



# PharmPAC Perspectives



Pharmacist Professional Advisory Committee

Summer 2015

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## PAC Chairs' Corner

### Being An Asset to Your Agency and Corps

*Contributed by CDR Jefferson Fredy, PharmPAC Chair*

The 2015 promotion results were released in late June. As our leadership have previously stated, the promotions were extremely competitive and will continue to be so in the upcoming years. The pharmacy category promotion rates this year were as follows:

- Temporary O-4: 72%
- Temporary O-5: 29%
- Temporary O-6: 20%

The annual questions arise from those not promoted and those preparing for upcoming promotions: What do I do to make myself more competitive? What does the promotion board look for in an officer? Each category releases updated promotion benchmarks annually. These are posted on the [CCMIS website](#) under the promotion information resources. There are 5 promotion precepts: 1). Performance (40%) 2). Education, Training and Professional Development (20%) 3). Career Progression and Potential (25%) 4). Officership (15%) and 5). Readiness (0%). Readiness doesn't have any weight, **but** officers that are "not successful" can be removed from the promotion list if basic readiness is not maintained. ALL officers are expected to maintain basic readiness.

The Career Development Section provides guidance to officers throughout the year. Officers are encouraged to plan for promotions years in advance. The common pitfall is for officers to wait until the last few months prior to December 31 of the year before their promotion year to start preparing. Another misconception is to try to satisfy all factors under each promotion precept. The benchmarks are a guide for officers for their PHS careers. I have been very fortunate to be mentored by many excellent officers throughout my career. My first PHS mentor (CAPT Dan Diggins) emphasized that a PHS career is a marathon and not a sprint. The work ethic of CAPT Diggins inspired me to try to have the same type of tireless work ethic. RADM (retired) Dick Church advised me to focus on my agency's mission and needs. Every year at the Indian Health Service QUAD meeting, I attended CAPT (retired) Paul McSherry's presentation on career guidance for Junior Officers. CAPT McSherry was hu-

(Continues on next page...)

## PAC Chairs' Corner (cont.)

morous and direct in how to be a valued officer.

CAPT McSherry played a huge role in my current career status. He encouraged me to consider a position in the Office of the Surgeon General. In 2007, I felt like I was in the prime of my clinical career. This game changing career decision exposed me to an entirely different professional environment. I had to learn policy interpretation/writing and work under the pressures of meeting administrative deadlines. During my 2.5 years in Rockville, I was supervised by RADM (retired) Robert Williams and RADM (retired) Carol Romano. I saw their leadership and they instilled in me the expectations of being an officer. RADM Boris Lushniak was one of the speakers at the 2014 COF Symposium leadership seminar in Raleigh, NC. He shared how he took a chance when he left his comfort zone in Cincinnati to a position in the DC area. He related this to a sky diving experience he had recently done. The first three benchmark precepts reflect an officer's career performance. Career progression may require a geographical move, accepting a leadership position or moving from a clinical to an administrative position. An officer should focus on being an asset, be ready to serve, and be dependable to an agency's needs while proudly wearing the uniform.

### What Is Your Public Health Passion?

*Contributed by CAPT Aaron Sigler, PAC Chair-Elect*

You sometimes don't know what your Public Health passion is until a personal experience compels you to look at what is needed. In line with our CPO's priorities, each of us should embrace the expansion of our role as public health leaders and champion a cause that will benefit those we love or possibly even someone we've never met. I was fortunate to go back home (KY and IL) in June and celebrate my grandpa's 100<sup>th</sup> birthday. It's certainly a blessing to be related to a centenarian and have the opportunity to listen to how our world has changed over the last one-hundred years and listen to his perspectives on those events. In his opinion, the development and evolution of the car as a large scale option is the best invention during his life. The worst is TV. I'm sure arguments can be made for and against his choices, but it's difficult to ignore my personal biases that might include the modern prevention strategies and medicine that allowed him to see 100. He smoked for about forty years and ultimately decided to quit around the time Dr. Luther Terry's "Surgeon General's Report on Smoking and Health" was released. Despite making that healthy choice, he continues to eat biscuits, gravy, and sausage every breakfast and

has done so since I can remember. As they say, you can't win them all, but I can't help but believe that we in the USPHS, as those that came before and will come after, directly contribute to our citizen's health and longevity.

RADM Schweitzer has asked each of us to discover our public health passion. Many of our leaders have said on numerous occasions that it's not enough to be a good officer. We need to be "public health" officers and leaders. The Surgeon General has included as one of his priorities "Injury and Violence Free Living". As a pharmacist, I can't say that specific priority resonated much with me, until seeing the vulnerability of my grandpa. My "public health" passion would not have been in line with that priority had I not been next to him as he was sliding against the bathroom sink and about to fall down. He was in an unfamiliar bathroom and we hadn't considered that his walker wouldn't navigate as it did in his own home. Holding him up made me reconsider my own contributions to public health. Ultimately, each of us contributes to the health of the nation in our current duties in the agencies we serve, but would you say that role is as much about public health as patient care? Your public health contribution depends on you, your interests, and your ability to engage in something typically beyond your (Continues on next page...)

## PAC Chairs' Corner (cont.)

Agency's needs. It can be as locally relevant as a homeless shelter, or as broad as leading a national organization. Regardless of your selection, we all have the ability to affect those around us in our everyday lives. It is a humbling feeling to know you have the power to make a difference. As leaders, we owe it to those who look to us for guidance to be inspired by what they witness in order to help our fellow Americans lead healthier lives and to flourish. What will you be inspired by and what will your passion be?

## SG Spotlight

As noted in previous issues of the *PharmPAC Perspectives*, this space is dedicated to updates on the various initiatives of our Surgeon General. Articles and Social Media activities highlighting work towards achieving these initiatives are encouraged.

