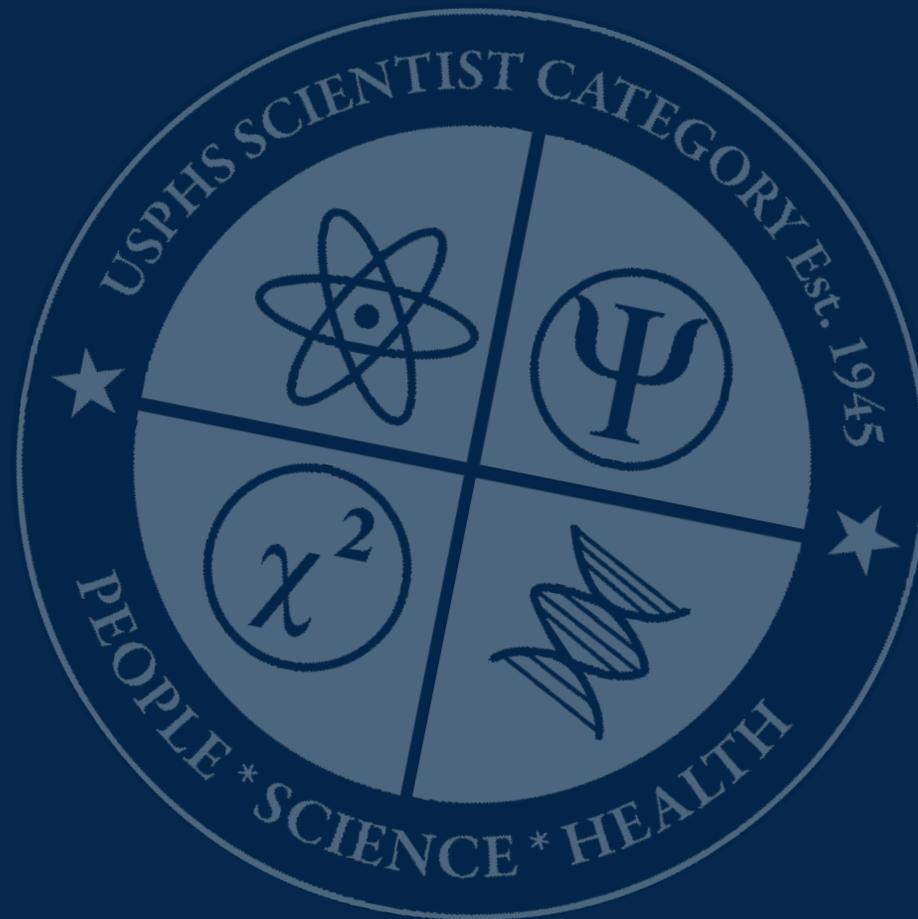


The Scientist Officer



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Congratulations to Our Officers on their Permanent Promotions

CAPT Timothy Nelle

CAPT Sara Newman

CAPT Martin Sanders

CAPT Althea Grant-Lenzy

CDR David Beckstead

CDR Mark Clayton

CDR Bryan Davidson

CDR Anne Dobmeyer

CDR Judy Facey

CDR Nicole Frazer

CDR Sally Hu

CDR Christine Hunter

CDR Michael King

CDR Ingrid Pauli

CDR Michael Smith

LCDR Aimee Geissler

LCDR Jeffrey Goodie

LCDR Angela Iuliano

LCDR Erin Sauber-Schatz

LCDR Colleen Scott

LCDR Tyson Volkmann

LT Prince Awuah

LT Jennifer Beauregard

LT Andrew Brown

LT Jessica Dunn

LT Lacreisha Ejike King

LT Robert Gahl

LT Kathleen Hartnett

LT Roberta Horth

LT Michelle Hughes

LT Pushpa Jayasekara

LT Michelle Johnson

LT Ian Kracalik

LT Sean Marcisin

LT Gina Masessa

LT Adelaida Rosario

LT Patrick Sears

LT Kelly Shaw

LT Lindsay Womack

LT Lauren Woodard



Congratulations to SciPAC Award Winners

(Underlined words are links to learn more about awards and winners!)

