



Newsletter



U.S. PUBLIC HEALTH SERVICE

Fall/Winter 2017

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PAC's Chair Corner

By CAPT Alicia Souvignier, Chair of the PAC Chair Group

Welcome to the Fall/Winter edition of the Combined Category Newsletter and thank you to all of the Professional Advisory Committees (PACs) who submitted articles for this issue.

One of the latest concerns for officers are the height and weight standards. Be sure to check out the helpful modules from the Dietician category in this issue to learn some easy steps towards making a lifestyle change with your diet and exercise. The *Train Like an Admiral* article showcases how RADM Schweitzer sets that example by maintaining a healthy lifestyle every day. Remember that each officer has opportunities for support from fellow PHS officers on this journey. If you are concerned regarding these new standards, reach out to your PAC to see if they can link you with one of the several resources that have been identified for support. Together we can become a healthier Corps!

The PAC Chairs group continues to reach out to DCCPR for support on staff shortages. The Recruitment initiatives of the PACs have covered the gaps in recruitment budgets for many years. PACs have formalized some of these processes: in this issue you can read about the EHO's Adopt a School program, how Engineers volunteer to give back to their Alma Maters while representing PHS, how the Physicians actively take on mentoring applicants, and how HSOs host PHS informational webinars.

This year we have made an effort to streamline and document processes for future PAC Chairs groups. The PAC Chairs Group met with the CPO Board this fall to clarify the Awards process for PAC level awards. We now have a streamlined process and feedback is provided back to PACs and each Awards Subcommittee Chair. We may be asked to rewrite awards sometimes, so working within your agencies and PACs to develop strong award justification skills will serve you well. The PAC Chairs group is also maintaining a historical document on our Max.gov site in order to streamline information flow from one PAC Chair to the next. We have had recent presentations and Q&As with DCCPR and MAB, so by keeping a record of this information shared, new PAC chairs can easily be brought up to speed.

It has been a pleasure to serve in the role of Chair of the PAC Chairs group in 2017 and I have been inspired by the efforts of all our PACs to make our impact as USPHS officers great!

Dentist Professional Advisory Committee

Indian Health Service Division of Oral Health Holds Historic Meeting

Contributed by: CAPT Timothy L. Ricks

Over 65 internal and external stakeholders of the Indian Health Service (IHS) Division of Oral Health participated in the first-of-its-kind American Indian/Alaska Native (AI/AN) Oral Health Disparities Strategic Planning Meeting held August 15–16, 2017 in Rockville, Maryland. The goals of the meeting were to provide a forum to share results of recent IHS oral health initiatives, strengthen existing partnerships and collaborations, and developing a long-range strategic plan to address oral health disparities in 0–5, 6–9, and 13–15 year-old AI/AN children and youth. The coordinator/facilitator of the meeting was CAPT Tim Ricks, Deputy Director of the IHS Division of Oral Health.

Participants of this meeting included federal agencies such as the Centers for Disease Control and Prevention Division of Oral Health and National Institute of Dental and Craniofacial Research; tribal organizations such as the National Congress of American Indians, Society of American Indian Dentists, and National Indian Health Board; academic institutions including Harvard University, the University of Maryland, the University of California San Francisco, the University of Colorado, and Johns Hopkins University; dental organizations including the American Dental Association, the American Association of Public Health Dentistry, and the Academy of General Dentistry; and public health organizations including the Pew Charitable Trust, W.K. Kellogg Foundation, DentaQuest Foundation, and the Children's Dental Health Project. Four former Chief Professional Officers of the Dental category were in attendance as well as the former director of the Indian Health Service, and the first dentist to hold that position, RADM (Ret.) Chuck Grim.



Photographed above, Attendees at the American Indian/Alaska Native (AI/AN) Oral Health Disparities Strategic Planning Meeting held August 15–16, 2017 in Rockville, MD.

Based on survey data collected over the past few years, the oral health in the AI/AN population has improved significantly in the past 17 years in both the 6–9 year-old and 13–15 year-old age groups, and has improved slightly in the past 7 years in the 0–5 year-old age group. However, oral health disparities still exist, with AI/AN children and youth having twice the caries experience and untreated decay rates as the next highest ethnic group, U.S. Hispanics, and four times that of U.S. white children. During the two-day meeting, which was highlighted by presentations by Drs. Norman Tinanoff and Jeremy Horst on evidence-based prevention strategies, the group developed innovative strategies and ideas to address these oral health disparities. Using these ideas, a strategic plan will be drafted and additional feedback and comments will be sought from additional internal and external stakeholders.

Dietitian Professional Advisory Committee

Commissioned Corps Weight Management Modules

Contributed by: LT Lusi Martin-Braswell

The mission of the United States Public Health Service (USPHS) Commissioned Corps is to protect, promote, and advance the health and safety of our nation through support of domestic and international public health initiatives. Corps Officers must be healthy enough to meet the physical demands of deployments as well as day-to-day activities. In addition, we are looked upon as leaders in the field of public health and therefore serve as role models. During the 2017 USPHS Scientific and Training Symposium, Acting Surgeon General RADM Sylvia Trent-Adams announced a plan to implement weight compliance standards for all officers. Compliance with weight standards will become a condition for basic readiness and promotion. **Please note that these retention weight standards will not be implemented prior to October 1, 2018, and will not impact Promotion Year 2018.**

Commissioned Corps Headquarters (CCHQ) recently introduced the Corps Retention Weight Standards webpage (https://dcp.psc.gov/ccmis/bulletin/bmi_standards_m.aspx), including answers to frequently asked questions. According to the Corps Retention Weight Standards, the goal body mass index (BMI) range for officers is between 19.0 and 27.5 kg/m². For comparison, the Centers for Disease Control and Prevention (CDC) recognizes the BMI range of 18.5–24.9 kg/m² as a healthy weight. Standards for the maximum percent body fat are also included on this webpage. Percent body fat will be estimated through body composition measurements in officers whose BMI exceeds the 27.5 kg/m² BMI cutoff in order to distinguish those with highly developed muscle mass from those with excess adiposity. Policies and procedures are currently under development to guide implementation of the new standards. The final policies and procedures are anticipated to be released in January 2018. These documents will outline how the Corps Retention Weight Standards will be incorporated into basic readiness standards, promotion criteria, and retention requirements, and will provide additional information, including guidance on the amount of time that will be permitted to meet standards. In the meantime, officers who have a BMI greater than 27.5 kg/m² are strongly encouraged to initiate a plan to lose weight in a safe, healthy, and sustainable manner. Officers should consult with their healthcare provider for support and guidance and to ensure that their weight loss plan is safe. A cross-category working group has been formed to assist in locating resources and support for officers interested in weight reduction. One resource that is currently available for use is the Commissioned Corps Weight Management Modules.

The Commissioned Corps Weight Management Modules (https://dcp.psc.gov/osg/Dietitian/fit_for_life.aspx) are designed for Corps Officers and members of the public seeking general information and guidance on achieving and maintaining a healthy body weight. The online weight management modules serve as a free resource for officers. These modules were developed by a group of Registered Dietitians serving on the Dietitian Professional Advisory Committee's (PAC) Wellness Subcommittee to assist officers who are seeking weight management guidance. The online weight management program consists of six modules presented in a lecture format and includes narration, handouts, and PowerPoint slides. Each module is self-paced to ensure participants are comfortable with the material before moving on to the next topic. Participants should allow one to two weeks to view each module and implement lifestyle changes before proceeding to the next one. Each module builds on the previous lessons; therefore, it is recommended that officers complete the program in the order it is presented. Each module will take approximately 30 minutes to complete.

To get the most out of the weight management modules, participants are encouraged to complete all of the modules, be willing to make lifestyle changes to reach their goals, complete all of the assignments to reinforce learning, and finally, enjoy the process!

The table on the next page provides information on the subjects of focus and action items to expect for each module.

