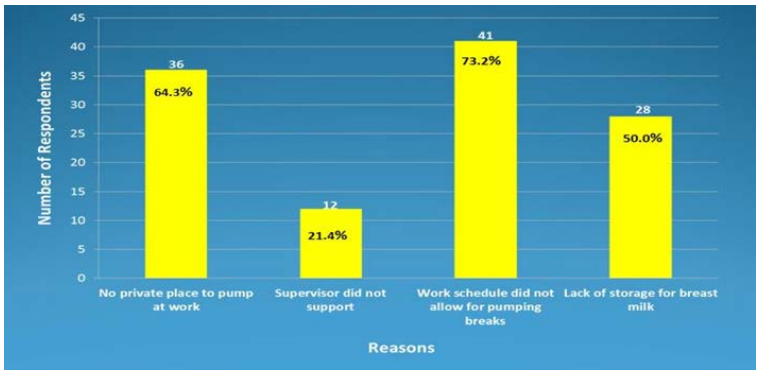


Figure 5: Reasons for lack of support for breastfeeding/ pumping in the workplace.

Limitations

Agency information that was collected at the time of the survey might not reflect the agency the Officer worked for while breastfeeding. This may have impacted the interpretation of agency-specific findings. Temporal questions were not assessed in this survey; therefore, it is unclear whether conditions and policies have changed since the time of the respondent's breastfeeding and/or pumping experiences. Additionally, the data was self-reported and may be subject to recall and reporting bias.

Summary/Recommendations

The survey results have helped the CCWIAB Pregnancy Committee gain a better understanding of breastfeeding/pumping support and barriers among Officers in various agencies. The survey data suggests that despite breastfeeding/pumping challenges, a significant percentage of respondents are able to breastfeed. However, the personal accounts and free text comments indicate that some challenges still exist and more support can be provided to promote the established health benefits of breastfeeding for both the mother and child. For example, efforts can be focused on continuing to improve knowledge and awareness about the benefits of breastfeeding among Officers, employers, and supervisors.

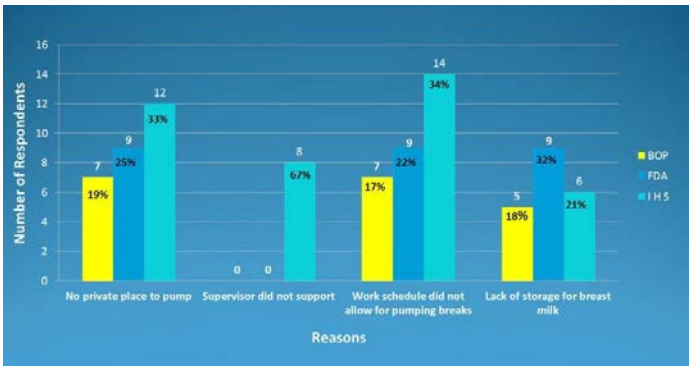


Figure 6: Agencies (top 3) where Officers reported specific reasons for lack of support.

In addition, practical support of breastfeeding in the workplace can be improved (e.g., allowing for reasonable allocations of time for pumping) and providing suitable resources (e.g., private places to pump) in the workplace to allow Officers to meet their personal breastfeeding goals.

CCWIAB Pregnancy Committee will continue their efforts in supporting breastfeeding Officers, providing resources, and creating awareness of the benefits and importance of breastfeeding. In addition, the CCWIAB Pregnancy Committee will use results from the survey to provide potential USPHS breastfeeding policy recommendations.

Pictured right (L to R): LCDR Mandy Kwong, LCDR Rana Carroll, LCDR Jean Ennis, LCDR Eithu Lwin, LCDR Janeshia Robbs, LCDR Kendra Jenkins (Photo credit: CDR Jialynn Wang). We are proud of our USPHS CC Officers who are meeting their breastfeeding goals!