2020 Shalon Irving Memorial Junior Scientist Officer of the Year:
LCDR Shondelle Wilson-Frederick



2020 Derek Dunn Memorial Senior Scientist Officer of the Year
2020 Mentor of the Year
2020 AMSUS Rising Star Award:
CDR Qiao Bobo

2020 Responder of the Year award:
CAPT Kate Brett



A Scientist's Journey to Becoming an Emergency Medical Technician

By LCDR NaTasha Hollis

Who would have thought that nearly 20 years after my decision to switch career paths from clinical medicine to scientific research that the clinical interest would again be reignited? I began college in a biology pre-med major planning to become a Pediatric Neurosurgeon. A few laboratory courses and summer research programs later, I discovered my passion for scientific research and have pursued a scientific career ever since. I became a Genetic Epidemiologist; never once did I look back. That is until August 2019, when I was given an opportunity through my SAT-4 response team to participate in the NDMS Fundamentals (Disaster Medical Assistance Team (DMAT) 101) Course along with other PHS officers, DMAT members, and Medical Reserve Corps (MRC) personnel at The Center for Domestic Preparedness in Anniston, AL. Training alongside clinical personnel and learning the basics of clinical medicine during an emergency response, including participating in a mock response and assembling a Field Medical Station (FMS), sparked my old clinical interest. My conversations with DMAT clinicians about their career paths to become emergency response providers piqued my curiosity. An Advanced Emergency Medical Technician (AEMT) advised me on ways to obtain emergency medical skills including participating in Stop the Bleed training and acquiring my EMT certification. The notion of complementing my scientific career with clinical training intrigued me immensely and harkened back to my early career aspirations. Henceforth, I was on a mission to obtain emergency medical skills.



LCDR NaTasha Hollis working with DMAT and MRC members to assemble a Field Medical Station (FMS). LCDR Colleen Scott is in the back of the supply truck helping to unload FMS kits.

(CONTINUED ON PAGE 6)

A Scientist's Journey to Becoming an Emergency Medical Technician

By LCDR NaTasha Hollis

Upon returning to my duty station, I completed the 2-hour Stop the Bleed training to learn three quick techniques to help save a life before someone bleeds out and began researching EMT programs located nearby. I identified a local technical school, attended the informational session, and began preparing to enroll in the summer 2020 program. However, due to the COVID-19 pandemic, my plans were altered. Instead of attending a completely on-campus program, I opted for a 12-week accelerated hybrid program consisting of online coursework and hands-on practical application sessions. I began the program in July 2020. By December 2020, I had successfully completed the program, become nationally certified, and state (GA) licensed. I am now exploring opportunities to apply and enhance my EMT skills to further increase my clinical response capabilities. I am reminded that science and medicine do not have to be either/or and can occur in tandem. I feel that acquiring these complementary skills will help me to be an even better scientist and emergency responder. It is never too late to pursue your goals and interests!



LCDR Hollis standing in the door of the fully assembled FMS.



LCDR Hollis in the back of a local Fire Department ambulance during her clinical rotations.

(CONTINUED FROM PAGE 5)