Dietitian Professional Advisory Committee

Table 1. Commissioned Corps Weight Management Modules

Module	Topic Areas	Action Items After Each Session
1	<ul style="list-style-type: none"> Understanding Body Mass Index (BMI) Setting a weight loss target goal Keeping food and activity records Setting effective eating and activity goals 	<ul style="list-style-type: none"> Set individual weight loss goal Keep track of food/physical activity log Keep track of weight Set 2–3 behavioral goals
2	<ul style="list-style-type: none"> Understanding calories and caloric density Reviewing food options from each food group Learning about meal replacements and weight management Optimizing food and beverage consumption during deployments 	<ul style="list-style-type: none"> Keep track of food/physical activity log Keep track of weight Set 1–2 new behavioral goals Aim to reduce daily intake by 500–1000 calories Check food labels for calorie amounts Apply knowledge learned in this session to make good food choices
3	<ul style="list-style-type: none"> Identifying ways to meet daily physical activity recommendations Learning about healthy food preparation 	<ul style="list-style-type: none"> Keep track of food/physical activity log Keep track of weight Set 1–2 behavioral goals for physical activity Determine target heart rate Develop a physical activity schedule Look at ways to reduce calories when cooking
4	<ul style="list-style-type: none"> Learning to read food labels and understanding portion size Identifying healthy tips for eating out 	<ul style="list-style-type: none"> Keep track of food/physical activity log Keep track of weight Practice reading food labels and determining calories in portions When eating out, practice making special requests
5	<ul style="list-style-type: none"> Learning about Behavior Change Theory Applying behavioral change techniques for long term weight loss and maintenance 	<ul style="list-style-type: none"> Keep track of food/physical activity log Keep track of weight Record screen time and how time is spent Focus on antecedents and consequences related to eating/ activity behaviors Set 1–2 behavioral goals to address any eating and activity problem areas
6	<ul style="list-style-type: none"> Reflect on your progress with weight management 	<ul style="list-style-type: none"> Create a plan for the future Go back to any session and review materials at any time as needed

After completing all 6 modules, participants should be able to:

1. Understand body weight, overweight, and obesity; and how they are related to their health and fitness;
2. Set an appropriate weight loss goal;
3. Learn ways to change eating and physical activity habits to maintain a healthy weight, and improve their health;
4. Learn how to find reputable resources to assist with their weight loss efforts.

As officers in the Commissioned Corps of the USPHS, we have a great responsibility to be the face of public health. The significance of meeting basic readiness standards, including healthy weight and fitness, cannot be overstated. If you have not had a chance to explore the Commissioned Corps Weight Management Program (https://dcp.psc.gov/osg/Dietitian/fit_for_life.aspx), please take some time to review it, and share with others who may be interested.

Engineer Professional Advisory Committee

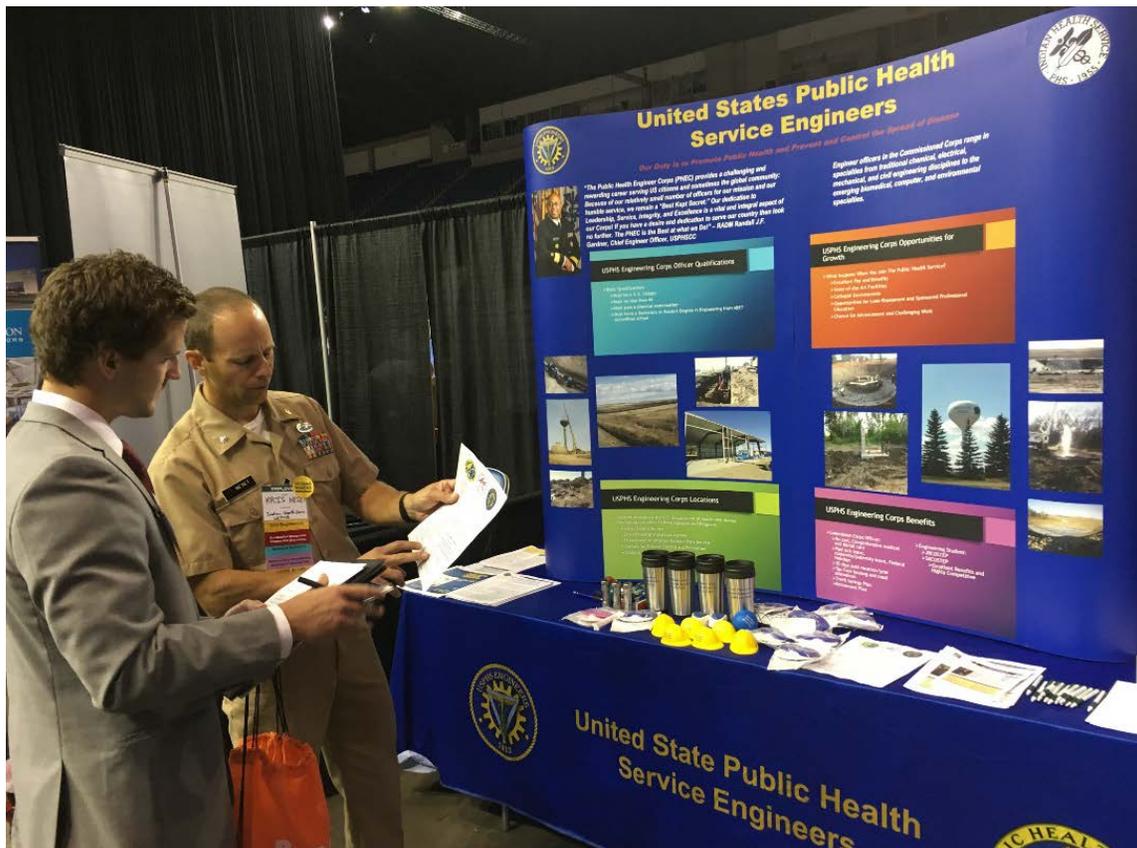
Giving Back for your Education

Contributed by: CDR Kris Neset

Many have had the experience of 6 months after graduation receiving a call from your alma mater to “make sure their records are up-to-date.” It doesn’t take long to figure out their main reason for calling is to receive a donation to the University Foundation. I think these calls were ironic since many graduates have a net worth around \$0 due to student loans. My experience with that 6-month call: I politely declined as there were other financial priorities such as a recent home down payment and being married within the past year.

My wife and I have always tried to give back to areas and organizations that are important to us. This doesn’t have to be in the form of monetary donations. In fact, the giving of time and talent is more important than monetary gifts. It improves mental health and by volunteering and helping others it takes the focus off yourself and reframes your perspective. This could be something as simple as mowing an elderly person’s lawn.

However, I have given back to my University (North Dakota State University [NDSU]) through a variety of non-monetary ways over the years. This past spring I had the opportunity to present to the Intro to Environmental Engineering (CE370) class. I covered water, sewer, and solid waste; the wheelhouse for Sanitation Facilities Construction (SFC) Engineers that work for the Indian Health Service. I was able to promote the specific office I work in (Minot District Office) by highlighting our projects from start to finish. On a larger scale, I was able to highlight the agency as well as the USPHS. Other agencies highlighted were the EPA, US Bureau of Reclamation, and USDA-Rural Development as we joint fund projects with these agencies.



CDR Kris Neset speaks with a student at the North Dakota State University Engineering Expo about engineering opportunities with the US Public Health Service.

Engineer Professional Advisory Committee

My current position as a Tribal Utility Consultant (TUC) allows me to work with EPA – Region 8 (based in Denver, CO) so I was able to explain to students the unique role the TUC has with the EPA and Tribes to promote and advance public health on Tribal lands. The students had plenty of questions during the formal Q&A in class and afterwards. The questions ranged from regulations, construction, careers with IHS and USPHS, and my personal experiences. Being able to share lessons learned and “boots on the ground” experience is extremely valuable to students and professors that are hungry for real world application instead of only theory-based learning.

Another way of giving back to my alma mater was when a project I worked on was selected for the Senior Civil Capstone project. This was a large sewer project called the St. Michael Lagoon Relocation for which I was the design/project engineer. The project was constructed in 2014 and 2015 so the timing of the Capstone class was perfect as we were in the design phase at that time. It was rewarding to see the process the Civil Engineering Department Chair utilized in taking a real world project and applying it to a classroom setting. Once again I promoted our Minot District Office, IHS (specifically SFC work), and the USPHS. If you ever have the opportunity to be able to be involved in a Senior Capstone project with a local university or your alma mater, I would highly recommend it.

I have also been able to participate for several years in the NDSU Engineering Expo in Fargo, ND and the University of North Dakota (UND) Career Fair in Grand Forks, ND. Recruiting is a great way to stay involved with a local university or your alma mater. The benefits go both ways as you have opportunities to network with other agencies and consulting firms. Our Great Plains Area always teams up with the Bemidji Area when recruiting so we meet other professional engineers as well. Due to these volunteer efforts, the professors I have worked with now go out of their way to tell students to stop by the USPHS/IHS booth. A couple of the professors at NDSU are involved in distance learning for the pre-engineering programs at the Tribal community colleges in North Dakota so it is nice to see things come full circle.