Current initiatives from [SurgeonGeneral.gov](http://SurgeonGeneral.gov):

- [#HealthySelfie](#)
- [Tobacco Free Living](#)
- [Mental and Emotional Well-Being](#)
- [Healthy Eating](#)
- [Active Living](#)
- [National Prevention Strategy](#)
- [Family Health History](#) (with "[My Family Health Portrait](#)" tool)
- [Support Breastfeeding](#)
- [Prevent Skin Cancer](#)



## PharmPAC Highlights

### Recruitment Section

- Under the guidance of RADM Pamela Schweitzer, the Recruitment Section has successfully updated the Recruitment Power Point Presentation this year to communicate the mission and vision of the Commissioned Corps more distinctly. The presentation can be found on the Recruitment Webpage at: [https://dcp.psc.gov/osg/pharmacy/sc\\_recruit\\_pres.aspx](https://dcp.psc.gov/osg/pharmacy/sc_recruit_pres.aspx). Please use this vetted tool for USPHS Pharmacy recruitment activities during which a presentation is necessary. For questions, Pharmacy Officers may contact a member of the PharmPAC Recruitment Section.

### Readiness Section

#### Exploring A New Avenue to Report Deployment Relevant Skills

*Contributed by CDR Kenda Jefferson and LT Marie Manteuffel*

- USPHS officers may soon have an opportunity to report unique clinical, operational and administrative skills directly to the Readiness & Deployment Operations Group (RedDOG).
- With the deactivation of the old password-protected OFRD site, officers currently can only document language skills in the new password-protected RedDOG site within CCMIS. Recently, officers had an opportunity to self-report various skills in response to surveys conducted in preparation for the USPHS Ebola response. While RedDOG is able to assess officers' (Continues on next page...)

capabilities based on billets, job titles, categories, deployment roles, and other aspects when developing response teams, the Corps benefits from officers being able to report specialized skills and RedDOG being able to identify officers to augment teams based on specialized skills.

- In partnership with all 12 Corps categories (including active participation and work group selection by Chief Professional Officers, as well as involvement by the Cross Category Readiness Workgroup), RedDOG leadership will call upon a new Skills Inventory Workgroup during Summer 2015 to develop a system of defining those officer skill sets potentially useful for deployments and a method of collecting this information from officers. The Skills Inventory Workgroup is expected to kick-off this summer and will:
  - Develop a comprehensive inventory of specialized clinical, operational, and administrative skill sets that officers can self-report to potentially support future Corps deployments.
  - Review current deployment roles and identify core competencies associated with each role.
  - Provide recommendations for new deployment roles or refined deployment roles.
- Officers may see an initial survey later this year. Going forward, the workgroup will explore an online option to self-report and update such skills at any time.
- The Cross Category Readiness Workgroup is a group of officers representing all 12 professional categories, focused on readiness issues of interest to all USPHS officers. To get involved, contact your PAC/PAG chair or CPO for more information.



## Healthy Lifestyle and Fitness

### Pilates, Balance Ball, Bosu Ball and Foam Roller Workouts

*Contributed by CDR Ed Houser*

5 years ago I was becoming increasingly inflexible. This was prohibiting my everyday physical fitness. I sought the advice of physical therapy. Physical therapists are awesome. They do make you work on your own it is not as easy as swallowing a pill every day. I learned various exercises to increase my core (abdominal) strength. The abdominal area is integral to posture and flexibility for many parts of the body. I purchased books detailing Pilates, balance (stability) ball, Bosu ball, and foam roller workouts. I do not feel I am an expert in any of the activities. Variety has been the key to keeping interest and preventing me from giving up on an active lifestyle.

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## Healthy Lifestyle and Fitness (cont.)

### *Pilates*

Concentration - demands intense focus. You have to concentrate on what you are doing all the time. You must concentrate on your entire body for smooth movements. In Pilates the way that exercises are done is more important than the exercises themselves.

Control - based on the idea of muscle control. All the exercises are done with control. The muscles working to lift against gravity and the resistance of the springs. This then controls the movement of the body. Pilates teaches you to be in control of your body and not at its mercy.

Centering - centering is the focal point of Pilates. Many Pilates teachers refer to the group of muscles in the center of the body which encompass the abdomen, lower and upper back, hips, buttocks, and inner thighs as the "powerhouse" or core muscles. All movement in Pilates should begin from the powerhouse and flow outward to the limbs.

Flow and efficiency of movement - once precision has been achieved, the exercises are intended to flow within and into each other in order to build strength and stamina. Pilates is flowing movement outward from a strong core.

Precision - the focus is on doing one precise and perfect movement rather than many halfhearted ones. The goal is for precision to eventually become second nature and carry over into everyday life.

Breathing - key point here is to breathe out with the effort and in on the return. In order to keep the lower abdominals close to the spine the breathing needs to be directed laterally into the lower rib cage. Pilates attempts to properly coordinate this breathing practice with movement, including breathing with every exercise. **Learn to breathe correctly.**

### *Balance (stability or exercise) Ball*

Benefits - A primary benefit of exercising with an exercise ball as opposed to exercising directly on a hard flat surface is that the body responds to the instability of the ball to remain balanced and engage more muscles. Those muscles become stronger over time to keep balance. The abdominal and back muscles are

the focus of exercise ball fitness programs. A major benefit of using an unstable surface is the ability to recruit more muscles without the need to increase the total load. The greatest benefit of moving an exercise onto an unstable surface is achieving a greater activation of the core muscles. An unstable surface increases activation of the rectus abdominus and allows for greater activity of this per exercise when compared to a stable surface.

### *BOSU Ball*

It is also referred to as the "blue half-ball" because it looks like a stability ball cut in half. The device is often used for balance training. When the dome side faces up, the BOSU ball provides an unstable surface while the device remains stable. With the dome side up, the device can be used for athletic drills and aerobic activities. The device can also be flipped over so that the platform faces up. In this position the device is highly unstable and can be used for a wide array of exercises as well.

### *Foam Roller*

The foam roller is a self-myofascial release technique. The roller can be effective for many muscles including: gastrocnemius, latissimus dorsi, piriformis, adductors, quadriceps, hamstrings, hip flexors, thoracic spine (trapezius and rhomboids). The roller accomplishes this by rolling under each muscle group until a tender area is found, and maintaining pressure on the tender areas (known as trigger points) for 30 to 60 seconds.