Giving Birth During the Coronavirus

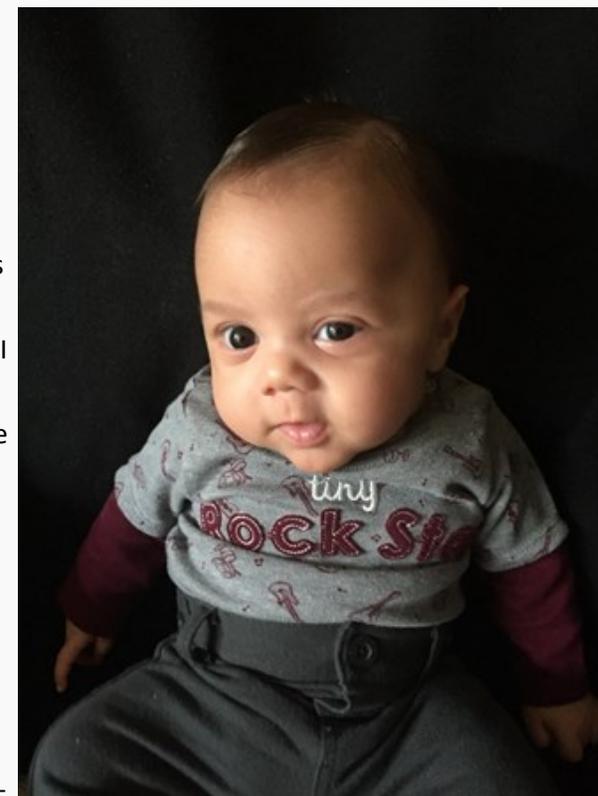
By CDR Zewditu Demissie

Coronavirus disease 2019 (COVID-19) has changed the way we live, work, and play. The virus has burdened countries, economies, businesses, and individuals. Certain groups have been particularly affected by the ongoing outbreak and its effects. One of those groups has been pregnant and postpartum women, especially first-time mothers. In this article, I describe some of the challenges experienced by this population, while reflecting on my personal experience, and public health implications.

A first-time mother has a lot to learn and many decisions to make, such as to breastfeed or use formula, the pros and cons of circumcision, proper care for an infant, and how to perform infant CPR. Fortunately, hospitals and clinics often provide in-person classes to help new and repeat parents. Unfortunately, the pandemic has changed how parents can access this information. In-person classes are no longer available, and there was limited online content. I was fortunate enough to take an infant care class offered by a local hospital in mid-March, the month before I was due to give birth. But my infant CPR and breastfeeding classes that followed the infant care class were cancelled. The cancellations of these services resulted in many parents feeling unprepared to perform routine care for their child and even more feeling unprepared to deal with something going wrong.

The coronavirus pandemic also impacted care in hospitals, clinics, urgent care locations, and other medical care facilities for mothers before, during, and after birth. Mothers experiencing worrisome symptoms during pregnancy have been afraid to seek out care because of the risk and threat of COVID-19. Instead, they flock to the internet to seek information from online sources and social media groups. In time, clinicians have provided telehealth options for patients, but some issues really require in-person care. For pregnancy symptoms that would require emergency room visits, some expectant mothers have decided to wait it out or seek other care options instead of risking COVID-19 infection in the emergency room.

During labor, mothers may have experienced longer wait times and a different standard of care. In my case, after registering in labor and delivery, I had to wait over an hour to get to triage before being seen by a medical team. Imagine everyone's surprise that I was already 8cm dilated. Luckily, my water had not broken as an ultrasound showed that my son was in a breech position, resulting in the need for an emergency c-section. Since my last lab check was in January, new lab tests were required to make sure I didn't need general anesthesia. Fortunately, the lab was able to rush my sample, and the nurse came back right before they were about to wheel me into the delivery room; I was OK with just a pregnancy spinal tap. I had not planned for a c-section and had done very little research on the procedure, so I was already scared. But I was eased by the news that I did not need general anesthesia, which increases wait times and can result in poor outcomes for both mothers and babies.



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Giving Birth During the Coronavirus

By CDR Zewditu Demissie

Maternity wards have also experienced changes during the pandemic. In Atlanta, the Emory Healthcare system consolidated maternity care for mothers from several locations to a hospital in midtown Atlanta. At the same time, nurses were being reassigned within the hospital, and travelling/contract nurses were called in. Nurses were spread thin trying to deal with patient needs, while some were trying to learn about the hospital itself.

My son stayed in the neonatal intensive care unit (NICU), but when I asked a nurse about how to get to the unit, she didn't know because it was not her regularly assigned hospital. I was not able to walk to the NICU due to my c-section procedure, so a nurse was needed to wheelchair me there. It usually took some time for someone to come down to the NICU to get me, so the wait was always stressful, as I needed to pump regularly in my room to provide for my baby.