Since the engineering profession is a diverse field of work, we often do referrals to agencies like CDC, EPA, FDA, etc. when recruiting. It is important to be a good listener and ask the right questions when the recruit is speaking about their educational background, type of work they are interested in pursuing, and preference in geographic location. Typically, the recruit has a lot of agencies and firms they want to visit with and a limited timeframe so wise use of time is important. For any recruit, we collect information and do follow-ups. For those that are serious about pursuing a COSTEP or full-time employment, the Engineering Professional Advisory Committee has mentors who stay in contact with them to help them through the often long hiring and commissioning process.

Much of what I have described above is done outside of “normal work day/duties,” so extra effort is needed. However, I know other officers would be glad they gave back to their alma mater or local university. It has been a rewarding experience for me.

Environmental Health Officer Professional Advisory Committee

Educating and Recruiting: The EHOPAC Adopt-a-School Program

Contributed by: LCDR Justin Erickson and LCDR Don Hoeschele

We can all agree that a career in the U.S. Public Health Service (USPHS) Commissioned Corps is a best kept secret that not many know about. To help spread the word about the benefits of a career in the USPHS and recruit the best Environmental Health Officers (EHOs), the EHO Professional Advisory Committee (EHOPAC) Marketing and Recruitment Subcommittee created the Recruit-An-EHO (RAE) Program. The RAE consists of two marketing and recruitment programs: the Adopt-a-School and the Event Recruitment Programs.

What is the EHO Adopt-a-School Program?

The purpose of the Adopt-a-School Program is to educate university faculty, staff, students, and professionals about an environmental health career as an EHO, and to support the recruitment of qualified candidates. Additionally, officers share information about training opportunities through the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP). The program provides a mechanism for building relationships between the EHOPAC and accredited colleges and universities with academic programs that qualify individuals for appointment into the EHO category. The accredited programs include bachelors-, masters-, and doctoral-level degree programs in environmental health, industrial hygiene, occupational health and safety, health physics, and related disciplines.

The program pairs EHOs with a college or university, and has been expanded to include outreach and education at professional gatherings and events. Officers who volunteer, or “adopt,” a particular school serve as a point-of-contact for that institution, routinely communicate with key faculty and staff, and provide periodic recruitment presentations and outreach support. Currently, there are 45 EHOs in the program representing 49 schools.

Who Can Participate in the Program?

Participation in the program is voluntary and appointments are made through the EHOPAC Marketing and Recruitment Subcommittee. Preference is given to active duty EHOs, but retired officers are also eligible. Selected officers must have completed the requirements for the Commissioned Corps Training Ribbon and active duty officers must be basic ready. Officers are required to submit an enrollment form indicating what schools or events they are willing to sponsor. If multiple officers are interested in sponsoring the same school, one officer will be chosen to be the primary sponsor, with up to three secondary officers to support the program. When making assignments to a particular school or event, priority is given to: 1) graduates of the program, 2) officers in close geographic proximity, and 3) on a first-come, first-serve basis. The term of initial appointment for officers participating in the Adopt-a-School program is three years.

EHO Adopt-a-School Officer Spotlight: An Interview with LCDR Justin Erickson

Educational Background: Industrial Hygiene

Alma Mater: Central Missouri State

Adopt-a-Schools:

Boise State University

University of Utah

Utah State



How long have you been involved in the Adopt-a-School Program, and which schools are you working with?

“I started with the program three years ago and have been the liaison for three different schools. Currently I am the sponsor for Boise State University, which has an EHAC*-accredited Environmental and Occupational Health Bachelor of

Environmental Health Officer Professional Advisory Committee

Science program (EHAC is the National Environmental Health Science & Protection Accreditation Council). I have also been the sponsor for the University of Utah, which has an Industrial Hygiene Masters Program, as well as an Occupational Health doctorate program, and for Utah State, which has an Environmental Health and Occupational Health Program. All three of the schools have programs that are accredited programs for becoming an EHO.”

How often do you visit the schools and what do you do when you are there?

“My goal is to meet with the students at each school at least once each school year. Typically, I give a presentation where I discuss JRCOSTEP opportunities, requirements and application procedures, and the benefits of joining the USPHS Commissioned Corps. I also field multiple questions about the USPHS and specifically the EHO category. Additionally, I regularly contact university staff to pass critical information to their students such as application deadlines, recruitment materials, and to simply maintain my relationship with the program and school.”

What is the greatest challenge to educating others about the USPHS Commissioned Corps?

“The greatest challenge has been reaching prospective students. In the ultra-fast cyber driven environment that is the educational institution of today, it can be a challenge. Convincing school faculty and students to carve out time in their schedules to entertain the idea of a face-to-face presentation...to them, this is a huge commitment.”

Tell us about the information you provide to individuals about the JRCOSTEP program.

“When I talk to faculty and students, I lead my discussion with JRCOSTEP opportunities. Students typically are looking for summer internships, and a JRCOSTEP is a great paying one! How many times have we all wished that we could have taken an assignment for a “test-drive” before accepting the position? Additionally, I stress to the student that once you complete a successful JRCOSTEP, the door for USPHS opens. This means you can apply to the Commissioned Corps at any time for up to four years after your JRCOSTEP.”

The Recruit-An-EHO Program conducts education and outreach at professional events. Have you participated in any?

“I manned a recruitment booth during the 32nd Annual Utah Conference on Safety and Industrial Hygiene, which had over 350 attendees. I provided EHO, JRCOSTEP, and general USPHS Commissioned Corps recruitment literature to over 50 individuals and interacted with hundreds more who were curious as to why a “Naval Officer” was in Utah.”

What do you get out of the program?

“Gratification. With over 14 years in the uniformed service, I have had amazing opportunities to travel around the world and experience things that would not have been possible in any other career path. It’s like we know the secret to a fulfilling career with endless opportunity. We have to spread the word.”

What do you tell the students the main benefits of an EHO career are?

“I tell them the benefits to a career in the USPHS Commissioned Corps are numerous: good pay, great medical, unparalleled retirement, numerous career choices in many of the largest government agencies, and the ability to have both a stable family life with the opportunity to deploy domestically and around the globe to provide humanitarian assistance. I also stress to them that they are their own ceiling when it comes to how far they can go as a Commissioned Officer.”

Do you see yourself as a recruiter?

“No, but yes... I do not see myself as a uniformed services recruiter in the traditional sense. I would like to say that I am spreading the gospel of the USPHS Commissioned Corps as opposed to strictly “signing up” Corps Officers. As Adopt-a-School sponsors, we are volunteers that are not under pressure to recruit mass numbers of officers, and I think this is our greatest strength. I have interacted with Military recruiters that are focused on “numbers” and not the individual. We can focus on the individual, get to know them, and help to guide their decision-making process based on what is best for them and their career.”

Health Services Officer Professional Advisory Committee

Health Services Category Hosts First-Ever USPHS Open Application Period Applicant Candidate Information Webinar in 2017

Contributed by: CDR Malaysia Gresham Harrell and LT Latasha Turner

The Health Services Officer Professional Advisory Committee (HS PAC) Recruitment and Retention Subcommittee hosted the first-ever USPHS Open Application Period Applicant Candidate Information Webinar on August 30, 2017.

On May 01, 2016, the Commissioned Corps issued an open enrollment call for Medical Technology, Physician Assistant, Psychology, and Social Worker Officers. The Health Services Chief Professional Officer (CPO) charged the Health Services Recruitment & Retention Subcommittee to create a Health Services Candidate Application Team (HS-CAT) at the request of the Division of Commissioned Corps Personnel and Readiness (DCCPR). The HS-CAT mission is to assist DCCPR in managing highly qualified applications to the health services category through a streamlined system that is effective, transparent, and replicable, ensuring the highest integrity and confidentiality in all aspects of operation.

