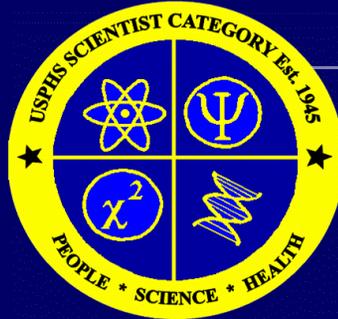


The Scientist Officer

Volume 10, Issue 2

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RADM Helena Mishoe, Acting SG RADM Sylvia Trent-Adams, RADM Joan Hunter and Chief Scientist Officer CAPT Martin Sanders with Scientist officers at the 2017 USPHS Symposium.

2017 SciPAC Category Day and Social

This year's Scientist category day in Chattanooga, TN, was well attended and included 12 presentations across a wide range of scientific disciplines, including maternal health, environmental science, and forensic psychology, to name but a few. The keynote address was delivered by Dr. John Balbus, whose talk was entitled *21st Century Challenges in Global Environmental Health: Global is Local*. Dr. Balbus's opening slide challenged the audience by asking why life expectancy in the United States has recently been observed to be on the decline, despite a healthy economy and continued advances in medical science. He went on to describe the multifactorial influence of the physical environment and behavioral risk factors on population health. Also included this year were panel discussions on promotion success stories from recently promoted officers, and deployment experiences from Scientists who were recently deployed. The majority of presentations from

this year's category day were delivered in a 'Ted-Talk' format, wherein presenters were afforded 5 minutes to deliver their content in a short and concise manner.

During the state of the category session, CAPT Martin Sanders spoke about the concerns of officers, addressing the inevitability of change and the necessity to persevere through uncertain times by remaining focused on the mission within an officer's agency. He also broached that the appointment of a new Chief Professional Officer (CPO) to the Scientist category was imminent, but that no specifics were available at the time.

Category day also served as a solemn reminder of the passing of our colleague and friend, LCDR Shalon Irving (July 9, 1980 – January 28, 2017), and this year marked the renaming of the Junior Officer award in her honor. In attendance was LCDR Irving's immediate family, which included her mother, Ms. Wanda Irving, and her infant daughter, Soleil Irving. LCDR Irving's dedication to scientific integrity, social determinants of health, and service to the Corps are reminders to us all of why we chose to serve and continually strive to advance the health and well-being of all those in need. An excerpt from the dedication given by LCDR Erika Odom stated, "Real life circumstances and engaging people in their communities fueled LCDR Irving's passion for public health service."



Pictured left are Scientist officers CDR Jennifer Thomas, CDR Seth Green, and LCDR Jonathan Leshin at the SciPAC Social.

(Continued from page 2)

No matter what the topic scientifically, she insisted that the value added by a mission at hand be translated back to real people and that her scientific findings manifest meaningful interventions or theoretical progress for those she was committed to serve.” Following the memorial, CAPT Sanders presented the Junior Officer, Senior Officer, Responder, and Mentor of the Year award recipients, which included LCDR John Pesce, CDR James Kenney, LCDR Leigh Ann Miller, and CDR Robin Toblin, respectively.

This year also marked the first video and audio archival of the category day proceedings. LCDR Iram Hassan, LCDR Alice Shumate, and LCDR Neil Bonzagni coordinated efforts to record the various sessions using the newly launched USPHS Scientist All Partners Access Network (APAN), with the hopes that APAN will provide a future venue for collaboration and exchange among Scientists across disciplines and agencies. All of the talks from this year’s category day have been uploaded to the APAN site for officers to view at: <https://community.apan.org/wg/usphs-scientists/m/mediagallery1?folderId=d307c5db-df51-e711-a647-40a8f02263eb&parentId=07fc5c78-df48-406c-8a24-6a70b2f2c3eb> (See page 24 for information on creating an APAN account.)

Following category day, officers reconvened for bowling, food, and libations at Southside Social in Chattanooga, TN. By all accounts the social was considered a success, with the caveat that future bowling excursions among the Scientists include steel-toed bowling shoes for wayward or misguided bowling balls. The average weight of a bowling ball is between 6–16 pounds, and thus should not be trifled with, but rather handled with care and purpose.

The 2018 USPHS Scientific and Training Symposium will be held at the InterContinental Hotel in Dallas, TX, and is tentatively scheduled for June 4—8. We hope to see you there!

BY LCDR NEIL BONZAGNI



Pictured above are officers at the SciPAC Social.