Visitor policies were re-evaluated several times during the pandemic, and policies varied from hospital to hospital. Some mothers were not allowed to have any support visitors, even with an uncomplicated delivery. Some hospitals required that any support person be checked before coming into the hospital. Policies differed about whether a doula, a pregnancy expert, was considered a support person or medical staff. Many mothers were left with the choice of having their partner or their doula present at their child's birth. Due to infection risk, mothers had to make very deliberate decisions on who would accompany them, particularly if person had a higher risk of COVID-19. In my case, my mother missed out on the birth of her first grandchild. My best friend took my mother's place as my support person. Since my hospital only allowed one support person, my son's father was not allowed to come visit me or our son during his week-long stay in the NICU. This restriction also resulted in difficulties with vital records that I am still dealing with today.

Changes in visitation have also extended to personal lives, as families are cautious of who they allow into their homes. Grandparents are seeing their grandkids via Zoom, on FaceTime, or through glass windows. Family and friends who would normally be around to assist with child rearing or taking care of the mother are unable to assist. This reduced social support due to recommended social distancing has taken a toll on mothers, especially those who were already struggling with mental health issues. Mothers are taking to social media to express frustrations, feelings of guilt, concerns of hurting themselves, etc. Some are desiring in-person mental health counseling but are stuck with telehealth options if they are able to find services. During this time, social media has been a saving grace for mothers with more concerning issues or mothers simply looking for advice. However, I suspect that the mental health impact of this pandemic among pregnant and postpartum women will be seen in the years to come. I am thankful to have the support of friends and family, including my own mother who was able to quarantine with us for a few months following a two-week waiting period after my son's birth.

These were some of my challenges and the challenges that some other new mothers encountered during this pandemic. Other issues have included access to lactation consultants and access to childcare, which impact the health of both mothers and infants. In my case, late access to a lactation consultant resulted in delayed diagnosis of lip and tongue tie and torticollis. I am still struggling what to do with childcare, as my maternity leave is ending, and I am still on the wait list for my preferred day care center. Pregnancy and postpartum are stressful periods in a woman's life even during the best of times. This pandemic has resulted in added pressures on mothers and families, potentially impacting us for years. Thanks to all who are working to end the pandemic as soon as possible.

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PHS Scientist Officer Serves Unique Role in USCG

By LCDR Angela Thompson-Paul

In July 2020, LCDR Iman Martin began serving as the Preventive Medicine and Population Health Director for the U.S. Coast Guard, the first U.S. Public Health Service Commissioned Corps Scientist Officer selected to serve in this role. In this role, she wears many hats. She serves as the Coast Guard's liaison on many Department of Defense/Defense Health Agency (DoD/DHA) and Department of Homeland Security (DHS) interagency committees where she coordinates public health policy with DoD/DHA and DHS counterparts. She serves as the program manager for health assessments (Periodic Health Assessments and Deployment-Related Health Assessments), epidemiology/health surveillance, reportable medical events, and population health. Additionally, she is the Deputy Chair and primary action officer for the USCG Population Health Optimization Working Group. LCDR Martin serves as consultant with providers in the field, and as health informatics capabilities developer and liaison to DoD related systems managers where she works closely with USCG Chief Medical Informatics Officer to develop comprehensive health surveillance and assessment systems to inform Health, Safety, and Work-Life policy.

LCDR Martin was asked several questions regarding this unique role and these are her responses:

1. What challenges have you faced as the first Scientist Officer in this role and how have you met these challenges?

As with any role, new or old, one must enter a new environment in "listening and learning mode... There's no amount of technical knowledge that is helpful if one does not understand the environment it is being applied to. Given that I am a scientist officer (doctoral level epidemiologist and biostatistician) my approach to public health might be different than someone with a more traditional preventive medicine perspective. Understanding that it rests upon me to ensure that the means by which I communicate are clear to interdisciplinary colleagues as well as all of the Coast Guard stakeholders.



LCDR Iman Martin serves as the Preventive Medicine and Population Health Director for the U.S. Coast Guard, the first U.S. Public Health Service Scientist Officer selected to this role.