## Officers Hike Rim-to-Rim-to-Rim in the Grand Canyon to Promote Health

*Contributed by LT Jessica Thompson*

Eleven PHS officers set out to hike the Grand Canyon over four days to promote the U.S. Public Health Service Mission: to protect, promote, and advance the health and safety of our Nation. The officers were accompanied by 12 civilian hikers and one support vehicle. The hike required extensive, rigorous training to ensure maximal fitness

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## Healthy Lifestyle and Fitness (cont.)

abilities of all Officers and participants. Hikers had to be trained for high altitudes and for a total elevation gain of over 20,000 feet. In addition to that, the average hours per day spent hiking was about 10 hours. Proper gear was imperative. The weather varied from rainy and 40's °F on the south rim, to mid-80s °F in the bottom of the canyon, to snow and 30's °F on the north rim. There was always a threat of dehydration, hypothermia, or exhaustion - both mental and physical. The hike itinerary is detailed below:

Day 1: Hike from South (South Kaibab Trail) to North Rim (North Kaibab Trail) – 21 miles

Day 2: Rest, walk, stretch, recover

Day 3: Hike from North Rim (North Kaibab Trail) to Phantom Ranch – 14 miles

Day 4: Hike from Phantom Ranch to South Rim (Bright Angel Trail) – 10 miles

Not only did this activity promote the PHS mission, it amplified the astonishing views of the Grand Canyon, promoted enduring friendships, provided many networking opportunities, and afforded for the ultimate adventure. The Officers were able to share “who we are” with several outside groups and received many encouraging remarks. There was much laughter amongst the group and numerous memories were made. This was definitely the trip of a lifetime.



GC 2015 Group Picture NORTH Rim – Officers grouped together on the North Rim of the Grand Canyon. From Left to Right:: LT Jessica Thompson, CDR Alexis Beyer, LCDR Derek Sakris, LT Jun Park, LCDR Martin Taxera, RADM Pamela Schweitzer, LCDR Stephanie Begansky.

## Healthy Lifestyle and Fitness (cont.)

### Your Training Got You This Far, Your Heart Will Get You to the Finish

*Contributed By LCDR Christopher Janik*

On Patriots Day, Monday April 21, 2014, CDR Jenalyn Greenwood made a commitment to herself. On that date, the same day as the 2014 Boston Marathon, she had just then given herself one year to prepare, both physically and mentally to accomplish the lifelong goal of completing a distance run. Not just any distance run, THE Boston Marathon! After training for a year, on April 20 of 2015, in 4 hours and 29 minutes, she did just that.

The first woman to run the marathon, albeit unsanctioned, was Bobbi Gibb in 1966. At that time, many believed that women were physically unable to run marathon distances. Ms. Gibb proved them all wrong by placing the top women's finisher in 1966, 1967, and 1968. Sara Mae Berman won in 1969, 1970, and 1971. The women's open class finally became sanctioned in 1972 and was won by Nina Kuscsik. "Those women really broke through the glass ceiling and were a tremendous source of inspiration for me," she said.

CDR Greenwood epitomizes the Surgeon General's initiatives of Tobacco-free living, mental and emotional well-being, healthy eating, and active living. Obtaining her National Clinical Pharmacy Specialist certification in Nicotine Cessation with the IHS has allowed her to carry that expertise into her billet with the USCG. She runs a pharmacist sponsored tobacco cessation clinic at her current assignment. The other initiatives have always been a huge part of her life. Completing a marathon distance run not only embodies healthy eating and active living, but also mental and emotional well-being, and a huge sense of accomplishment.

It was for these reasons she began her training in 2014 for the following year's race. Her healthy lifestyle and deep motivation made it possible to maintain the arduous training schedule. Already having a very good fitness base, she was able to begin training with 4-5 mile runs, with some speed and interval work mixed

in. This allowed her to focus on progressively longer runs of 10 miles or greater on the weekends.

In the weeks leading up to the race, a level of anxiety and the uncertainty of the unknown began to become burdensome. "What would the weather be like on that day? Would I develop a nagging injury that would take me out as the race approached? What if something simple like a blister derailed my training?" The anxiety got progressively worse just two days prior to race day. Especially when the weather forecast changed from overcast and 60 degrees to rain and 50 degrees with high winds and wind chill concerns. Finally, when the gun was fired, the anxiety turned to excitement. Knowing how her body responded in the long runs during training, paid huge dividends from a strategic perspective. "I knew I would begin to feel fatigued around the 12 mile mark. So I asked friends and family to position themselves on the course around the 16 and 18 mile marks. It was tremendously motivational for me, and they picked me up just when I needed it." Right about that time she saw a billboard that read, "Your training has gotten you this far, your heart will get you to the finish." This proved extremely uplifting. "Training is only a piece to do this. You have to really want it."

As she rounded the final left turn onto Boylston Street, she thought, "Is this it? Is that really the finish line? I had been focusing on it for 26 miles and over 4 hours and it is finally here! It was surreal." She said, "I can't stop smiling and I'm just going to wear my medal and jacket for like a week straight!"