For the hundreds of professionals interested in joining the USPHS Commissioned Corps, some may wonder what is expected of a uniformed service officer, what are the qualifications to enter service, or how does pay and benefits compare to a civilian position. As the application process may generate many questions, for the first time in history, the Health Services Category Candidate Applicant Team (HS-CAT), in collaboration with DCCPR, provided information on the Corps, application submission, medical qualifications, and uniformed service expectations and benefits for all qualified disciplines. The presentation, which included sessions by members of the Call to Active Duty, Medical Affairs, and Separations and Retirement Teams, provided general Corps information, initial application processes, and available resources.

The HS-CAT partnered with DCCPR's Recruitment Division to establish operating procedures, timelines, and hold applicable training webinars. To ensure a seamless process, the team created four working groups for the administration of each application phase: Screening, Uploading, Reviewing, and Tracking.

During the 2017 operational year, the HS PAC Recruitment and Retention Subcommittee, led by CDR Malaysia Gresham Harrell and CDR Jyl Woolfolk, worked diligently to solidify the HS-CAT process and procedures. As such, there were several processes that were implemented, including the establishment of the project plan, which outlines the open application process for the HS PAC and stakeholders from beginning to end, the extension of the Tracking Working Group to now include Job Placement Assistance, and the first-ever USPHS Open Application Period Applicant Candidate Information Webinar. With the support of DCCPR, the CAT delivered relevant information and helpful resources to potential Commissioned Corps applicants and future leaders of the USPHS. The team will continue to improve the information provided through the webinar and ways to reach interested candidates.

In addition to continuous openings for Physician Assistants and Optometrists, the 2017 Open Application period included Medical Technologists, Licensed Clinical Social Workers, and Clinical Psychologists. The webinar was open to all categories in the Corps and advertisements were sent to respective schools, professional organizations, and Professional Advisory Groups.

Health Services Officer Professional Advisory Committee

Health Services Category Leads Professional Development Opportunities for USPHS Officers Categories During its Global Health Track CDC Headquarters Site Visit

Contributed by: LCDR Alyson Rose-Wood, LCDR Felicia Warren and CDR Bobby Rasulnia

The Public Health Professional Advisory Group Global Health Track is the only USPHS group focused on global health. Established in 2013, the Global Health Track serves as an interdisciplinary resource for officers of *all* USPHS Categories working in – or interested in – the field of global health. The 40-member track currently has representation geographically all over the world from six USPHS Categories: Environmental Health, Health Services, Medical, Nurses, Pharmacists, and Scientists.



Pictured above, from L to R: LCDR Jay Wong (FDA), LT Mark Larson (FDA), CDR Sylvera Demas (CDC), LCDR Tara Dondzila (NPS), LCDR Benoit Mirindi (HRSA), LCDR Denise Duran (CDC), LT Ijeoma Perry (CDC), and CDR Jacinta Smith (CDC)

One of the Track's overarching goals for 2017 was to provide professional development opportunities on multilateral organizations and other key global health stakeholders across the Department of Health and Human Services (HHS) and other agencies. The Global Health Track hosts one in-person site visit each calendar year, which is the cornerstone activity for the Track. In December 2016, seven track members took part in a one-day event in Washington, D.C. focused on introducing them to U.S. Government global health leaders. The day included a visit to the U.S. Department of State's Office of the Global AIDS Coordinator, a tour of the HHS Secretary's Operation's Center, a conversation with the CDC Washington office, and meetings with RADM Mitchell Wolfe, HHS Deputy Assistant Secretary for Global Health, and CAPT Michael Schmoyer, Acting Deputy Assistant Secretary for Security, Intelligence, and Counterintelligence.

The 2017 in-person event took place on August 4, 2017, with eleven officers convening at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, for the Global Health Track CDC Headquarters Site Visit. This collaborative, interdisciplinary activity provided professional development and career progression opportunities for officers to strengthen their global health leadership skills. Of note, four of the eleven officers self-paid and took annual leave to travel from California, Maryland, and New York to participate in the day's activities.

Health Services Officer Professional Advisory Committee



Pictured above, from L to R: CDR Bobby Rasulnia (CDC), LCDR Jay Wong (FDA), CDR Sylvera Demas (CDC), LCDR Felicia Warren (CDC), LCDR Denise Duran (CDC), LCDR Tara Dondzila (NPS), LT Mark Larson (FDA), LT Ijeoma Perry (CDC), LCDR Benoit Mirindi (HRSA).

The objectives of the day were to:

- Provide an overview of CDC, CDC global health programs, and the hiring process for domestic and overseas global health positions.
- Identify potential global health opportunities within CDC and competencies and skills needed to compete for global health positions.
- Meet with other officers and CDC staff currently working in global health programs.

Other activities for 2017 include the following conference calls/webinars:

- September 8: "Building a Global Health Workforce within HHS — Focus: USPHS OGA Overseas Workgroup"
Presenter: Jessica Stewart, Senior Advisor for Agency Coordination, HHS, Office of Global Affairs
- October 13: "CDC Global Rapid Response Team (GRRT) Panel"
- November 10: "WHO Priorities Under New Leadership"
- December 8: "USAID Office of Foreign Disaster Assistance (OFDA)"

Plans are currently underway for 2018 Global Health Track activities, which include exploring continuing education unit (CEU) offerings for future activities.

The Global Health Track is always looking to expand the diversity of its membership (e.g., diversity in rank, category, experience, duty location) and is open to new members. For more information, please contact Global Health Co-Leads: LCDRs Alyson Rose-Wood (<mailto:ifd6@cdc.gov>) and Felicia Warren (<mailto:fwarren@cdc.gov>). You can also join the listserv (http://list.nih.gov/cgi-bin/wa.exe?SUBED1=PHPAG_GHT&A=1)

Pictured right, Global Health Track Leads LCDRs Alyson Rose-Wood and Felicia Warren



Nursing Professional Advisory Committee

Hard Times in the Big Easy...Deploying to the 2016 Louisiana Flooding Mission

Contributed by: CDR Judith Mather

The 26th annual Public Health Service Nursing Recognition Day (NRD) was held at the Food and Drug Administration on May 8, 2017. Nurses from multiple government agencies, private and public sectors as well as academia attended either in person or via webinar. The in-person option was well received as officers enjoyed the face to face time with one another and the networking opportunities the event offered. However, the webinar option was also an important option to have as this ensured officers who could not travel to the FDA or who could only attend a portion of the program were still able to partake in this educational event.



Pictured above, PHS Nurse Officers of RDF-3 in Baton Rouge, Louisiana. Front row: CAPT Jennifer Williams, CAPT Holly Williams, LCDR Abby Mozeke-Baker; Second row: LTJG Magdaline Mandaza, CAPT Stardust Mazzariello, LCDR Billita Williams, LCDR Sherri Jones, LCDR Oke Johnson, LCDR Kimberly Brinker, CDR Shauna Mettee Zarecki, CDR Juliana Upshaw; Third row: LCDR Walter Delong, LT Christopher Davis, LCDR Amber Jones; Back row: CDR Mark Glover, LCDR Michael Bonislawski, LCDR Robert Banta, CDR Matthew Clemons, CAPT Bryen Bartgis, CDR Mark Macyszyn, LCDR Michelle Kraye, LCDR Gary Koller. Not pictured: CDR Davonda Roberts, CDR Thor Brendtro, CDR Todd Crawford, LCDR Lisa Ellis, LCDR M. Justine Nixon, LCDR Johannes Hutauruk, LT Anita Manns, LTJG Maria Delossantos.

On August 14, 2016, USPHS Rapid Deployment Force 3 (RDF-3) was activated to staff a medical special needs shelter at Louisiana State University (LSU) in Baton Rouge, Louisiana in response to the devastating rains and flooding in the area that forced residents from their homes. PHS Nurse Officers who deployed worked closely with two civilian Federal Disaster Medical Assistance Teams (DMATs) from Alabama and New Mexico, to provide care for 300 patients with special needs. A 250-bed medical shelter was set up in the Carl Maddox Track and Field House and initially staffed by the Louisiana Department of Health (LADOH) and many LSU student volunteers, despite the fact that the flooding had impacted many of their own lives.