(CONTINUED ON PAGE 10)

PHS Scientist Officer Serves Unique Role in USCG

By LCDR Angela Thompson-Paul

2. What activities or experiences best prepared you for the work you are doing now?

My more than 20-year career in public health has exposed me to a breath of topic areas and methodologies, I think that the balance between depth and breath in my public health practice experiences allow me to have the flexibility required for a position like this.

3. What is your favorite part of this position or what are some of the things you like about it?

It is an absolute honor to be a part of the broader infrastructure to support the Coast Guard in their very unique mission set. The Coast Guard is an immeasurable asset not only to the nation but to the world. They do what no one else will or can. I like the thought of the fact that my work will immediately translate into safety and support of members of this illustrious service and their families.

4. What do you like to do in your spare time?

In my spare time I am an African drummer and dancer.

5. What are you currently reading?

I am currently reading "Battlefield of the Mind" [by Joyce Meyer].

6. How do you like to maintain your fitness (running? biking? yoga? dance?)?

I enjoy walking my dog and dancing to stay in shape. I also have a trainer that trains me virtually.

7. How do you balance the demands of work and life?

I think sustained spiritual and mindfulness practices are absolutely necessary to keep life its purpose and our activities in life and balance and so I dedicate myself to those practices to maintain a spiritual center and mental clarity about what's important and to stay in touch with myself about when I need a break or when I may need to push harder in any given aspect of life.

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Life is All About Making Those Important Choices

By LT Oren Meyer

Work out here in Ingende, Democratic Republic of the Congo, is going great. We test 30-60 people each day for Ebola, as long as the generator that runs our lab machines doesn't:

- A) run out of gas (which has happened more times than one might think reasonable),
- B) get shut off because the hospital chief decides it should be for some unknown reason,
- C) get disconnected from the lab because an ambulance runs into one of the far too many low hanging power lines, or
- D) get disconnected because the guy hired to run it goes on vacation, hires a temp to take over his job who decides he'd rather hire another temp to do his temping job, and that temp has no idea how to run a generator.

In those cases, we lose all the data of the samples being run during the power shutdown. But otherwise, our testing goes smoothly.

That's life out here. Each day is an adventure with new challenges and drama, and all you can do is shrug your shoulders, stick your arms back in glovebox separating you from all the blood we test, and keep on pipetting. With each bit of daily drama, important choices must be made to keep moving forward. Because at the end of the day, that's really what life is about, making those choices for the good of everyone.

For example, it's been three days since my last shower, so it is time for another. Before you get too grossed out, that's our standard schedule out here, and yes, we're gross all the time. But to be honest, the showers don't really help too much with that. It's bloody hot out here. Between the ever-present humidity and constant



Inside of our shared living tent: Home sweet home

sweat, nothing you have or wear or frankly even you are ever dry. And you can't tell the cause of the wetness, though it's likely caused by the two aforementioned wetness-inducing conditions. If it's cooler and breezy, then you know why you're wet because it's only like that when it's raining. Though after the rain stops, you quickly return to not being able to differentiate between the sweat and the humidity. So, as you can imagine, we look forward to shower days with eager anticipation.

Now, when I speak of showering, you're likely picturing that shower you have in your bathroom: the clean tile, the functioning faucet, and the distinct lack of bugs sharing your space. That's fine, that's a reasonable shower. But that's not the type of shower we have out here. Think more of a bath with a bucket while standing up. Don't get me wrong, when I come home from lab, I'm excited to fill my bucket, slog to the small bathroom, evict the spiders and beetles that take up nightly residence in the shower basin, grab the rusted out toilet-filling coffee can (we don't have a separate one for showers, an afterthought we are in process of remedying), and hurriedly pour chilled water over myself.