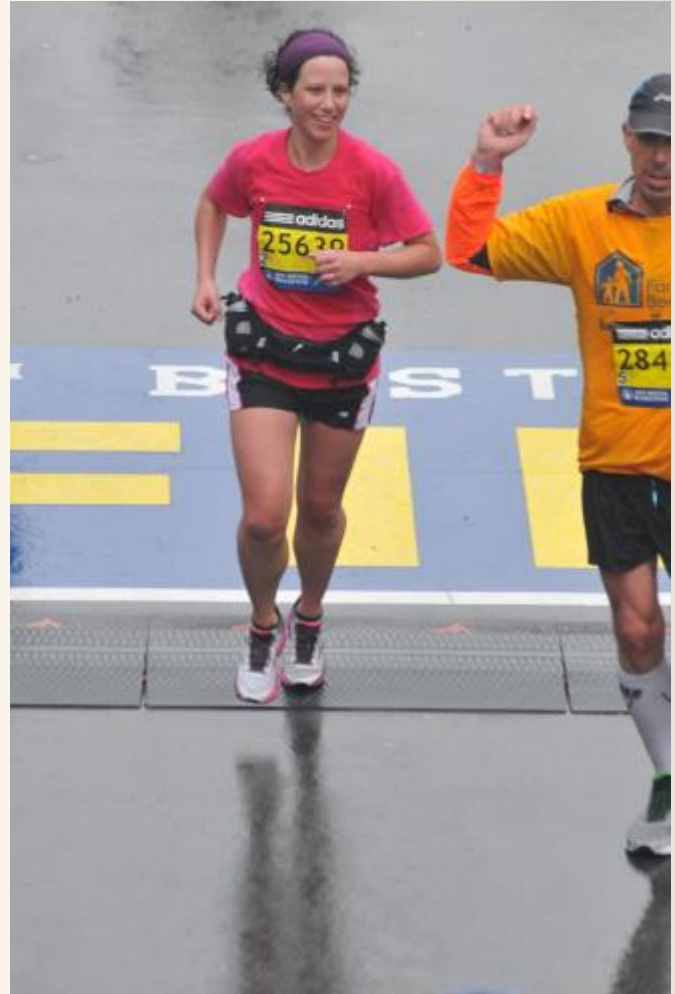
She had many motivations for this race including setting a good example to her daughter. For CDR Greenwood personally, the sense of achievement for completing this lofty goal has been life changing, and the question is not if she will run a marathon again, but when. "I feel as though this experience has opened up the possibility of so much more, I know I can do it if I set my mind to it.

When I feel as though I can't push any harder, I remind myself that I finished a Marathon, and I have the confidence that I can do more than I ever thought possible."

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## Healthy Lifestyle and Fitness (cont.)

CDR Jenalyn Greenwood running the 2015 Boston Marathon (Boston Athletic Association)



CDR Jenalyn Greenwood crossing the finish line of the 2015 Boston Marathon (Boston Athletic Association)



## Healthy Lifestyle and Fitness (cont.)

### Alaska Women's Gold Nugget Triathlon

*Contributed By CDR Anne Marie Bott and CDR Judy Thompson*

The longest-running, female-only triathlon in the country, the Alaska Women's Gold Nugget Triathlon, was held on May 17<sup>th</sup> in Anchorage, Alaska. The sprint triathlon consisted of a 500 yard swim, 12 mile bike ride and a 4 mile run. The race mission was to empower women and girls to improve their lives through athletics. A PHS Athletics Team was created to increase visibility of female Corps officers and promote physical activity for health. The PHS Athletics team was very well represented throughout the event. We had a total of 32 participants and supporters. A total of 7 officers from 3 categories (Pharmacy, Dental and Nursing) were represented. The officer participants included CDR Anne Marie Bott (pharmacy), CDR Judy Thompson (pharmacy), CDR Kara King (pharmacy), CDR Sara Shoffstall-Cone (dental), CDR Tina Anliker (nurse), and LCDR Mary Williard (dental). The officer supporter was CDR Mike Beiergrohslein (pharmacy). It was an inspiring atmosphere as we completed the course seeing the PHS logo on the shirts of fellow officers and supporters.



From Left to Right: CDR Kara King, CDR Anne Marie Bott, and CDR Judy Thompson

## Healthy Lifestyle and Fitness (cont.)

### Celebrating Diabetic Success: Bootlegger

*Contributed By CDR G. Brent Hobbs*

This diabetic success story is about a patient who lives in Whiteriver, Arizona and has been fighting diabetes since January or February of 1999. Not only has he been successful in gaining control of his diabetes by watching what he eats, exercising, and taking his medications, but he has also gained control of his life by overcoming alcohol.

Our patient has found support through his challenges. He states: "I have been sober for going on 22 years. I used to go from one bootlegger to another. I was an alcoholic, but I invited Jesus into my heart and never drank again. While drinking, it made me realize that I wanted to see my children grow up. Many of my friends are drinking and some have passed on. They haven't seen their children grow up."

About 10 years after getting control of his life, he was once again faced with another challenge. He states: "One day while I was hunting, I felt some pain on my side. I started drinking a lot and peeing a lot. I thought it was cleaning me out. This was about January or February of 1999. I went to see [the doctor] to renew my CDL and he said I had diabetes. I didn't know what diabetes was so I just sat there and smiled when he told me I had diabetes."

Again, our patient reminds us that we need to have a strong reason to change so that we may overcome the challenges we are faced with. He states: "There are 5 of us in my family. Since my wife had children, for me, that made me look at life differently. The main reason for making the changes I have made is that I want to see my children grow up and I hope to see my grandchildren grow up as well."

Our patient has been watching what he eats and has also become more active. He states: "My wife is the cook and what she cooks, I eat. She has been saying we should eat better. My son has this dark thing on the back of his neck that means he may be close to getting diabetes. I don't drink a lot of pop. For 2 years I didn't eat fry bread. My wife is a diabetic too and has lost a lot of weight. I have been doing some

Bowflex® at home to stay more active, but I haven't touched it in the last 3 weeks. I plan to restart tonight. I enjoy fishing now."

Currently, he states that he is trying hard to control his weight: "Losing weight is the hardest thing for me now." He feels that all of these changes in his life are good ones and wants to maintain them. He states: "Life is better! I plan to keep taking my diabetic medications, keep trying to eat right, exercise, and pray."

I hope that this article has reminded you about what is most important in life and from that gained strength and determination; you *can* control your blood sugar and live a happier life. While it does take effort to watch what you eat, stay active, and take your medications, just remember: you can do it! Good luck to you on your journey to control diabetes! CONTROL YOUR DIABETES BEFORE IT CONTROLS YOU!