LCDR Amber Jones, Acting Director of Nursing, Albuquerque Indian Health Center, discussed the coordination of patient care, noting, "Civilian DMAT staff members, providers and nurses, worked in conjunction with PHS Officers and shared

Nursing Professional Advisory Committee

patient care assignments. Other DMAT staff members were available to assist as needed, and were stationed in their respective locations in the medical unit (such as EMTs, pharmacists, and lab technicians)." LCDR Jones shared, "An administrative section was established, for representatives from the Louisiana National Guard, PHS, DMAT, LADOH, and security officials from Louisiana state and local police departments. Information from this office was routinely communicated regarding mission updates and changes, which then passed onto officers during both day and night shift musters. The musters for the PHS Officers occurred separately from the DMAT musters." These teams gave round-the-clock healthcare, logistical, and administrative support for the patients and the shelter. Thirty Nurse Officers along with 73 other officers of RDF-3 deployed for two weeks and served nearly 300 patients and caregivers who were displaced by the flood at the LSU Track and Field House.

DMATs play an important role in federal disaster relief efforts. You may find yourself working closely with a team member during a deployment, as LCDR Jones did. Luke Frank, Media Relations Manager for the New Mexico Disaster Medical Assistance Team that deployed to Louisiana in response to the flooding, shared, "The NM-1 DMAT is a part of the National Disaster Medical System (NDMS). DMATs are deployed to provide medical support to events of national significance. Teams are prepared to be deployed for up to 14 days at a time (plus travel on each end), to austere environments to treat patients in disaster situations. The team is outfitted to treat up to 250 patients per day for up to three days without resupply. Similarly, individual team members are required to provide for themselves for up to three days without resupply. New Mexico's team was the nation's first deployed DMAT to a U.S. disaster site. Since its formation in 1984 and first deployment in 1989, NM-1 DMAT has responded to the World Trade Center and Pentagon terrorist attacks; 10 U.S. hurricanes, including Katrina, Andrew, and Hugo; earthquakes in Haiti and Northridge, CA; New Mexico's very own Cerro Grande Fire; the Atlanta and Salt Lake City Olympic Games; and others." DMAT team members become federal employees for the duration of the deployment. Teams may operate a separate emergency or critical care area or they may work alongside other officers in providing direct patient care.

For more information on the NM -DMAT, please check out their website:

<http://emed.unm.edu/cdm/programs/nm-1-dmat/contact.html>

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Train like an Admiral

Contributed by: CAPT Juliette Touré, photos by CDR Kun Shen

RADM Pamela M. Schweitzer, the current Chief Pharmacy Officer (CPO) of the USPHS, has climbed some of the highest peaks in the country, often, not just once. Anyone who has trained for these types of technical hikes knows that it is not for the faint of heart. It takes mental and physical strength, tremendous focus, indefatigable will, and teamwork. A misstep could cost you your life, or worse, someone else's.

It's no wonder that she draws upon these experiences and applies the same energy and stamina to what may seem like insurmountable challenges in public health. With the firm belief that there is always a way, her ability to transcend natural or man-made obstacles can be attributed to good planning, working well with others, grit, and simply, continuing to take one step at a time. In this interview, she shares with us her personal views on health and fitness over time and how she has used fitness and lessons from her adventures to bring people together.



How do you view staying healthy?

I would say that it is a way of life. Having grown up with 3 brothers and a sister, we were always active. We played just about every sport and did a lot of hiking. We weren't supposed to watch TV, so we would go outside and play.

As I got older, went to college and started working, my priorities shifted – I wasn't as physically active. When you don't exercise for a while, you start to miss it. You just have to figure out how to rebalance. Once you do, you feel happier, think more clearly, and realize how important it is.

Pictured left, RADM Pamela Schweitzer

What do you do to stay in shape?

It has evolved over time. Outside the office, I regularly do a combination of running and walking. I enjoy being outdoors – there is a 30-minute loop that I do close to my house. I go by time and listen to my body. Some days, I will run more, while other days I will walk more. At times, I will also set small goals, such as progressively work toward running all the way up a hill. It is actually less work to stay in shape now than it was when I was younger. It took more effort and time. I could do a half marathon without much difficulty at this point.

It is also important to adapt to your environment. When I was in Arizona, I was able to run in over 100°F temperatures. It took me about a year to acclimate to the weather here in the DC area and getting the right gear to be weatherproof. I've gotten running spikes so that I don't slip in the snow or rain. Because it is more about mental health for me now, I prefer to be outside, on dirt paths (since there are not many sidewalks in this area). The only time I may go into a gym, is if there is a blizzard or a major storm. I sometimes listen to music or podcasts. When I was training for a marathon, I would listen to audiobooks. There are also times when I don't want to listen to anything at all.



Pictured above, with husband Paul, summit of Mt. Kilimanjaro

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I still like to do everything. My husband, Paul, is into kayaking and canoeing, and I enjoy doing that with him. I also make it a point to schedule a major trip each year that involves something athletic. This year, it was Kilimanjaro. Our daughter, Amy, and her husband, Jackson, asked if we'd be willing to go again. Because we commit to these big annual trips, we all can look forward to them as a time to be together, laugh, create new stories and recount old ones, and just unplug.

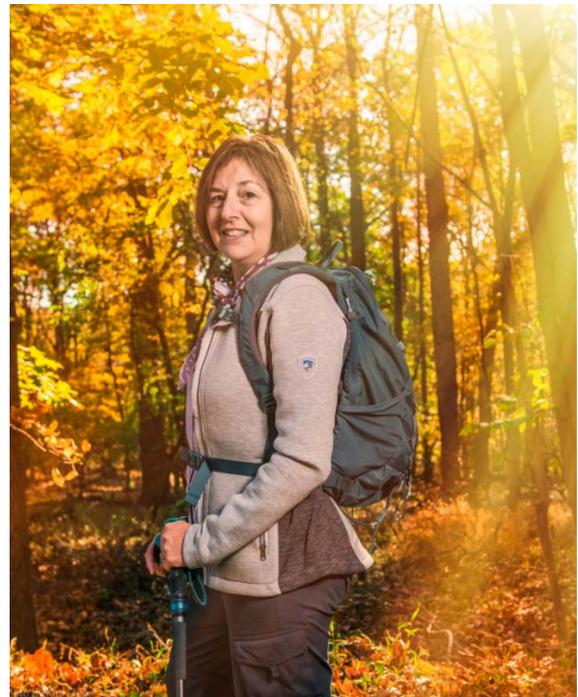
Sounds like your family is very active and enjoys doing fitness activities with you. How did you get them involved? Do you think their fitness and health philosophies are similar or different?

When they were little, we exposed them to all sports. Paul was a coach on all the different sports teams. We made it a point to coordinate our schedules, so that we were able to go to all of their events. We made a conscious effort to always stay positive and talk to our kids and their friends about being patient with themselves as they gained skills and talent because kids all grow and develop at different rates. We'd tell them that the most important thing is to stick with it, not unlike working toward any other life goal.

My son, Charles, was the one who got me into running. When he started running, the idea of running even 5 miles seemed impossible to me. A lot of people helped us along the way. I still read Runner's magazine to learn new fitness tips. For all of the kids' sports, we saw them as an opportunity to do something with the kids. As they started getting older, I stopped doing marathons because of the time away from the family and started looking for more activities to do together.

Paul does hiking because of my and my family's passion for it. Amy hiked the Grand Canyon when she was 3 years old. The key for getting kids to hike is learning how to manage the potential boredom – my kids learned their multiplication tables while hiking. They actually love being outside, and we've had some of the best conversations exploring the outdoors. You can really support what they are learning at school, too – like talking about why leaves change colors.

Our extended family and friends have joined us in many of our Grand Canyon hikes and other fitness activities. We'd try to do things that would make it more fun for the kids – it was always full of fun and unexpected adventures. We have a tradition of doing the [Lost Dutchman](http://lostdutchmanmarathon.org/) (<http://lostdutchmanmarathon.org/>). It is a great family event. Every year, we would invite friends and family to come to our house or crash nearby. There's an event for everyone – ranging from a 2-mile fun-run to a full marathon. The kids were especially proud of earning medals. My whole house would be decorated with a running theme with motivational quotes posted on the walls. We'd make t-shirts with a different design each year, watch running movies, and have a big dinner the night before the event. When my kids went off to college, we used videos (<https://www.youtube.com/watch?v=DK2N8wWXriI>) from these events as part of their going away presents.



Charles still enjoys running – in fact, for an extra challenge, he has refined the art of “juggling” (<https://www.youtube.com/watch?v=EkrC4SK6Obg>). Amy and Jackson – they are as healthy as can be. They love hiking, canoeing, and staying active. In fact, they are all around healthier than we were at their age.