References:

1. CDC website on the benefits of breastfeeding: https://www.cdc.gov/breastfeeding/
2. Office of the Surgeon General (US); Centers for Disease Control and Prevention (US); Office on Women's Health (US). The Surgeon General's Call to Action to Support Breastfeeding. Rockville (MD): Office of the Surgeon General (US); 2011. Barriers to Breastfeeding in the United States. Available from: https://www.ncbi.nlm.nih.gov/books/NBK52688/
3. For more information about CCWIAB, please visit: https://dcp.psc.gov/osg/ccwiab/
4. Respondents were able to indicate multiple reasons of lack of support in the workplace.
5. Note: Some Officers may have experienced lack of support at previous duty stations than survey duty stations.

Balancing Your Portfolio of Professional Activities

Contributed by: CAPT John Iskander

Are you doing too much? It may seem like a strange question at a time when Public Health Service (PHS) Officers are required to maintain readiness, deploy, maintain their professional credentials, and perform their duties for their agency and command at a high level. Oh, and don't forget family obligations that may span multiple generations and geographic locations. My personal experience is that we tend to pile activities on top of each other, without occasionally considering whether all of the activities we are involved in are still beneficial to ourselves, our agency, or our service.

The central metaphor of this article is "balancing your portfolio", and that bears some explanation. Just as we should periodically look at our savings and investments and decide if we need to invest more aggressively or conservatively based on various factors, we should look at our professional portfolio occasionally and see what still fits. This is an easy thing to say, but how can we go about doing that?

One of my favorite leadership sayings is that you should not prioritize your schedule, but instead schedule your priorities. Whether our activities as Officers involve clinical care, administration, research, or regulation, we all have days that get away from us, and when we become prisoners to our schedule. If every day is like that, if there is never a time when you get to work on things you care about that may be "important but not urgent", it may be time to rebalance your professional portfolio.

Is there a "day job" or PHS working group, committee, or subcommittee that you've served on for a long time? Do you feel you are still in a leadership position or making important contributions? If not, consider dropping it, or at least taking a pause from it. You should not always feel that you have to add a new activity to replace one you decide to drop. When you come up for promotion, be aware that long lists of groups you belong to, but don't make contributions to, are likely less impactful than listing a few PHS or professional organizations where you have made a significant impact. Remember to document this on your COER, CV, and Officer's Statement using active voice and active verbs like "led," "coordinated," "organized," and "implemented."

It can be hard to say no. I've written before that "never volunteer" is bad advice, but saying yes to every request is a big part of how we get overextended in the first place. I was pleasantly surprised recently when a junior Officer, new to their leadership role on an agency-specific PHS activity, sent me an email asking me to actively "opt in" and specify how much time I could commit to the activity. This gave me the option of saying no, but also allowed me to give some thought to how much time and effort I could reasonably spend supporting this endeavor.

Another consideration is whether you enjoy the activity, or are experienced enough in doing it that you can do it efficiently. Having coordinated a few PHS volunteer activities through my local Commissioned Officers Association (COA) branch, I have learned that volunteer coordination is a difficult task that I don't really love and don't have the best skillset for. Give me a PHS-related article or newsletter to write or edit, however, and I am happy to do it, and can finish the task pretty quickly.

It is also worth asking yourself honestly about the level of passion or commitment you bring to an activity. Do your volunteer or PHS activities match your values and bring you joy? An example of this might be volunteering at a United Service Organizations (USO) location, where you are able to assist and interact with members of other services. I've known Officers who gladly sacrificed their time and money to work shifts at the USO. Similarly, I've known Officers who were devoted to work that supports the environment, animal welfare, etc. Stepping back from activities you're less enthusiastic about may free up more time to spend on causes (professional and personal) that you really wish to champion.

Many of us in the PHS come from "service above self" traditions, whether we have previously served in another uniformed service or have a history of public service within our families. Nevertheless, it can be worth asking "what's in it for me?" with regard to your portfolio of activities. Most professional or voluntary activities will provide a letter of thanks for your OPF or even a verbal thank-you; if you're not receiving even that level of recognition, perhaps your efforts are being taken for granted. You can also look for activities that allow you to professionally multitask. For example, some journals will offer continuing education credit for reviewing papers prior to their publication. You can list being a reviewer as a professional activity and also claim the CEUs.