## Pharmacy Spotlight

### Commissioning of Ensign Kinbo Lee at University of Maryland School of Pharmacy Graduation Ceremony

*Contributed By CDR Hamet Touré and LCDR Mathilda Fienkeng*

A commissioning ceremony is a major milestone in an officer's career. For Senior COSTEP, Ensign (ENS) Kinbo Lee, it was a double milestone. His commissioning took place immediately following his graduation ceremony from the University of Maryland School of Pharmacy (UMSOP). ENS Lee took the oath of office with at least 20 students, faculty, friends and family members in attendance along with three alumni of the school, CDR Hamet Touré, LCDR Mathilda Fienkeng, and LT Eric Wong. The ceremony was held in Baltimore, on May 15, 2015, with CDR Touré serving as commanding officer, and LT Wong as adjutant. Following an introduction to the commissioning ceremony by Dr. Cherokee Layson-Wolf, Associate Dean of Student Affairs at UMSOP, CDR Touré delivered the commissioning speech. (Continues on next page...)

## Pharmacy Spotlight (cont.)

In his remarks, CDR Touré noted that ENS Lee joins the United States Public Health Service at an unprecedented time in history, noting the April 22, 2015 commissioning of the 19th Surgeon General VADM Murthy, and the Corps' recent national and international response to the Ebola virus crisis, with officers deployed both at home and to Liberia, Guinea, and Sierra Leone. He mentioned the ambitious agenda of the Surgeon General and the Public Health Service, and the role each officer must play in achieving its mission to protect, promote, and advance the health and safety of the nation.

CDR Touré encouraged ENS Lee to fulfill our mission, and uphold the core values of leadership, service, integrity and excellence as he serves at his first duty station, Federal Correctional Complex (FCC) Tucson Arizona. He also highlighted ENS Lee's noteworthy demonstrations of these core values as a student pharmacist –Regional Delegate for American Pharmacists Association (APhA); Vice President of the Student Government Association; Mentor and tutor in mathematics and reading at the East Baltimore Community School; Member of the Dean's List for two years and Phi Lambda Sigma Pharmacy Leadership Society as well as the recipient of the Excellence in Public Health Pharmacy Practice Award.

Following CDR Touré's remarks, ENS Lee took the oath of office, and his new rank Lieutenant (LT) was pinned by CDR Touré and his mother. LT Lee was joined by officers, faculty, family members, and friends for photographs following the ceremony.



LT Lee (center), with (L-R) CDR Touré, LCDR Fienkeng, LT Wong with faculty, family, and friends

## Pharmacy Spotlight (cont.)

### Bone Marrow Transplant Registry Drive Increases Alaska Native and American Indian Donor Pool

*Contributed By CDR Anne Marie Bott*

Less than 1% of the Alaska Native and American Indian people are represented in the bone marrow transplant registry drive. The only cure for some patients with blood disorders, such as acute leukemia, is stem cell transplant which uses cells from a donor's bone marrow. A person is more likely to find a donor from the same ethnic background. To increase the pool of Alaska Native and American Indian donors, event coordinator CDR Anne Marie Bott worked with Alaska Native Medical Center's senior leadership and CAPT Matthew Olnes (oncologist) to host a 2-day bone marrow registry drive on April 8<sup>th</sup> and 9<sup>th</sup> at the main hospital entrance.

Volunteers for the drive included oncologists, oncology pharmacists, oncology nurses, and neighboring hospital, Providence Alaska, oncology pharmacists.

A total of 15 volunteers went through a telephone training session prior to the drive.

Eligible donors needed to be between the ages of 18 to 44 years old. For those 45 to 60 years old, a computer was available at the drive to sign up through the online program where a kit would be mailed directly to the donor's address. For eligible donors, an application and consent form were filled out, and 4 non-invasive cheek swabs were sampled. These items were sent to the National Marrow Donor Program for typing. This information was then put into a national registry.

The drive was highly successful, with all 105 bone marrow registry kits being used. The drive ran out of kits early on the second day due to the overwhelming support. In addition, others signed up online at the drive. Sixty four percent of the kits were used by volunteers of Alaska Native and American Indian descent. In addition, multiple PHS officers joined the registry.

For any questions on hosting a bone marrow registry drive in your area, please contact CDR Anne Marie Bott at [ambott@anthc.org](mailto:ambott@anthc.org).



From Left to Right: CDR Anne Marie Bott, LCDR Matthew Duff and LT Jessica Thompson

## Career Development

### 2<sup>nd</sup> Annual Medical Reserve Corps Event held in our Nation's Capital... USPHS on Deck!

*Contributed by Ikechukwu Oji, PharmD Candidate;  
Bijan Mekoba, PharmD Candidate; LT Corwin How-  
ard ; LCDR Andrew Gentles, and LCDR Carlisha Gen-  
tles*

Across our nation, there are healthcare and socioeconomic disparities that continue to threaten the very communities and loved ones we care for. As PHS officers we need to ask ourselves, do we view these as challenges or as unique opportunities to truly become community leaders? Consistent themes at the recent 50<sup>th</sup> USPHS Symposium were the messages of increasing our visibility, enhancing partnerships, promoting public health and mobilizing within our communities. These are exciting times we should take advantage of but knowing where to look can be daunting given hectic work schedules and family obligations. There are exciting ways in which you can volunteer. One of these opportunities, the Medical Reserve Corps (MRC) is an established network of medical and non-medical volunteers supported by the Surgeon General and tasked with meeting the health needs of their community. These volunteers accomplish this by donating their time and expertise to supplement existing public health and medical resources during emergencies and other times of need.

On April 18<sup>th</sup>, 2015, the Capitol City Pharmacy Medical Reserve Corps (CCPMRC) held its 2<sup>nd</sup> Annual Pharmacy Wellness Fair at Freedom Plaza in Washington, DC. This successful event had over 400 community residents in attendance. Howard University is the first in the nation to have a College of Pharmacy affiliated with the Medical Reserve Corps. CCPMRC is a partnership between the College of Pharmacy and District of Columbia Department of Health comprised of volunteers committed to building community resilience. Community resilience is the ability of a community to anticipate risk, reduce the probability of disaster-induced loss of functionality, and recover rapidly. The CCPMRC addresses resilience by hosting numerous community outreach

events throughout the year, the biggest one being the annual Pharmacy Wellness Fair.