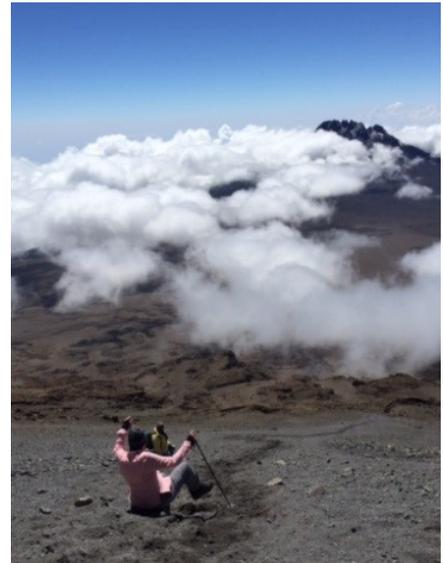
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Tell us a bit about your ascents to Kilimanjaro – how do you prepare for these types of events?

For “Kili,” the trick is to go slowly. The first time we went, we didn’t know what to expect. Paul planned to propose to me at the summit, and I had no idea. We were young and just thought that we could forge through and do it. I was super sore during and after the climb. Paul wanted an amazing spot for the proposal. When he proposed, I was a bit dizzy [from altitude sickness] and actually started to change the topic...I will probably never live that down.

The second time, we were prepared. We learned that you have to feed yourself, even if you do not feel hungry. You should go at a pace where you can talk without being out of breath and do not hear your heart beat in your head. If you do, you are probably going too quickly and will burn out. We never had a headache during our second ascent. I also planned a couple hikes that helped to build endurance for the big event and had to travel a ways to find mountains that were big enough.

Pictured right, RADM Pamela Schweitzer going down Mr. Kilimanjaro



For some of the more technical hikes, it takes a significant amount of training before the expedition. Shasta was my first technical climb. Gordon Reiter, a retired PHS Officer and good friend organized the climb. As a novice, I wore heavy wool pants that were way too hot. My ears froze, and I had difficulty descending because of post-holing. Gordon has fond memories of my cursing every time I fell through the snow. I learned an important lesson (the hard way) of the value of investing in proper equipment and clothing.



Pictured above, RADM Pamela Schweitzer on the summit of Mt. Rainier (Washington).

For the Mt. Rainier expedition, the early part of my training consisted of cardiovascular and leg/shoulder weight training. I also went to climbing school that provided an overview and an evaluation of our fitness and ability to learn the skills needed to have a successful climbing experience. We learned about the parts of the ice ax, including how to hold it in different situations. They also went over “pressure breathing,” a method of breathing that allowed one to maintain a good oxygen supply. The technique is similar to using a Peak Flow Meter. We were taught and practiced the Rest Step. We practiced falling forward, backwards, head first and feet first and then recovering. We learned how to “pack and re-pack,” so that we carefully considered every item that went into our packs and new where each was located.

I realized one day was not enough to master these skills and felt fortunate to have the patience and experience of the guides. They loved what they did and were very willing to offer opinions to ensure a good experience for us. Most of the guides had been in this type of work for years and had several peaks under their belt including Everest, Denali, etc...

How do you fit fitness into your busy schedule, including when you are on travel?

It has been harder to since becoming CPO. I don’t have as much personal time on the weekends. I’ve had to shorten my workouts, and try to walk or take the stairs at every opportunity. I get out and exercise every chance I get – usually 4 or 5 times per week.

Where I work (Centers for Medicare and Medicaid Services), they have given us headphones, so I often take a walk

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around campus during my teleconferences. When I stay overnight for a business trip, I get out and explore the area and try to walk to the next meeting.

Paul is very supportive. When I was training for Rainier, he got me a gym membership and later joined me, which made it much more pleasant. Now, since it's more about mental health for me, he will let me know that he's "got it covered," a sign that I have time to go get some exercise.

How has your fitness regime changed over time?

I pulled my Achilles a while back and was out for 2 months to let it fully recover. I couldn't run on it and started taking it easier. It was partly from doing speed work. I thought to myself, it is more important to be healthy (not injured) than to be speedy (and risk injury).

What APFT level will you be shooting for and how will you train for it?

I used to say that I am going for level 4. Now, I just do it to get it done. That's really the intent of it – that you can pass it at any time. I usually do some push-ups or strength training as I wait for my coffee in the morning.

What fitness events are on your horizon?

We are planning another trip to Grand Canyon. I also want to climb Mt. Whitney again, the highest peak in the lower 48.



We are also planning to hike the Chilkoot trail (<https://www.nps.gov/klgo/planyourvisit/chilkoottrail.htm>), following the path of the Klondike Gold Rush in Alaska (<https://www.nps.gov/klgo/learn/goldrush.htm>). LCDR Jessica Thompson (<mailto:jkthompson@anthc.org>) is helping to coordinate the hike. It is a historically significant trail. Over 30,000 gold seekers poured into the area in the late 19th century, set up makeshift towns, and braved the Alaskan wilderness. Our USPHS expedition will start in Skagway, one of these makeshift gold rush towns. It will not be so strenuous that you can't take the time "smell the roses" and enjoy the views of the Canadian Rockies and Yukon River.

Anything you'd like to say to our officers on health or fitness?

Make living a healthy life style a way of life for you and your family. Besides the Chilkoot trail, we have several activities planned over the next few years. The next one up is the Lost Dutchman in February 2017. Also, we'll be scheduling a trip up Mt. Whitney and another Grand Canyon trip. We welcome anyone who wants to join us!

“Pre-mentoring”: Tips for Advising Commissioned Officer Applicants

Contributed by: CAPT John Iskander

As part of the Public Health Service’s core precepts of leadership and service, both junior and senior officers are encouraged to mentor other officers. One unique and vital type of guidance we can provide involves advising those who are considering pursuing, or are already pursuing, a commission in the PHS. For the purposes of this article, I’ve coined the term “pre-mentoring” to describe this interaction. While it has many aspects in common with the broader concept of mentoring, pre-mentoring also has distinguishing features.

One definition of mentoring is teaching or giving advice to a less experienced and often younger person over a period of time. The mentor-mentee relationship can span a single fifteen minute “speed mentoring” session or can extend across the course of a full career in the PHS. Pre-mentoring fits within this broad framework, but also overlaps with recruitment.

Here are some tips to consider when approached by an applicant seeking your counsel:

- **Try to agree on common goals and structure before you begin discussions.** Some potential officers may simply want your opinion on whether they would make a good officer, while others may wish to speak more broadly about issues, including how their values match up with those of the Corps or what barriers they may face as individuals in making their decision. Some applicants are happy with a single meeting; others may wish to have a series of conversations over time.
- **Consider whether you are the best one to offer advice.** If you think another officer (e.g., one in the applicant’s category) could better advise the applicant, see if you can arrange a referral.
- **Assess where the officer is in the decision-making process.** Are they just starting to think about the Corps? Have they had conversations with other officers? Have they just begun their paperwork and screenings, or is their commissioning process well under way? Don’t necessarily seek to pass judgement on the officer in terms of their suitability for becoming a Commissioned Officer, but help them to explore their individual and family goals and values and see whether those fit with a career in the PHS.
- **Learn about the applicant’s personal and family background.** Do they, their immediate family, or their peers have prior military or uniformed service history? More broadly, do they come from a tradition of public service orientation, which might be evidenced by prior experience with organizations such as the Peace Corps, AmeriCorps, or Teach for America? Similarly, having been a volunteer firefighter or having worked with local law enforcement or emergency medical services suggests a service orientation. Keep in mind that the presence or absence of this type of information doesn’t rule an applicant in or out, but hearing about a long family tradition of uniformed or public service suggests that they may have greater insight into the career they are seeking and the type of sacrifices it may involve.
- **Be ready to explain the nuts and bolts of being an officer.** Over the course of one or several meetings, topics which will come up, or which you should bring up, include basics of uniforms, deployment, and fitness and readiness standards. For some applicants, daily uniform wear will be accepted as a given; for others, it may be a “deal breaker.” Don’t overwhelm people with jargon, but introduce key terms that they will have to understand as they go through commissioning, like “billet.” If you’ve personally been through a full Officer Basic Course, make sure you share your impressions and identify this as an important orientation event and resource for new officers. You should also introduce the concepts of “officership” and service to the Corps and make clear that these expectations go beyond the confines of one’s job. Provide specific examples of the volunteer, committee, or other work you do as an officer to support the PHS outside of the scope of your assigned duties.
- **Determine which direction they are already leaning toward.** Applicants may have leanings for or against joining PHS and may be looking to the “pre-mentoring” session to confirm or refute their predisposition. Don’t

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be afraid to ask candidates if they've already formed certain opinions, but try to get beyond the basic yes/no answer to see if there are specific factors steering them toward or away from a PHS career. If they are concerned about the length or nature of deployments, share your personal experiences with and perspectives about this issue. If candidates have received misinformation about a career in the PHS or the commissioning process, gently correct it and refer them to definitive sources as needed.