Think about undertaking this type of portfolio review and rebalancing about once a year, maybe at the same time you are working on your COER or your promotion package. Consider stopping activities you list in documents every year but rarely if ever add accomplishments to. If you decide you are going to drop a volunteer activity, committee, or professional group, consider writing a note to the head of the group in which you politely and briefly state the reasons that you are choosing to step away. This type of communication may come in handy when (not if) you cross paths again with that activity leader.

Taking some of the steps discussed in this article can help you avoid the trap of becoming an Officer who is "professionally busy," i.e. one for whom a perpetual state of busyness, rather than working toward goals, has become your job description. By periodically reviewing professional and volunteer activities and communicating with colleagues about them in a thoughtful way, we can all make progress in scheduling our priorities.

Exploring the Promotion Process for T-O5 and T-O6

Contributed by: CDR Jacqueline Sram, LCDR Rory Geyer, LCDR Lana Rossiter, LCDR Alice Shumate

Background: Officers continue to have questions surrounding the development of a promotion package and evaluation by promotion boards, particularly given recent declines in promotion rates. To strengthen promotion resources available to Officers, the Scientist PAC (SciPAC) launched the Promotion Panels Initiative (PPI) to generate data-driven insight into factors that may relate to success or non-success of promotion-eligible Scientist Officers. The PPI team addressed this goal by interviewing Officers successfully promoted within the last few years to gain insight into the factors they believe contributed to their success. In 2016, panels were held consisting of Officers recently promoted to T-O5. In 2017, building off the success of the T-O5 work, the PPI team interviewed Officers successfully promoted to T-O6.

Pictured above, a panel presentation at the 2017 Scientist Category Day, discussing the findings of the Promotion Panels Initiative and the experiences of some recently promoted Officers (L to R: LCDR Lana Rossiter, CAPT Margaret Riggs, CDR Deborah Dee, CDR Heidi Daniels, CDR Tegan Boehmer).

Methods: Twenty-six of 37 Officers (70%) successfully promoted to T-O5 during the 2013–2015 promotion cycles and 17 of 19 Officers (89%) successfully promoted to T-O6 during the 2014–2016 promotion cycles agreed to participate in this initiative. Information was obtained through discussion panels primarily held by teleconference, with 2–3 Officers and 2–3 PPI members participating in each panel. To facilitate meaningful discussions, Officers were grouped according to three categories: Officers promoted on their first attempt, Officers promoted on subsequent attempts, and Officers promoted on exceptional proficiency promotions (EPP). Participants were assured that their identities would not be released outside the PPI team so that Officers could feel free to candidly share their experiences and opinions. Standardized questions were developed and provided to the participants prior to discussions. The questions covered several topics, including but not limited to: perceived reasons for successful promotion, deployments, awards, achievements, supervisory support, leadership activities, mentorship, CV, OS, and ROS content. Officers not successful on their first attempt were asked to describe changes they made on subsequent attempts and which changes they believed led to promotion success. Notes collected by PPI team members during teleconferences were analyzed after all the panel discussions. Findings were disseminated to Scientist Officers via Scientist newsletters and presentations including during the Scientist Category Day at the COF Symposium (2017). Summary reports were provided to the SciPAC Executive Board.

Summary of Findings:

Many comments made by the O-5 Officers during the panels were similar to those made by the O-6 Officers, summarized herein. Both groups provided some insights and observations as expected since they follow the generally available guidance; however, in each case the panelists provided insightful comments that were not generally communicated in existing documents. A few highlights are noted below:

- Be familiar with and strive to achieve or exceed the benchmarks. Most successfully promoted Officers met and in many cases exceeded the benchmarks. When exceptions were noted, those Officers generally had extraordinary attributes in other areas including leadership. While deployment is not addressed in the benchmarks, all Officers reported deployments either with their agency or PHS. Approximately half of the Officers successfully promoted to T-O5 had deployed with PHS prior to being promoted. Officers promoted to T-O6 had participated in an average of 2.5 (median = 2) PHS deployments and an average of 5.4 (median = 1) agency deployments.