This year, several PHS pharmacists volunteered at an "Ask a Pharmacist" booth answering a range of health-related topics ranging from health insurance to OTC recommendations. Participants in attendance also enhanced their knowledge of emergency preparedness and major chronic disease states that plague the region such as hypertension, diabetes, chronic kidney disease, HIV/STIs and other diseases. Education was delivered in various dynamic methods such as physical exercises, trivia games, and providing event and more help is needed around the country for healthy foods such as smoothies.

Community members who visited all of the Pharmacy Wellness Fair booths were rewarded with raffle tickets and entered in the free giveaway contest. These tickets were periodically drawn throughout the fair with the grand prize of an Apple® iPad Mini. As this event successfully demonstrated, PHS officers were a great asset to this CCPMRC sustained volunteerism at other MRC events from fellow pharmacists and PHS officers. As an added bonus, members are privy to continuing education (CE) courses and training relevant to emergency response. If you're interested in knowing more about the Medical Reserve Corps, please visit <http://www.medicalreservecorps.gov/>. If you live in the DC area and would like to know how to become a member of the CCPMRC in Washington, DC please visit <http://www.ccpmrc.org>.



From Left to Right: LT Corwin Howard, LCDR Andrew Gentles and  
LCDR Carlisha Gentles.

## Career Development (cont.)

### Medical Reserve Corps

*Contributed by LT Quinn Bott*

In a 2003 speech about the Medical Reserve Corps (MRC), Dr. Richard Carmona, the 17<sup>th</sup> Surgeon General, said, “While the price of preparedness may be great, the price of *not* being prepared is even greater.” As Public Health Service officers, we are prepared and ready to respond to national and international public health crises and natural disasters. But what about smaller scale incidents close to home, or domestic terrorism? What are you doing today to help your local community be more prepared?

The Medical Reserve Corps is a part of the President’s volunteer effort known as the USA Freedom Corps and is led by the Surgeon General. It is a network of volunteer chapters throughout the country that have committed to be ready. The nationwide MRC program is housed within the Office of Emergency Management (OEM), Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Health and Human Services (HHS), and many USPHS officers are among its leadership. The Director of the MRC, CAPT Robert Tosatto, is a pharmacist. When Dr. Carmona gave his speech in 2003, there were 65 MRC units. Today, there are 1,009 MRC units in 50 states and all the territories. By identifying, credentialing, and training civilian volunteers, communities build their resilience and capacity to respond to disasters. All disasters are local, and the first responders are the local police, fire, and EMS personnel. The MRC offers additional resources to supplement first responders and support their initial efforts – making a good team better. If a disaster strikes, they are mobilized to respond according to the needs of the situation and the abilities of the volunteers. In the interim, volunteers work to host events, participate in the activities of the local health department, and take time to learn and prepare – all in support of the mission of preparedness and reducing health disparities.

Volunteering with an MRC is flexible. It’s a great way for families, friends, and older kids to get involved too. They can learn a little more about what you do as a PHS officer while giving back to their communities. Almost all of the activities you perform with your MRC will contribute to your career as an officer and build your readiness, resilience, and *résumé*! (Consider submitting an outside activity form, [HHS-520](#), if you do take on a leadership role in your MRC chapter.)

By joining (or starting!) your local MRC, you can participate in disaster training exercises with other agencies. I have served as a volunteer “hostage” during an interdisciplinary active shooter role play training. My MRC in Kansas City consists of doctors, nurses, pharmacists, therapists, paramedics, and other public health professionals. It is a great way to meet other like-minded people and expand your network. We often provide free first aid services at local community running events or bicycle races.

My MRC unit meets regularly for training and guest speakers from government and non-profit organizations. Recently we heard from the chief of the police department in Joplin, Missouri, which was struck by a severe tornado in 2011. He shared his first-hand account about the damage the community encountered. Units can hold vaccine clinics, blood drives, and bone marrow donor registration drives. They perform homeless health checks and epidemiological surveys, and other preventive and primary care health services. Your imagination is the limit to what impact you can have when you volunteer.

Learn more and find your local Medical Reserve Corps at <http://www.medicalreservecorps.gov>

## Career Development (cont.)

### Transforming Care by Optimizing Patient Outcomes

*Contributed By CDR Amy Simon and LCDR DeAnne L. Udby*

The Bemidji and Northern Plains areas of the Indian Health Service recently teamed up to host the second annual Northern Tier Continuing Education Program for pharmacy staff. The Great Plains area houses 19 service units located in ND, SD, and NE, while the Bemidji Area houses 36 service units located in MN, MI, and WI. Pharmacists and pharmacy technicians in attendance represented a mix of federal, tribal, and urban facilities. Pharmacy students from MN and ND were also present.

Three committees were established to organize the meeting; the planning committee, poster committee, and social committee. All committees consisted mainly of junior officers.

The Northern Tier event offered a total of six continuing education unit (CEU) sessions. The speakers were recruited primarily from the region and comprised a blend of subject matter experts as well as regional progressive clinicians with novel practice sites.

Attendees were honored to have RADM Pam Schweitzer speak, who addressed the future of pharmacy and the opportunities for the profession of pharmacy to strengthen the health care system infrastructure. Other topics presented included cost avoidance, incorporating the current asthma, anticoagulation, hypertension, and

hyperlipidemia guidelines into practice, Neonatal Abstinence Syndrome, and healthy coaching to improve patient outcomes.

A Chief's meeting was added to the event this year per the recommendation from participant comments last year. It was attended by RADM Schweitzer, chief pharmacists, deputy chief pharmacists, and area pharmacy consultants.

Overall, the 2<sup>nd</sup> annual Northern Tier Pharmacy CEU meeting was a resounding success. The meeting was attended by 63 participants. Six session speakers and eight posters were presented. Encouraging comments from participants included more relevant and applicable topics than online CEU credits, request for the program to be an annual event, and the quality of the program organization made the meeting seem 'beyond its years'. The event provided an excellent opportunity to network with individuals in the area that communicate by email or phone but have never truly met.