As follow up to pre-mentoring, if you sincerely support the officer's candidacy, consider writing an official letter of reference.

- **Be as specific and positive as possible.** It is more helpful to write such a letter if you have worked with the individual, even briefly, rather than just having met with him/her a few times. A brief but strongly worded recommendation is likely to have more impact than a longer letter which mainly describes how long and in what capacity you've known the person.
- **Remember that one of our core service principles is integrity.** You should not write a letter of reference if you genuinely do not support the "mentee" becoming an officer. Don't hide your opinion from the applicant, but try to be positive in how you frame your feedback. Identify the individual's strengths, and suggest in what alternative type of role those could best be put to use. I have personally advised individuals who opted not to pursue careers as PHS Officers, but who went on to serve our country with distinction in other ways.

Pre-mentoring sessions have been some of the most rewarding interactions I've had as a PHS Officer. It is gratifying to speak with an applicant who may be "on the fence" and then see them later in uniform, or encounter them later in their career after they have established themselves as a model officer who has been promoted, won awards, and is looked up to by junior officers. As a pediatrician, I see similarities between this type of mentoring and providing care to families as their children are growing up. "Pre-mentoring" represents an important opportunity to shape and influence the next generation of PHS Officers and is a service that all officers can provide, regardless of their rank, agency, or category.

References and Resources

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Applying to the Commissioned Corps. US Department of Health and Human Services, Commissioned Corps of the Public Health Service. www.usphs.gov/apply/apply.aspx

Scientist Professional Advisory Committee

Scientist Officer LCDR Tyler Sharp is Senior Author of a High-Impact Zika Manuscript Published in the *New England Journal of Medicine*

Contributed by: LT Alaine Knipes and CDR Loren Rodgers

Senior author LCDR Tyler Sharp and colleagues conducted the first study to estimate the frequency and duration of Zika virus (ZIKV) ribonucleic acid (RNA) persistence in several human body fluids to better understand the dynamics of the early stages of ZIKV infection. Although it was known that ZIKV RNA may be detected in semen, urine, saliva, cerebrospinal fluid, vaginal or cervical secretions, and other body fluids, the frequency and duration of detectable ZIKV RNA in each of these human body fluids were not well understood. Guidelines for people with known or suspected ZIKV infection were based on case reports and cross-sectional observations of travelers returning from areas with ZIKV risk. Hence, the question remained whether the current diagnostic testing algorithms and prevention intervention guidelines were sufficient or if adjustments were needed.

LCDR Sharp joined PHS in June 2010 as a Scientist Officer and an incoming Epidemic Intelligence Service (EIS) Officer at the Centers for Disease Control and Prevention (CDC). His first assignment was in the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Vector-Borne Diseases (DVBD) Dengue Branch (DB), based in San Juan, Puerto Rico.

After having led public health responses to outbreaks in the Americas, Africa, and the Pacific Islands (including epidemics of dengue and chikungunya in Puerto Rico) by early 2016, LCDR Sharp had been living and working in Puerto Rico for nearly six years. He had established both personal and professional networks and was well-versed in the public health system and capacity of Puerto Rico. These networks prepared and inspired his desire to assist his community while simultaneously enabling him to easily establish multidisciplinary public health response teams from among his hard-working local and Atlanta-based colleagues.



Scientist: Tyler M. Sharp, Ph.D. (LCDR, USPHS)

Primary Discipline: Biological Scientist

Position: Acting Epidemiology Team Lead

Assignment: CDC/OID/NCEZID/DVBD/Dengue Branch

Duty Station: Puerto Rico

Interests: Tropical infectious disease, hiking, scuba diving, and avoiding infection with the pathogens I study.

During the Zika response, LCDR Sharp performed two roles: he was Acting Epidemiology Lead for the Dengue Branch and Lead of the Epidemiology and Case Surveillance Team for the Puerto Rico Zika Emergency Operations Center (EOC). In his first role, LCDR Sharp supervised a 25-person staff, including 2 USPHS Officers. In his second role, he supervised nearly 60 EOC-deployed staff, comprised of Atlanta-based USPHS and civilian deployed staff. The EOC staff, typically deployed for anywhere from 2 weeks to 3 months, were in Puerto Rico to detect Zika cases throughout the island as quickly as possible to identify “hot spots” and assist in directing public health resources and vector control activities to reduce further transmission.

“When Zika arrived in the Americas it surprised us in several ways, one of which was that it could be sexually transmitted. This was unusual for the family of viruses that Zika belongs to; so, in addition to the public health response to the Zika epidemic, we also had to ask basic questions about the virus. In this case, how long does Zika remain in body fluids? By rapidly initiating a cohort study of Zika-infected individuals, we were able to provide detailed data that could be used to guide public health messaging regarding how long men need to abstain from sex

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or use condoms to avoid infecting their partners. We also provided a time frame for which testing of blood, urine, or saliva could be used to diagnose Zika virus infection.”

Starting in May 2016, 150 individuals in Puerto Rico who tested positive for ZIKV infection voluntarily enrolled in the Zika virus Persistence (ZiPer) study. Participants were asked to provide, over a 6-month period, samples of blood, saliva, urine, and (among adults only) semen or vaginal secretions. All samples were tested for the presence of ZIKV RNA. Interim results were published in the *New England Journal of Medicine* on February 14, 2017¹; final results will be published when follow up of the full cohort study (expected to be 350 people) is completed.

The average age of study participants was 38 years. In addition, 44% of study participants were female, and 92% were enrolled within 1 week after symptoms began. Among participants in this study, half had ZIKV RNA in their urine at 8 days after the start of symptoms, while half had detectable ZIKV RNA in their blood at 14 days after symptom onset. Few participants had ZIKV RNA detected in urine beyond 6 weeks or in blood beyond 8 weeks. ZIKV RNA was also present more frequently in serum than in urine, findings that differ from those of previous studies.

“This study yielded scientifically sound data to support public health recommendations to prevent Zika virus infections and has also resulted in refinement of laboratory diagnostic algorithms.” - LCDR Sharp

The authors found that ZIKV was infrequently detectable in saliva and vaginal fluids. Half of the adult male participants had ZIKV RNA in their semen 1 month after the start of symptoms, and 5% still had detectable viral RNA in semen after 3 months. Although previous case reports had showed detection of ZIKV RNA in semen beyond 6 months, interim results from the ZiPer study suggested that such cases are likely to be uncommon.

Although the ZiPer study provides new data on how long detectable viral RNA persists in body fluids, it remains unclear for how long ZIKV may pose an infection risk to sexual partners. The study findings continue to support CDC’s current sexual transmission recommendations because the presence of ZIKV RNA could potentially indicate that a person can transmit the virus to others.

Men with possible ZIKV exposure should use condoms or not have sex, and should not attempt conception for at least 6 months from the beginning of symptoms or from last possible exposure to ZIKV. Women with possible ZIKV exposure should wait at least 8 weeks from beginning of symptoms or from last possible exposure before trying to become pregnant.

In all, the response to the Zika epidemic in Puerto Rico resulted in the deployment of more than 1,000 individuals, including many USPHS Officers. LCDR Sharp credits the commitment and comradery of the USPHS Officers involved with the Puerto Rico Zika response with providing the spark that led to the establishment of the Puerto Rico Commissioned Officer Association.

“Our multi-disciplinary study team, which included behavioral scientists, physicians, nurses, laboratorians, environmental hygienists, epidemiologists, and biostatisticians, as well as the study participants themselves were extraordinarily willing to contribute to the greater good and help us understand Zika in order to prevent additional people from getting sick. The altruism of researchers and community members alike is what I will remember the most from this study.”