Top photo, from left to right: LCDR Daniel Lee, LCDR Nancy Tian, LCDR Jason Caballero, LCDR Iram Hassan, LCDR John Pesce, LCDR Tyann Blessington, LT Michael Shayne Galloway, and LCDR Neil Bonzagni

Bottom photo, from left to right: LCDR Jason Wilken, CDR Kamil Barbour, LCDR Ginny Bowen, and LT Brad Goodwin.

Senior Officer Spotlight: CAPT Danice K. Eaton



In this edition of *The Scientist Officer*, we recognize CAPT Danice K. Eaton for the Senior Officer Spotlight. CAPT Eaton joined USPHS as a Scientist officer in 2002, when she also joined CDC's Epidemic Intelligence Service (EIS) Fellowship Program. During her career, CAPT Eaton has worked in several areas of CDC, developing scientific expertise in adolescent risk behaviors, school-based risk behavior surveillance, and adult disability surveillance. She currently serves as Team Lead for the Field Response and Support Team in the Center on Surveillance, Epidemiology, and Laboratory Services, Division of Scientific Education and Professional Development, Epidemiology Workforce Branch (EWB). In this role, CAPT Eaton provides overall leadership to the Epidemic Intelligence Service and other EWB fellowship programs, and oversees coordination and support of EIS officer field assignments and emergency response activities. CAPT Eaton thoroughly enjoys her current

role, which provides her the opportunity to train, supervise, and mentor future public health leaders and collaborate with scientists across the agency.

“My role in training, mentoring, and supervising EIS officers, the future leaders in public health, is incredibly fulfilling.”

CAPT Eaton's love for research and scientific inquiry was inspired by an undergraduate research experience studying the role of calcium in regulating ecdysteroid production in crayfish Y-organs. While the experience fostered her love for research, CAPT Eaton quickly discovered she would not make a career out of laboratory science. After graduating with a BA in biology, she had a chance opportunity to join the inaugural class of AmeriCorps volunteers in 1994.

As an AmeriCorps volunteer, she worked to provide community-level HIV/AIDS education and CPR/First Aid training. CAPT Eaton learned about public health via a fellow member of her AmeriCorps class who had recently completed her MSPH in community health. Upon hearing about public health career opportunities, CAPT Eaton instantly realized she had found a fit that would allow her to combine in a meaningful way her passions for science and health. After completing AmeriCorps, CAPT Eaton went on to complete her MPH in

(Continued from page 5)

Community and Family Health at the State University of New York - University at Albany School of Public Health, and her PhD in Behavioral Science at the University of South Florida College of Public Health. CAPT Eaton then applied and was accepted to the EIS program. It was through the EIS program that she first learned about the USPHS. The choice to commission as a Scientist officer in the USPHS was one she felt good about, given her understanding of the USPHS mission and her family's history of uniformed service (with her father being a Navy veteran).

“I loved the idea of being a part of a service dedicated to protecting and promoting the public’s health and that could put me on the front lines assisting during disasters or other emergencies.”

CAPT Eaton has made significant contributions to public health throughout her career at CDC. Some of the ones she is most proud of are the accomplishments made by her team in the Division of Adolescent and School Health (DASH) to advance school-based survey research methodology and provide valuable, timely data on adolescent risk behaviors. The surveillance data and reports generated by CAPT Eaton and her colleagues in DASH have been used at the local, state, and federal levels to inform funding allocation, interventions, and policy related to topics such as texting and cell phone

usage while driving and delayed school start times to ensure sufficient sleep for high school students.

A second notable accomplishment involved bolstering the effectiveness of field epidemiology and rapid response from her current work within the EWB. CAPT Eaton led the development and implementation efforts to establish the Emergency Epidemic Investigations (EEI) Office of Management and Budget (OMB) approval mechanism in 2013. This mechanism allows EIS officers and other CDC responders to rapidly obtain OMB approval for urgent data collection in response to outbreaks and other public health emergencies. CAPT Eaton currently serves as a subject matter expert on obtaining OMB approval through the EEI mechanism, has trained over 300 staff on how to use it, and has directed coordination of OMB for more than 40 urgent investigations, allowing CDC to respond quickly to myriad urgent public health outbreaks. CAPT Eaton received a well-deserved Outstanding Service Medal in 2015, in part for her leadership on the EEI OMB approval mechanism.