- Highlight leadership experience and growth, but clearly demonstrate exceptional performance in your position. While a supervisory position was not required for promotion success, supervisory positions were viewed as a favorable attribute for promotion amongst the panelists. Billet designations for positions held by Officers successfully promoted were surprising. Seventy-four percent promoted to T-O5 were serving in O-6 billet positons. The vast majority of Officers (81%) promoted to T-O6 were in supervisory billets (11 in O-6 supervisory billets and 2 in DOD O-5 supervisory billet positions).

- Find a good mentor, be a mentor. While both O-5 and O-6 panels stated the importance of working with a good mentor(s), the O-6 panel emphasized the importance of becoming a mentor as an important factor demonstrating one's ability to guide and lead the next generation of Officers. Utilizing a mentor outside of an Officer's agency was generally recommended due to the diverse nature of the Scientist category.

- Visibility is important. Participation in external activities or PHS groups (SciPAC, PsyPAG, JOAG, other advisory groups or committees) is a valuable avenue to demonstrate your leadership skills and to build your network with other Officers. Nearly all Officers successfully promoted to either T-O5 or T-O6 participated in external activities and PHS groups. Most Officers who promoted to T-O6 had significant leadership roles within PHS groups.

- Awards are crucial. Individual awards were perceived as carrying more weight than unit or service awards and most promoted Officers held the benchmark award for their rank, though some exceptions were noted. Early career planning was key to achieving benchmark awards.

- Supervisory support is central. The O-6 panelists felt strongly that supervisory support was critical to their promotion success, including earning the highest COER ratings and writing impactful COER narratives and ROS's. Several Officers viewed COER scores as an important factor that allows promotion boards to easily differentiate Officers. Many Officers noted that the COER narrative should support the COER scores.

- Universal frustration. Many Officers expressed discontent with the promotion process and most Officers were unclear as to why they were successful, regardless of whether they were promoted on their first or a subsequent attempt. For T-O5, more Officers were promoted on subsequent attempts (n=16, 62%) than were promoted after only one attempt. For O-6 Officers, the opposite was true. A vast majority (81%) were promoted either as EPP (n=4) or on their first attempt (n=9).

Conclusions: The primary goal of this initiative was to identify factors that may relate to success or non-success of promotion-eligible Scientist Officers. This was accomplished by holding a series of discussion panels with Officers recently promoted to T-O5 and T-O6 willing to share their experiences. This study attempted to infer promotion board thinking by collecting information from the Officers who were promoted; however, Officers who serve on promotion boards were not interviewed during this study. Additionally, only successfully promoted Officers were interviewed. While much of the information shared by the panelists was expected, there were a few unanticipated observations. Many Officers did not have a clear understanding of what elements were most critical to their promotion, and Officers promoted after multiple attempts were unsure which changes led to their eventual promotion success. Potential reasons for this sentiment include the diverse nature of the Scientist category, as well as changing pools of promotion candidates and Officers who serve on promotion boards from one promotion year to the next. While these factors are largely out of the control of individual Officers up for promotion, there are factors an Officer can control which will increase their chances for promotion. For example, most Officers who were successfully promoted to either T-O5 or T-O6 agreed that long-term career planning (especially as it relates to duty assignments and individual awards), early preparation of promotion materials, striving to meet or exceed promotion benchmarks, and perseverance are essential for promotion success.