(CONTINUED ON PAGE 12)

Life is All About Making Those Important Choices

By LT Oren Meyer

I do that all while standing under the dim illumination from my headlight which is slung over the side window and acts both as a way for me to see my hands in front of my face (there is no light in the bathroom) and as a signal to others that there is someone in the bathroom, as the door doesn't lock. (Well, that's not quite true. The bathroom door does lock, but as many have learned the hard way, there is very little guarantee that it will subsequently unlock. While the bathroom is far from the worst I've been in, it still is not one in which I would choose to take up residence.)

As a side note, your two choices for water with which to shower are the bucket of water that you carry in or the toilet filling bucket. I've yet to optimize showering here; I'm usually one coffee can short of feeling like I'm rinsed, and I stay that way because I don't want to tap that other bucket. Anyway, I go to fill my bucket, but all the ten-gallon communal jugs are empty! That's okay, we have a reserve supply in our tent. I trudge back across the compound, empty bucket and soap in one hand, towel held around my waist in the other, as I step over dirt piles and drainage ditches. Hmmm, one of our jugs is missing, and the other is only about half full. No biggie, you might say, five gallons is more than enough water with which to shower. But here's the rub: We use these same communal and reserve jugs to fill both the shower bucket and the flush the toilet bucket. And we all share a single bathroom with one toilet. Already the dread is creeping in.

I chat with Jimmy, the doctor who's running the World Health Organization compound, and it turns out there's no water anywhere in town. There's a sudden, unexplained water shortage – honestly, one of the lesser surprising situations that's arisen here. There is no more water coming tonight. The toilet flushing bucket is empty. The jugs are empty. And the only water we have is the five gallons sitting in a jug in our tent.

Reserved. Steadfast. I know what must be done. With sweat running down my bare back, soap remaining unwetted in my hand, shower bucket remaining empty, I return to our tent acknowledging a choice has been made, a new priority has been elevated. While it's not classy, and it's not pretty, the choice is one that each of my fellow deployers commends me on making. I stare longingly at the dirty yellow jug sitting in our tent's far corner and leave those precious few last drops in case any of us needs to poop. Oh, the sacrifices we make.

On the other hand, this lack of the chance to shower did get me wondering, if I smell bad enough, will the bugs leave me be? Or because I'm so sticky, will they instead stick to my skin, akin to being glued to the buffet at the Wynn Hotel, smorgasbording till the very end in a hedonistic gluttony-induced feast? I guess only time will tell.

Till next time, stay clean,

Oren



Inside of our bathroom: it might not look like much, but out in the middle of the jungle, this is pure luxury

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New Scientist Officers



LT Muktha Natrajan is a Laboratory Leadership Service Fellow in the Meningitis and Vaccine Preventable Diseases Branch at the Centers for Disease Control and Prevention. Her projects involve identifying immunogenic, cross-protective targets for improved whooping cough vaccines as well as assisting the laboratory with quality management and biosafety endeavors. LT Natrajan received her MPH from the University of Georgia and her doctoral degree in Neuroimmunology from the University of Cambridge and National Institutes of Health. She completed her postdoctoral fellowship in infectious diseases and worked as a clinical research laboratory manager at the Hope Clinic of Emory University before joining the U.S. Public Health Service as a graduate of Officer Basic Course 118.

LT Sean Griffing is an epidemiologist in the Division of HIV/AIDS Prevention at CDC, where he develops HIV guidance. He has deployed to CDC COVID-19 emergency response as a health department liaison officer for 105 days for Region IV states and for 90 days as the Data on Call lead and co-lead, which responds to requests from the CDC Director, HHS Secretary, White House, and Congress. At CDC, he has worked on Zika and hurricanes, acute febrile illness surveillance in Thailand, Shiga Toxin-producing *E. coli*, and South American malaria. He also studied West Nile virus ecology at the Smithsonian. He has authored more than 20 peer-reviewed scientific manuscripts, as well as newspaper articles, press releases, and radio scripts on health and scientific issues.



New Scientist Officers

LT Christine Kim is an Epidemic Intelligence Service (EIS) Officer assigned to the National Center for Health Statistics at the Centers for Disease Control and Prevention (CDC). For the past ten years, she has supported the implementation and evaluation of maternal and child health programs in fragile and conflict-affected countries. LT Kim holds a PhD in Health Policy and Management from the University of North Carolina and a MSPH from Johns Hopkins University.