CAPT Eaton cites her most notable honor thus far as being awarded the Division of Scientific Education and Professional Development Peer Award in 2015. This award was one of the most special to her because she was nominated for it by her peers. CAPT Eaton also recognizes the importance of mentorship and currently serves as a formal mentor to 2 PHS

(Continued from page 6)

officers and an informal mentor to more than 80 PHS officers.

CAPT Eaton has also been actively engaged in SciPAC and other Commissioned Corps organizations. Her involvement with SciPAC includes serving as a member of the Professional Development Committee, webmaster for the SciPAC website, and two terms as a voting member where she held various positions, including co-chairing the Website and Professional Development Subcommittees and serving as an Executive Board Member as Secretary and Public Health Service Commissioned Officers Foundation Liaison. In addition to SciPAC, CAPT Eaton has served in various roles with the Atlanta Commissioned Officers Association, including serving as President in 2008.

CAPT Eaton is married and has two children, Thomas (15) and Kate (12). In her spare time she enjoys attending her kids' swim meets, running, and spending time on the lake. When asked about what she still hopes to accomplish as a Scientist officer in the USPHS, CAPT Eaton says her focus now is on mentoring and developing future USPHS leaders.

“There are so many bright, motivated, and enthusiastic young Scientist officers who are passionate not only about public health but about strengthening the Corps and contributing to its mission.”

We are honored and delighted to recognize CAPT Danice Eaton for this issue's Senior Officer Spotlight. CAPT Eaton, thank you for all of your work and continued efforts toward improving the field of public health, and for your active engagement in mentoring those learning how to be a part of the exciting work taking place!

BY LCDR JONETTA MPOFU



Pictured above is CAPT Eaton with her children and husband.

Junior and Minority Officer Spotlight: *LCDR Jorge G. Muñiz Ortiz*



LCDR Jorge Muñiz Ortiz is a Scientist officer at the Environmental Protection Agency (EPA), Office of Chemical Safety and Pollution Protection, working to protect our health and the health of the environment. Performing a variety of duties in this role, his work impacts us on a daily basis, including determining how much antimicrobial pesticides come into contact with our food, and using data from toxicology studies to determine if those exposures pose a public health risk. This work is critical in safeguarding the health of millions of Americans, and the results of his data analyses and dietary exposure risk assessments have led to the recall, rendering, or reprocessing of contaminated products (such as poultry) that we come in contact with on a daily basis.

LCDR Muñiz Ortiz began his educational pursuit toward a career in toxicology after obtaining his Bachelor of Science from the University of Dayton in 2002. From there, he went on to complete his doctorate in molecular toxigenetics from the University of Cincinnati in 2009, and then honed his expertise with postdoctoral research at the University of North Carolina and EPA from 2009–2012.

Since completing the Officer Basic Course (OBC) in June 2013, LCDR Muniz Ortiz has made significant contributions not only to the field

of toxicology research, but also to the Corps, as evidenced by his participation and leadership across several groups, such as the Sci-PAC Career Development Subcommittee, Rapid Deployment Force Teams 1 and 5, Junior Officer Advisory Group (JOAG), and the Hispanic Officers Advisory Committee (HOAC), to name a few.

Citing his father as his greatest inspiration for his career success, LCDR Muñiz Ortiz is heavily involved in HOAC as a proud Puerto Rican. He has served as the Chair of the Recruitment and Retention Subcommittee and Treasurer of the HOAC Executive Committee. Moreover, he is currently the Vice-Chair (2017) and next year will be the Chair-Elect (2018) for HOAC. With the hope of inspiring future Hispanic leaders in the sciences, LCDR Muñiz Ortiz has worked to ensure that HOAC sends representatives to OBC Open Houses and to career and job fairs across the country. Additionally, after his experiences during his deployment to assist with the Unaccompanied Minor mission in 2014, he also drafted recommendations, which have reached the Office of the Surgeon General, to improve recruitment of Spanish-speaking officers into the Commissioned Corps.

In approximately four years as an officer, LCDR Muñiz Ortiz has received eight USPHS Commissioned Corps awards, was recognized with the “Best New Investigator Publication Award in *Environmental and Molecular Mutagenesis*,” and was nominated for the *Antonia Novello HOAC Junior Officer Award*. Along with abundant civic, community, and volunteer activities, LCDR Muñiz Ortiz exhibits a high level of loyalty to the Corps, his colleagues, and his loving family of three.

BY LCDR ISRAEL CROSS

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

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.

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 serum, 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, 2017; 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 percent of study participants were female, and 92 percent 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.