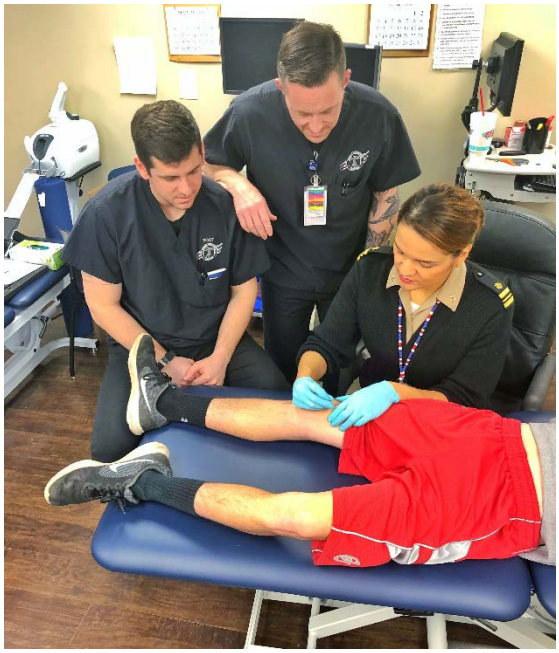
Acknowledgements: The SciPAC Career Development and Mentoring Subcommittees acknowledge the time and contributions of the T-O5 and T-O6 Officers who participated in the promotion panels, and the work of other PPI team members involved in this effort, including CDR Tracy MacGill, CDR Matthew Newland, LCDR Tyann Blessington, LCDR Cara Halldin, LCDR Jorge Muñiz Ortiz, and LCDR Leslie Rivera Rosado.

Physical Therapists in IHS Serve as Preceptors for the Army 18 Delta Special Forces Medic Training

Contributed by: LCDR Ana Sandee

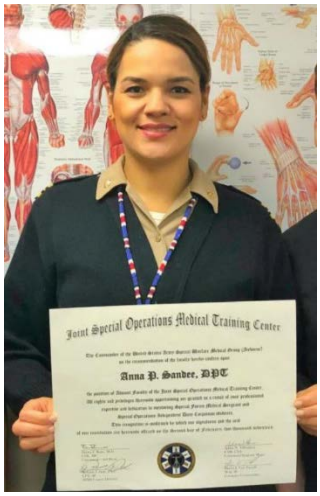
The Army 18 Delta medics are highly skilled and trained special forces medical sergeants, and are considered the finest first-response and trauma medical technicians in the world. Although they are primarily trained with an emphasis on trauma medicine, these medics also have a working knowledge of dentistry, veterinary care, public sanitation, water quality, optometry, and other aspects of ancillary clinical care. Their classroom and field training can take anywhere from 14–18 months to complete. Their duties include performing minor medical procedures as needed, such as chest tube insertions, tracheotomies, teeth extractions, and any other minor field traumas, to name a few. Physical therapists at several IHS facilities serve as training preceptors to provide training for various orthopedic injuries and rehabilitation medicine during the sergeants' 3–4 week rotations at Indian Health Service facilities.

Not only are they medically trained to perform in extreme conditions, depending on the geographic needs of the mission, they also undergo language training for deployment, such as Russian and Arabic. These sergeants, in top physical condition, are also remarkable as trained swimmers, paratroopers, and survival experts proficient in many forms of combat. Their training consists of walking or swimming through freezing cold water in full gear carrying 80+ lb. rucksacks while carrying a weapon, and then marching miles more to reach their final destination while encountering combat situations. In addition to active conflict areas, they can serve as a valuable resource with the ability to deploy for humanitarian missions wherever their skills are needed.



Pictured above, LCDR Sandee, PT, DPT instructing Army Special Forces Medics

The medics are very interested in manual therapy techniques, which they can take to the field. They are typically detailed in pairs during medical rotations, consistent with the military "buddy system". Although trained by the U.S. Army, many are from other military branches, serving in different capacities within their unit (e.g., Active Duty, National Guard or Reserves).



USPHS Physical Therapists are currently supporting 18 Delta training missions in Indian Health Services hospitals such as Chinle, Ft. Defiance, Shiprock and Lawton Indian Hospital to name a few. Pinon Health Center is in the process of drafting a proposal to host the medics in their physical therapy department in the future. LCDR Ana Sandee, Supervising Physical Therapist in Lawton Indian Hospital, was recently recognized for her contribution as adjunct faculty of the Joint Special Operations Medical Center, and recognized for providing her professional expertise as well as her dedication to mentoring special forces medical sergeant and special operations independent duty corpsman students. LCDR Sandee has served as a preceptor to 30+ medics during her time with Indian Health Services for more than eight years.