SciPAC Fist Bump—Recognition of LCDR Ginny Bowen as one of University of Georgia’s 40 Under 40 Alumni

LCDR Ginny Bowen was named as one of the University of Georgia’s “40 Under 40” Alumni in Fall 2020. This prestigious honor recognizes young alumni who are leaders in their respective fields. LCDR Bowen was recognized—both on the University’s website (<https://alumni.uga.edu/40u40/>) and at the virtual awards ceremony in late 2020. Her experiences working at CDC and deploying with the USPHS Commissioned Corps were highlighted, and she has since been invited to host a virtual seminar for UGA students interested in exploring careers in public health. LCDR Bowen is passionate about helping science-minded undergraduates ‘discover’ public health early in their budding careers—which is getting easier in these COVID times! Keep up the great work LCDR Bowen!



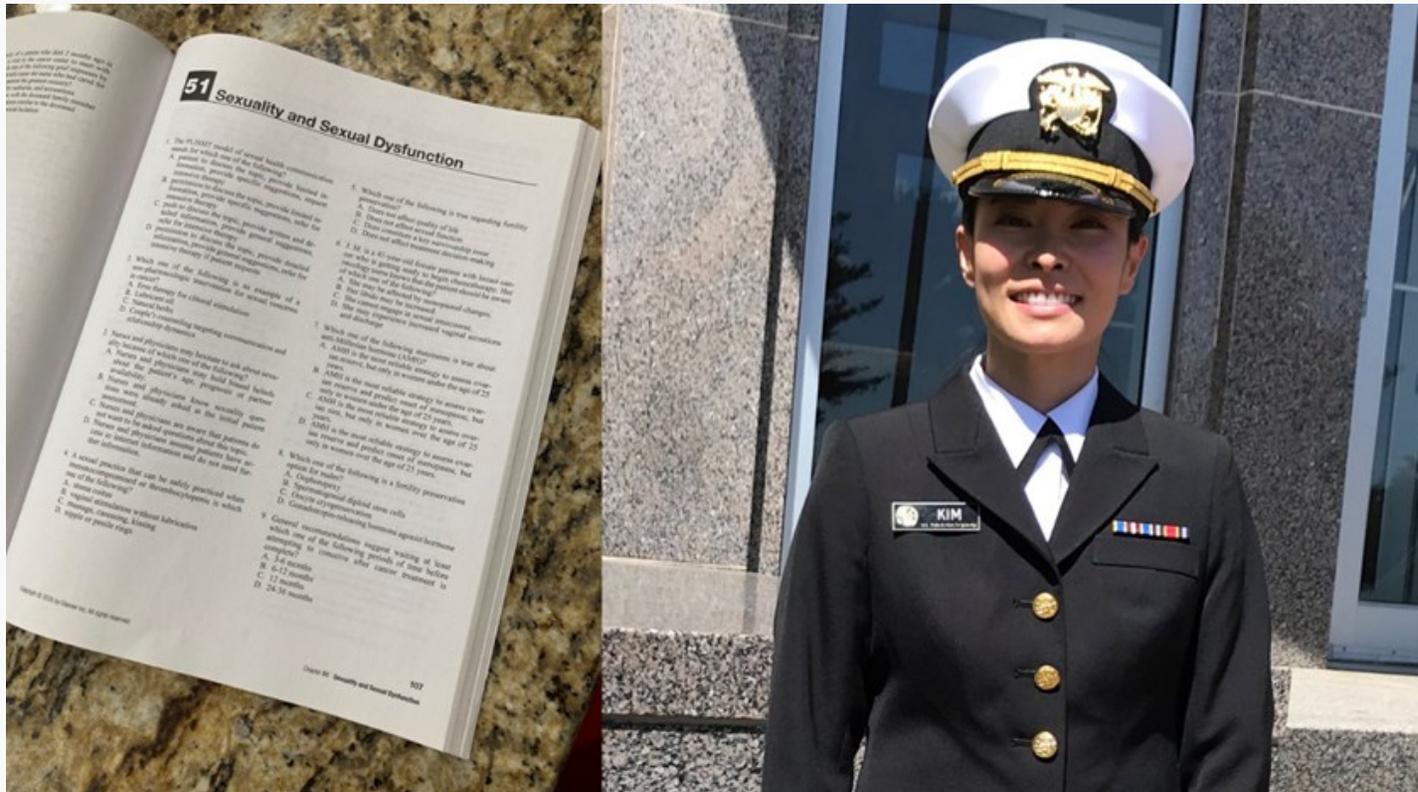
LCDR Ginny Bowen

SciPAC Fist Bump—Recognition of LT Hanna J. Kim for coauthoring a book chapter

Congratulations to LT Hana J. Kim from CDC for her recent coauthored book chapter publication titled Sexuality and Sexual Dysfunction. The book chapter aims to be a credible resource to health care professionals wanting to specialize in oncology nursing and advancing the providers' understanding of core topics pertinent to the field to better help their patients.

Nishimoto, P. W., & Kim, H. (2020). Chapter 51: Sexuality and sexual dysfunction. In S. M. Mahon & R. Bell (Eds.), *Study guide for the core curriculum for oncology nursing* (6th ed., pp. 107-108, 195-197). St. Louis, MO: Elsevier.

Way to go LT Kim!



LT Kim and her book chapter

SciPAC Hosts AMSUS Social

By CDR David Huang and LT Ana Lauer

Organized in 1891 and chartered by Congress in 1903, the Association of Military Surgeons of the United States (AMSUS) prides itself in being the society of federal health professionals and advocates for interagency healthcare collaboration among the Department of Defense, Veterans Affairs, and Health and Human Services. The first virtual and 129th overall AMSUS Annual Meeting was held December 6–10, 2020.