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The authors found that ZIKV RNA 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 percent 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, data 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 does not necessarily 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 the last possible exposure to ZIKV. Women with possible ZIKV exposure should wait at least 8 weeks from the beginning of symptoms or from the last possible exposure before trying to become pregnant.



“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

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.

REFERENCE

1. Paz-Bailey G, Rosenberg ES, Doyle K, Munoz-Jordan J, Santiago GA, Klein L, Perez-Padilla J, Medina FA, Waterman SH, Gubern CG, Alvarado LI, and **TM Sharp**. Persistence of Zika Virus in Body Fluids — Preliminary Report. *N Engl J Med*, 2017; DOI: 10.1056/NEJMoa1613108.

Deployment to American Samoa During the CDC Zika Response, October–November 2016

BY LT RUTH LINK-GELLES



As a newly commissioned officer in the U.S. Public Health Service in the summer of 2016, I was eager to help with emergency responses, using skills I'd learned in my doctoral program in epidemiology, in my previous position at the Centers for Disease Control and Prevention, and at Officer Basic Course. When a co-worker asked for volunteers to deploy to American Samoa (AS) for the

CDC Zika response effort, I volunteered.

AS is a small island (population ~54,000) in the South Pacific and became a U.S. territory in the early 1900s. It's rich with culture and proud of its heritage, but suffers from a lack of farmable land. AS is only a few feet above sea level, making it vulnerable to tsunamis, one of which killed more than 30 people in 2009. Perhaps the biggest barrier to health on the island, though, is its remote location. There is one hospital and, particularly problematic when dealing with Zika, only a single ultrasound machine and very few services for infants born with birth defects. Anyone with severe medical issues is usually referred to Hawaii (a 5-hour flight away),

a time-consuming and expensive trip.

After more than 24 hours of travel from Atlanta, I arrived in AS on a humid (that's the only weather the island has) evening in early October and was met by the outgoing CDC epidemiologist, CAPT Paul Weidle (Pharmacist), and a couple other members of the CDC response team. The next week was a blur, trying to learn everything CAPT Weidle could teach me before his departure, meeting with AS Department of Health representatives, and figuring out where I could make the biggest impact in the month I had on the island.

The Zika outbreak in AS started in early 2016, beginning with a steep increase in cases in the early months of the year followed by a steady decline through April. By the time I arrived in October, it appeared that mosquito-borne transmission might have ended; however, women who were infected during the first trimester of pregnancy earlier in 2016 were beginning to give birth. Our efforts included ongoing testing of anyone with symptoms, as well as monitoring newborns for birth defects, and trying to increase services for babies born to Zika-positive mothers.

(Continued from page 11)

Over the next month I got to know the territorial epidemiologist and his team, as well as a number of maternal and child health workers, lab workers, and others who were committed to the well-being of Samoan mothers and their and babies. Because AS is an American territory, Commissioned Corps officers wore the PHS uniform throughout their deployments, which started a lot of interesting conversations with locals, who are more used to seeing Army reservists' uniforms at the local base than PHS khakis. I was frequently greeted as "Captain" and, while I appreciated the promotion, it gave me an opportunity to explain the USPHS Commissioned Corps and our mission (and how I was but a lowly lieutenant).

I was fortunate while I was in AS to be mentored by a fantastic team of Commissioned Corps officers. In addition to CAPT Weidle, team leads CAPT Emily Piercefield (Physician) and LCDR Jason Wilken (Scientist) provided fantastic mentorship and continued to guide me as I drafted an abstract on the Zika response effort in AS. I also became great friends with CDR Molly Evans (Physician) while we worked closely together on the island. Our team truly reflected one of the greatest strengths of the Commissioned Corps, an interdisciplinary team committed to improving health.

As I think back on my time in AS, I'm reminded of an idea CAPT Daniel Beck impressed upon us at Officer Basic Course in August 2016: The Commissioned Corps isn't sexy. We're not about parachuting from planes and helicoptering into war zones. We serve people who can't get help elsewhere, people

who are stuck by their circumstances, whether that be a natural disaster, poverty, or history. Our job is to improve their health and well-being when no one else is willing or able. Nothing could have been more accurate on American Samoa, a U.S. territory 4,900 miles from the mainland.



Pictured above is LT Ruth Link-Gelles during a deployment to American Samoa as part of CDC's Zika response.