Pictured left, LCDR Sandee receiving her certificate.

Creative Forces

Contributed by: CAPT Alicia Souvignier

Creative Forces is a Military Healing Arts Network funded by the National Endowment for the Arts (NEA). It was created to serve the unique and special needs of military patients and veterans who have been diagnosed with traumatic brain injury (TBI) and psychological health conditions, as well as their families and caregivers. Creative Forces is made possible by a unique collaboration between the National Endowment for the Arts, the Departments of Defense and Veterans Affairs, and state arts agencies. Creative Forces is a network of caring people who believe in the transformative and restorative powers of art. The Creative Forces mission is to help military personnel and veterans return to their homes, their missions, and their families mentally fit and emotionally ready for whatever comes next.

Creative Forces is building a national network of care for our injured service members, whether they are active duty or veterans, in medical treatment, or transitioning back home to their bases and communities. The program has three components: placing creative arts therapies at the core of patient-centered care in military medical facilities, providing community-based arts opportunities for military and veteran family populations around clinical site locations, and investing in capacity-building efforts, including the development of manuals, training, and research on the impacts and benefits of the treatment methods.

Recently, local community leaders, military personnel, and health professionals gathered at the Creative Forces Community Summit in Colorado Springs, Colorado to learn about Creative Forces, the TBI program at Fort Carson, and how the arts community can support healing for wounded warriors in the Colorado Springs area.

Pictured above, Image of CAPT Alicia Souvignier presenting at the Creative Forces Community Summit .

One of the goals of the summit was to further connect the clinical work of the TBI program at the Warrior Recovery Center (WRC) at Fort Carson with the broader arts community in the local community, which has helped provide networking and integration opportunities for participants.

“It is encouraging to know that our men and women in uniform who suffer from PTSD, traumatic brain injury, or other psychological conditions have access to these resources,” said Margaret Hunt, Colorado Creative Industries executive director.

Representatives from the WRC spoke to attendees about the rewarding and dedicated work they engage in with traumatic brain injury patients, which also includes veterans and family members.

U.S. Public Health Service CAPT Alicia Souvignier, a physical therapist and the chief of rehabilitation at the WRC, helped open the summit with a presentation titled "Treating the Wounds of War," an overview of how the WRC is helping those suffering from TBI, post-traumatic stress disorder, and chronic pain.

The WRC has implemented creative media in their intensive outreach program for TBI since 2014, touching more than 130 service members in the process.

"The whole focus of the creative media piece was to bring a way for expression to challenge some cognitive skills, improve focus, improve memory and be able to communicate what you're doing," said Robin Dahmen, WRC nurse case manager.

Using creative methods to foster an environment for healing has expanded recently at the WRC. Thanks to the Creative Forces grant awarded to Fort Carson by the National Endowment for the Arts, a music therapist is now available to help troops with the healing process, in addition to the Integrative Rehabilitation Outpatient Course (iROC). Amy Dunlap, who is incorporated into behavioral health and physical therapy programs for patients, integrates musical instruments and improvisation as a means of expression.

In addition to educating attendees about their outreach efforts, WRC representatives were able to discuss the possibility of new partnerships in the community to benefit troops in their care.

"There were so many people who came up to find out how to join forces and asked how they could help," said Dahmen, who anticipates more community involvement with Fort Carson.