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Therapist Professional Advisory Committee

Southcentral Foundation's Physical Therapy and Exercise Department Offers Statewide Women's Health Physical Therapy Services for Alaska at Alaska Native Medical Center

Contributed by: LCDR Kathryn Jacques

In the past year, Southcentral Foundation's (SCF) Physical Therapy & Exercise department has expanded services to offer statewide Women's Health Physical Therapy (PT) for Alaskan Natives/American Indians for the first time in over 14 years. Women's Health is defined as "the discipline as a product of cultural, social, and psychological factors in addition to biology."¹ The Department of Health and Human Services (HHS) recommended that Women's Health encompass a lifespan approach to be able to capture the spectrum of women's health issues. This approach practices prevention and treatment of both younger and older women, addresses gender differences in common diseases, and assists with reproduction and childbearing.² The SCF inter-professional team approach allows each health profession to focus on their area of expertise within the Women's Health realm in relation to the foundation's overall mission of working together with the Native Community to achieve wellness through health and related services. The program also supports the Triple Aim and Healthcare reform by improving outcomes, improving the patient experience, and reducing healthcare costs.³

LCDR Kathryn Jacques, Clinical Director, and Susan Ryznar, Physical Therapist, have networked campus wide with SCF programs including: Obstetrics and Gynecology (OB-GYN), Primary Care, Home Based Services, Nutaqsiivik Nurse-Family Partnership, and Health Education to coordinate women's health services for before, during, and after childbirth, and more. Susan Ryznar provides women's health PT in the Physical Therapy & Exercise department, educates on pelvic floor health and the role of PT at hypnobirthing classes, and meets with the OB-GYN providers and Certified Nurse Midwives at interdisciplinary team meetings.

Pictured on the right, Courtney Edwards, SCF Health Education Employee and Susan Ryznar, Women's Health Physical Therapy at SCF's Physical Therapy & Exercise Department cueing on exercising.



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Veterinary Professional Advisory Committee

Updates from the Seoul Train (a.k.a. my Toyota Matrix): How the Word ‘Rattery’ Became a Regular Part of my Vocabulary

Contributed by: LT Janna Kerins

As everyone in public health knows, everything happens on Fridays. This has certainly been the case as I have served as a CDC Epidemic Intelligence Service (EIS) Officer assigned to the Chicago Department of Health. One Friday in January 2017, I received an email from Illinois’ state public health veterinarian that simply asked, “Have you taken blood from rats?” Intrigued, I quickly replied “Yes!.” Long ago, I had worked as a laboratory animal technician and always enjoyed working with rats. Little did I know that as a result, I would get to know many other veterinarians across the PHS Veterinary Category.

By that afternoon, I learned that 2 patients in Wisconsin had been diagnosed with a rare hantavirus known as Seoul virus. These 2 patients were family members, who were among a tight-knit community of fancy rat breeders located throughout the United States. Similar to dog breeders, fancy rat breeders use genetics to create different lines, such as Dalmatian and Siamese rats, which are then typically sold as pets. Many in this community keep in touch by using social media and group texts, trade rats between one another, and participate in rat shows (similar to dog shows). These owners often breed their rats within their homes or in climate-controlled barns or sheds, facilities known as ratteries.



Pictured above, "Rat Team 1", the first veterinary team sent to Illinois. From L to R: LT Janna Kerins, CDR Gregg Langham, Dr. Sarah Genzer, and Dr. Anne Straily

About a week later, I found myself driving from Chicago to Urbana-Champaign where I met with an exotic animal veterinarian and her technician at the University of Illinois veterinary school. Our mission was to travel to two Illinois ratteries and draw blood from as many of their adult, nonpregnant, and nonlactating rats as we could. We soon learned that drawing blood from rats in a house or barn is not the same as drawing blood from a rat in a laboratory or even a veterinary clinic. No matter how good the climate control, a rat’s tail is going to be cold in Illinois in January. On that marathon day, we drove about 9 hours, became experienced at donning and doffing full personalized protective equipment (PPE), including N95 masks, and anesthetized and collected blood samples from about 60 rats.

Several days later, we got the results from CDC’s Viral Special Pathogens Branch and nearly two-thirds of the rats we tested had Seoul virus antibodies. Rats do not show symptoms of Seoul virus infection, but can shed the virus intermittently throughout their lifetime. Given the potentially devastating consequences in people, which include developing hemorrhagic fever with renal syndrome resulting in kidney failure and possibly death, we recommended to these rattery owners that they euthanize all of their animals. They were understandably shocked and upset, but agreed to the recommendation. Both owners also shared information on where they had gotten their rats from and where they traded or sold rats to during the previous 6 months. Thus began my month of ‘Seoul searching’ throughout Illinois and Wisconsin.

With information from these 2 rattery owners, we identified about 50 ratteries and pet homes in 12 states and Canada. Each of these places had rats and humans who were potentially exposed to Seoul virus. With the help of many local and state health department personnel, we began the process of contacting these rat owners and recommending that they get Seoul virus blood tests for themselves and their rats. However, word spread like wildfire among the fancy rat community that we recommended euthanasia of all rats in a facility where even 1 tested positive, and communications became difficult with some ratteries. CAPT Jennifer McQuiston and CAPT Casey Barton Behravesh assisted with outreach efforts to ratteries, the pet industry, and other groups through conference calls that alleviated owners’ fears

Veterinary Professional Advisory Committee

and answered many questions. We were also assisted by CDC's Viral Special Pathogens Branch, including Veterinary Officer CDR Barbara Knust, and Medical Officers LCDR Mary Choi, LCDR Annabelle de St. Maurice, and LCDR Lawrence Purpura. Among their many duties during this outbreak, they developed recommendations for the outbreak investigation and safe handling of rats, and coordinated the concurrent investigations in several states.

For rattery and pet rat owners who accepted having their animals tested, it was a challenge to find someone who would perform the testing. This was partly because few private veterinarians have experience in collecting blood from rats, combined with few who had training or were fit-tested to use N95 respirators (a part of the required PPE for taking blood from potentially infected rats). Many veterinarians were also understandably reluctant to have potentially infectious animals come into their clinics.

To assist with the outbreak, Wisconsin and Illinois both requested Epi-Aids (a mechanism for requesting epidemiologic assistance from CDC). CDR Knust traveled to Wisconsin with EIS Officers LCDR de St. Maurice and Dr. Debora Weiss for the initial investigation. By the end of January, CDC's Comparative Medicine Branch sent two teams of their laboratory animal veterinary staff, including CDR Gregg Langham, Dr. Sarah Genzer, Dr. Cassandra Tansey, and Mr. Eddie Jackson, to assist fellow EIS Officer Dr. Anne Straily and I with drawing blood samples from rats. Over 19 days, this team traveled to 19 sites across Illinois and Wisconsin. Overall, we tested about 300 rats and drove nearly 3000 miles. Often this sampling was performed at the ratteries, so we also became adept at attracting as little attention to ourselves as possible, which can be difficult when you're wearing a full Tyvek gown! Once inside each facility, we sampled as many rats as possible, focusing on adult rats that were neither pregnant nor lactating. When available, we used a portable anesthesia machine with an induction chamber and anesthetized the rats using isoflurane and oxygen. We then drew 0.2 ml of blood from the lateral tail vein or either the jugular vein or anterior vena cava. Recovery from anesthesia took a couple of minutes, which the vast majority of rats handled well. Additionally, the rattery owners were extremely helpful; allowing us into their homes, helping with handling, and often knowing each rat by name and personality.



Pictured above, a veterinarian from the CDC's sampling team draws blood from the jugular vein of a pet rat to test for Seoul virus

During January–May, health departments identified over 100 ratteries and pet homes across 21 states containing rats potentially infected with Seoul virus. Other Veterinary Officers involved included CDR Stacy Holzbauer, CDC Career Epidemiology Field Officer (CEFO) at Minnesota Department of Health and CAPT Kris Carter, CEFO at Idaho Department of Health and Welfare. Nearly one third of ratteries investigated had a human or rat test positive for Seoul virus infection. Thankfully, most infected humans only had mild symptoms and none died. As health departments learned more about Seoul virus, they largely shifted their response to educating pet rat owners about the risks of the virus and encouraging safe rodent handling. Many thanks to the public health personnel, including many officers in the U.S. Public Health Service Commissioned Corps, who contributed to this outbreak's response. For more information regarding Seoul virus and the outbreak among pet rats, please go to <https://www.cdc.gov/hantavirus>.

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