On December 10, a total of ten Scientist officers from at least three different time zones took a break from the AMSUS Annual Meeting to participate in a SciPAC Virtual Lunch, a social event hosted by CDR David Huang and LT Ana Lauer from the Visibility Subcommittee's Conferences Team. At its peak, we had nine officers on the call, as illustrated by our "Brady Bunch" pose.

Stimulating topics of discussion over the hour included:

- Introductions (what officers do and where they are stationed)
- Reactions from the conference thus far, including PHS day versus the full conference
- Leadership training opportunities for PHS vs. other services
- Pros and cons of virtual meetings
- What dealing with COVID is like at BOP facilities
- Highlights of AMSUS talks given by officers on the call
- Good things that have happened during what has been a difficult year for many
- What it means to hotel, office share, or have extended telework

Many of us had never met in person (or virtually), so the event was a wonderful opportunity to put faces to names, network, and just get to know each other. But before we knew it, the hour flew by, and it was time to say good-bye and get on with the rest of our respective schedules.

In response to feedback that the timing of the AMSUS Annual Meeting was not optimal, the 130th AMSUS Annual Meeting is scheduled for February 7-11, 2022. If conditions allow, the 2022 meeting will be a hybrid meeting, with both virtual and in person options, and the host site being the Gaylord National Resort and Convention Center in National Harbor, Maryland. Whatever the format, we look forward to the next AMSUS meeting!



Scientist Officers enjoying conversation at the SciPAC Virtual Lunch at the 2020 AMSUS Annual Meeting. Top row (from left to right): LCDR Jonathan Leshin, CDR David Huang, and LT Ana Lauer. Middle row (from left to right): LCDR Jason Wilken, LT Patrick Sears, and CDR Luz Rivera. Bottom row (from left to right): CDR Qiao Bobo, LCDR Iram Hassan, and LCDR Gwendolyn Hudson. (All officers pictured have provided consent for use of this photo.)

The Scientist Officer Editorial Team

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Check out past issues of *The Scientist Officer* at <https://dcp.psc.gov/osg/scientist/newsletter.aspx>