Hurricane Maria Deployments

Contributed by: CAPT Brianna Skinner & CAPT Randolph Daley

Rapid Deployment Force, Team Coqui-1 — Puerto Rico

Submitted by CAPT Brianna Skinner

CAPT Brianna Skinner was one of 160 Officers deployed to Puerto Rico with Rapid Deployment Force (RDF), Team Coqui-1, to assist with Hurricane Maria response efforts. The primary mission of the RDF team was to assess and establish locations to staff Federal Medical Stations (FMS) that would provide medical services to residents in Puerto Rico impacted by the hurricane. The team staffed an FMS in the Puerto Rican municipalities of Ponce and Bayamón. CAPT Skinner also participated in a special mission to assess damages and perform a public health assessment of the Caribbean Primate Research Center's (CPRC) Cayo Santiago Field Station, also known as "Monkey Island." It is an island inhabited only by free-ranging rhesus macaques since the 1930s.

The uniquely isolated colony of rhesus macaques was adversely impacted by Hurricane Maria, during which approximately 98% of its infrastructure was damaged and 65% of its vegetation destroyed. This storm damage resulted in a cease in research and created logistical barriers for restoration support. Some of the public health concerns assessed were potential pathogens and environmental hazards that may potentially impact the staff and the animals. Even with these challenges, the CPRC staff managed to care for the animals and adequately evaluate their well-being. Fortunately, there was no significant morbidity or mortality within the monkey colony after the hurricane passed. Although improvements have occurred on the island of Puerto Rico, it will be a long time before it can regain the functionality it had prior to the devastation caused by Hurricane Maria.

Dr. Christopher Cheleuitte-Nieves and Ms. Angelina Ruiz-Lambides show LT Ogilvie how Hurricane Maria separated Cayo Santiago Island into two segments once connected by an isthmus. Photo: CAPT Brianna Skinner

Applied Public Health Team Advance Echelon — US Virgin Islands

Submitted by CAPT Randolph Daley

As Hurricane Harvey approached Texas, Applied Public Health Team-1 was placed on alert throughout its on-call month of September. Near the end of September, HHS decided to send a small advance team to the US Virgin Islands (USVI). This team was designated the APHT Advanced Echelon (ADVON) and CAPT Daley was selected to represent APHT-1.

After landing in San Juan, Puerto Rico, ADVON team members spent most of the next three days in the San Juan convention center sitting or sleeping on cots in a large event room while awaiting transport to USVI. On October 1, the 6-person team caught a small charter plane to St. Croix, where the major USVI health department offices were located. Very few areas of the island had power and almost no businesses were operating. Hotel space was unavailable, so the team was offered accommodations on a cruise ship docked in the harbor.

The team included two engineers, two nurses, and one mental health professional from various response teams and HHS agencies. The primary mission focus involved engineering, environmental health, and nursing support. As a

veterinary epidemiologist, I found other ways to contribute. The APHT ADVON mission was to work directly with the USVI Commissioner of Health to assess major public health needs and scope out potential mission assignments. However, we soon found ourselves tasked with a variety of specific assignments. These included shelter assessment, building inspection, inventory and distribution of emergency supplies, and design of temporary modular units to house the health department.

The days were hot and humid, and the work physically demanding. One of the engineers climbed up on top of the health department building to make temporary repairs to the severely damaged roof. The team met with health department leaders and investigated potential sites to locate the modular units on both St. Croix and St. Thomas. The team typically left the cruise ship at 7am, drove across the island to meet with health department staff, visited various sites around the island, and then returned to the cruise ship before dark to meet with the health commissioner or other response teams.

Pictured right, San Juan Convention Center accommodations

While the team's primary mission involved engineering, environmental health, and nursing support, my experience as a veterinary epidemiologist was put to good use. When inspecting one of the potential modular unit sites, I had the opportunity to consult with the health commissioner about a horse that had been penned up on an inappropriate asphalt surface; the Agriculture Department was notified.

Pictured left, CAPT Daley examining a horse.

The mission was short. On October 8, the team returned to San Juan and flew back to Atlanta on October 9 on a charter flight. Overall, it was a rewarding experience. The team developed potential APHT mission proposals that were provided to the health commissioner and HHS. The APHT ADVON mission gave me some ground truth about USVI conditions that has helped me in my regular role within our CDC Office of Public Health Preparedness and Response.

Pictured right, driving in St. Croix after the hurricane.

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