Northern Tier Continuing Education Program attendees pictured with RADM Pam Schweitzer



## Pharmacists in Action



2015 Pharmacy Awardees  
From Left to Right:  
CDR Aaron Middlekauff [Leadership Award, formerly "Pharmacist of the Year" (Non-Clinical)], VADM Vivek Murthy, CAPT John Chapman (Pharmacist Responder of the Year), CDR Jodi Tricinella (Managerial Excellence Improving Pharmacy Service of Public Health)  
NOT PICTURED: CAPT Ty Bingham (Clinical Pharmacist of the Year), CAPT Deborah Thompson (PHS Career Achievement Award in Pharmacy).

In Puerto Rico, LCDR Long Pham, ASPR and Herminio Hernandez seen inventorying drugs and medical equipment in preparation for natural or manmade disasters in the Caribbean covering over 4 million Puerto Ricans plus nearby Caribbean islands





**Pharmacists in Action (cont.)**



From Left to Right: LT Jessica Thompson, LT Sara Low, and CDR Mike Beier-Grohslein race their bicycles 17 miles in the Joint Base Elmendorf-Richardson (JBER) Bike Race.



Officers and family participate in the Alaska Heart Run 5K on a beautiful, sunny, Alaskan day! Officers from Left to Right: LT Courtney Gustin, LCDR Ashley Schaber, CDR Aimee Young, LT Madaline Mandap and LT Jessica Thompson

## Quarterly Agency Liaison Reports

Compiled by LCDR Sadhna Khatri

### Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov>

LT Jennifer Lind ([jlind@cdc.gov](mailto:jlind@cdc.gov))

- **CDC Travel Notice:** CDC is no longer recommending that US residents avoid nonessential travel to Liberia. However, CDC recommends that US residents practice enhanced precautions when traveling to Liberia.
- The Epidemic Intelligence Service (EIS) is a 2-year fellowship that provides training in applied epidemiology. **Applications** for the 2016 class will be accepted through August 17, 2015.
- **CDC Vital Signs:** CDC released the first national study on Hispanics' leading causes of death, disease prevalence, risk factors, and access to health services in the United States.
- **Upcoming CDC Grand Rounds** on 8/18/2015, 9/15/2015, and 10/20/2015 at 1 pm EDT. Free continuing education credits available.
- **CDC Science Clips:** Each week CDC shares select science clips with the public health community to enhance awareness of emerging scientific knowledge.

### Centers for Medicare and Medicaid Services (CMS)

<http://www.cms.gov>

LT Teisha Robertson ([teisha.robertson@cms.hhs.gov](mailto:teisha.robertson@cms.hhs.gov))

- **New Medicare prescription drug cost data available :** As part of the Administration's goals of better care, smarter spending, and healthier people, the Centers for Medicare & Medicaid Service announced the availability of new, privacy-protected data on Medicare Part D prescription drugs prescribed by physicians and other health care professionals in 2013. This data shows which prescription drugs were prescribed to Medicare Part D beneficiaries by which practitioners.
- **CMS issues rule modifying the Part D enrollment requirement for prescribers :** On May 1, 2015, the Centers for Medicare & Medicaid Services (CMS) issued an interim final rule with comment (IFC) to make changes to the final rule published on May 23, 2014 that requires prescribers of Part D drugs to enroll in or have validly opted out of Medicare.

### Federal Bureau of Prisons (BOP)

<http://www.bop.gov>

LCDR Michelle Williams ([mrwilliams@bop.gov](mailto:mrwilliams@bop.gov))

- BOP held successful recruitment booth at APhA in San Diego, CA.
- Several BOP HIV Clinical Pharmacist Consultants attended Johns Hopkins University (JHU) HIV meeting in Baltimore, MD; RADM Chris Bina presented on correctional health to approximately 60 JHU fellows.
- CAPT Ty Bingham will assume oversight/coordination of all BOP Clinical Practice Guidelines.
- CDR Robert Macky has been selected to National AAHIVM committee.
- CDR Daniel Boyle has been selected as BOP Western Regional Chief Pharmacist.
- Agency National P&T Meeting will be held week of August 3<sup>rd</sup> in Washington, DC.
- Upcoming BOP Medication Assisted Therapy (MAT) Symposium in June in Washington, DC.

(Continues on next page...)

## Quarterly Agency Liaison Reports (cont.)

- Looking to select five or six SrCOSTEPs from 2016 graduating class.
- BOP Health Services Division Medical Director/Assistant Director RADM Newton Kendig is retiring this fall and Dr. Deborah Schult has been selected to replace him as AD.

### Food and Drug Administration (FDA)

<http://www.fda.gov/>

LCDR Sadhna Khatri ([Sadhna.khatri@fda.hhs.gov](mailto:Sadhna.khatri@fda.hhs.gov))

- [Expanded Access \(Compassionate Use\)](#) : FDA is committed to increasing awareness of and knowledge about its expanded access programs and the procedures for obtaining access to human investigational drugs (including biologics) and medical devices. The FDA's expanded access provisions are designed to facilitate the availability of investigational products to patients with serious diseases or conditions when there is no comparable or satisfactory alternative therapy available, either because the patients have exhausted treatment with or are intolerant of approved therapies, or when the patients are not eligible for an ongoing clinical trial.
- [Evaluating the changing landscape of health care](#): Colleen Rogers, Ph.D., Lead Microbiologist in FDA's Center for Drug Evaluation and Research's Division of Nonprescription Drug Products discusses the frequent use of health care antiseptics and the need for updated safety and efficacy data. FDA has issued a proposed rule requesting additional data.
- [FDA regulation to help ensure judicious use of antibiotics in food-producing animals](#): The FDA has announced the Veterinary Feed Directive (VFD) final rule, an important piece of the agency's overall strategy to promote the judicious use of antimicrobials in food-producing animals.

### Health Resources and Services Administration (HRSA)

<http://www.hrsa.gov>

CAPT Krista Pedley ([kpedley@hrsa.gov](mailto:kpedley@hrsa.gov))

- In May, approximately \$101 million in Affordable Care Act funding was awarded to 164 new health center sites in 33 states and two U.S. Territories for the delivery of comprehensive primary health care services in communities that need them most. These new health centers are projected to increase access to health care services for nearly 650,000 patients. To see a list of award winners, visit [www.hrsa.gov/about/news/2015tables/newaccesspoints/](http://www.hrsa.gov/about/news/2015tables/newaccesspoints/).
- HRSA announced \$5 million in new and continuing competitive grant awards to support Family-to-Family Health Information Centers, primarily non-profit organizations run by and for families with children and youth with special health care needs. Funding for the centers was extended through fiscal year 2017. For more information, see [Family-to-Family Health Information Center](#)
- The Office of Management and Budget has accepted for review the 340B Program Omnibus Guidance that will cover areas of the 340B Program where HRSA does not have rulemaking authority but where clarity is needed. Once OMB reviews, the guidance will be released for a 60 day comment period.

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## Quarterly Agency Liaison Reports (cont.)

### Immigration Health Service Corps (IHSC)

<http://www.ice.gov/ice-health-service-corps>

LCDR Stephanie D. Daniels ([Stephanie.d.daniels@ice.dhs.gov](mailto:Stephanie.d.daniels@ice.dhs.gov))

- Congratulations to LT Kristina Snyder on her receipt of the USPHS Achievement Medal. LT Snyder was deployed for several weeks in response to the unaccompanied minor crisis in 2014 to establish pharmacy services at a brand-new ICE family residential center in Artesia, NM. Bravo Zulu to LT Snyder for her hard work and significant accomplishments!
- IHSC thanks CAPT Vanessa Thomas-Wilson for setting up the USPHS and Federal Pharmacy Social at APhA. The event went off without a hitch and a good time was had by all!
- IHSC welcomes home LCDR Stephanie Daniels, who served in the Ebola Response Mission as part of the Monrovia Medical Unit's Team 4.
- Thank you to CDR Jai Patel, who is currently serving as the Acting Western Regional Pharmacist, in addition to his normal duties as chief pharmacist of the T. Don Hutto Residential Facility. LCDR Jose Aparicio of the Eloy Detention Center will serve as the next Acting Western Regional Pharmacist, beginning October 1, 2015.

### Indian Health Service (IHS)

<http://www.ihs.gov/pharmacy/>

LCDR Sophia Park ([Sophia.Park@ihs.gov](mailto:Sophia.Park@ihs.gov))

- Starting May 13, 2015, the **National Clinical Pharmacy Specialist (NCPS)** Committee will require submission of specific outcomes for Tobacco Cessation Clinics. Starting August 12, 2015, the committee will require submission of specific outcomes for Anticoagulation Clinics. The outcomes will be required with any new and renewal requests for tobacco cessation and anticoagulation certifications, otherwise, on an annual basis. The outcome reporting worksheets can be found under the "Critical Elements Checklist and Outcomes" section of the new NCPS website: <https://dcp.psc.gov/osg/pharmacy/ncps.aspx>. For questions, please contact NCPS Committee Chair LCDR Jinny Meyer at [jinny.meyer@ihs.gov](mailto:jinny.meyer@ihs.gov).
- The 2015 **IHS Pharmacy Practice Training Program (PPTP)** is available in two sessions, July 27-30 and August 24-27. Register online at: <https://www.surveymonkey.com/s/JulyPPTPreg15> (July) or registrants will be wait-listed and need to email [ihspsc@ihs.gov](mailto:ihspsc@ihs.gov) in order to add their name to the wait list.

### National Institutes of Health (NIH)

<http://www.nih.gov/>

CAPT Richard DeCederfelt ([rdecederfe@nih.gov](mailto:rdecederfe@nih.gov))

- Antibiotic approved for treating infant abdominal infections: [Link to full article](#)
- NHLBI Media Availability: New form of interleukin-2 could be fine-tuned to fight disease: [Link to article](#)
- HIV Therapy Promising in First Human Study: [Link to full article](#)
- Featured Website NIEHS - Allergens & Irritants" [Link to full article](#)

## Quarterly Agency Liaison Reports (cont.)

### United States Coast Guard (USCG)

<http://www.uscg.mil>

CDR Paul Michaud ([PAUL.T.MICHAUD@USCG.MIL](mailto:PAUL.T.MICHAUD@USCG.MIL))

- USCG Pharmacy - All outpatient pharmacy dispensing services for dependents and retirees are temporarily suspended due to a computer system interface failure between USCG and Tricare following a Defense Health Agency (DHA)/Express Scripts Inc. (ESI) migration. Pharmacists were instructed to transfer these prescriptions to other MTF's, retail pharmacy or the Tricare mail order pharmacy program. Prescriptions written by USCG providers for active duty personnel will continue to be filled and manual medication reconciliation will be completed to ensure patient safety is maintained as messaged within respective scope of practice utilizing enhanced professional judgment.
- Military Treatment Facility (MTF) Corporate Branch of Service (BoS) Report  
Coast Guard Pharmacy has proudly led the other services at the MTF pharmacy point of service in maintaining the lowest dispensing costs over the past year from the DHA Pharmacy Operations Division South report comparing pharmacy costs amongst the four services.
- Other Health Insurance Initiative (OHI)  
A pilot study is being conducted to evaluate the percentage of beneficiaries receiving pharmacy services at USCG clinics who have additional health care insurance benefits other than Tricare.



# JOIN OUR MEETINGS



PharmPAC Meetings are held the first Thursday of the month at 2pm EST.  
Upcoming meetings will be on:

September 1st, 2015

October 1st, 2015

November 5th, 2015

December 3rd, 2015

Join us for PharmPAC's monthly meetings via teleconference or in person  
By Conference Call:

Phone: 855-828-1770 or 301-796-7777  
Meeting ID: 9675592

In Person: FDA White Oak Campus  
Bldg 22, room 1419

Join the PHS-Pharmacists Listserv to receive updates and information and stay connected to the PharmPAC:

[Click to Join Now!](#)

Don't Forget our Hashtags!:

#USPHS

#USPHSpharmacy

#USPHSathletics

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[LCDR Rodney Waite](#)

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