2017 Presidential Address to Congress Deployment

BY CDRs Fei Xu, Eric Zhou, and Judy Facey

President Donald J. Trump delivered his first presidential address to a joint session of Congress in the House Chamber of the U.S. Capitol at 9 pm EST on Tuesday, February 28, 2017. The U.S. Department of Health and Human Services was requested by the U.S. Capitol Police Board to provide federal public health and medical support for this event and to be prepared to transition to consequence management operations if an incident were to occur.

Five Scientist officers from the Regional Incident Support Team – National Capital Region deployed as part of the Incident Response Coordination Team (IRCT) to support this event from February 26–February 28, 2017, including CDRs Chekesha Clingman, Judy Facey, Sukhminder Sandhu, Fei Xu, and Eric Zhou.

CDR Facey served as the Safety Officer, CDR Xu served as the Administration and Finance Officer, CDR Zhou was the Resources Unit Leader in the Planning Section, CDR Clingman served as a Liaison Officer, and CDR Sandhu served as a Group Supervisor. Some of these officers have deployed several times in support of other special events, but took on different roles during those deployments.

The officers described the event as an exciting way for officers to apply the knowledge and skills obtained in training to an actual deployment. With each deployment, these officers feel more prepared and confident for future deployments.

Public Health Service officers have supported HHS in more than 100 emergency responses and national special security events over the past 10 years.



Scientist officers CDR Eric Zhou, CDR Fei Xu, and CDR Judy Facey at the IRCT headquarters (from left to right)



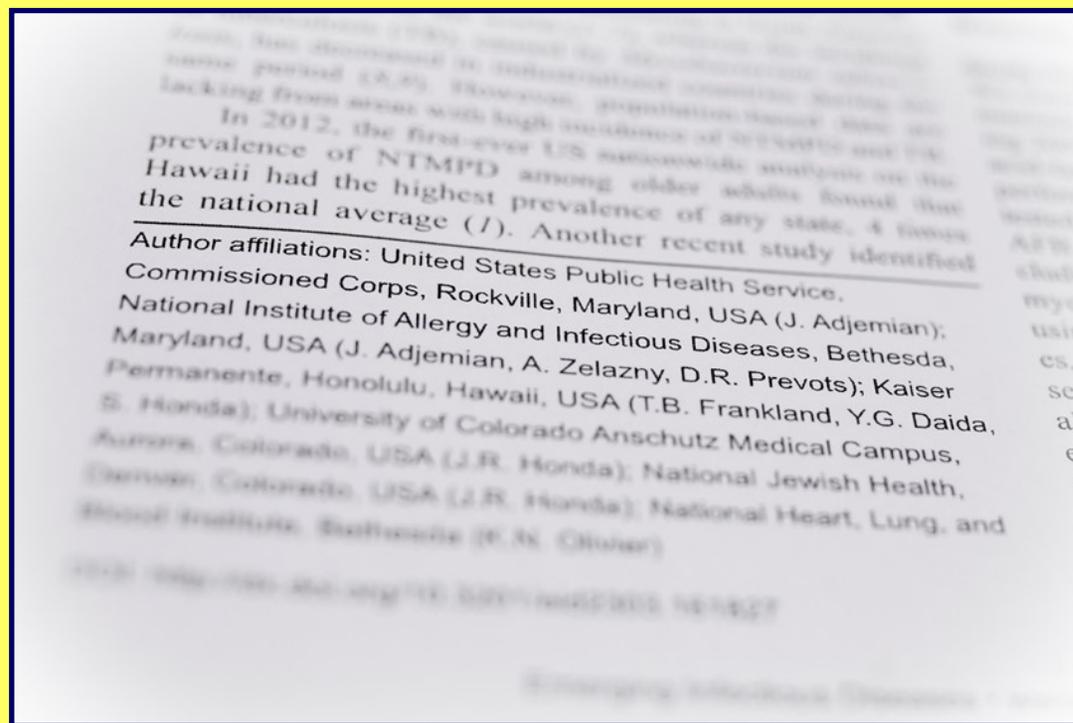
Officers CDR Sukhminder Sandhu, LCDR Carolyn Volpe, CDR Eric Zhou, LCDR Linda Park, CDR Chekesha Clingman, LCDR Chitra Mahadevan, CDR Vicky Chan, CDR Jonathan Kwan, CDR Fei Xu, LCDR Soon Jin Park, and CDR Tara Goen at HHS Headquarters in the Hubert H. Humphrey Building (from left to right).

Corps Pride: Suggested Author Affiliations for Scientific Manuscripts

BY CDRs Jennifer Adjemian, Kamil Barbour, and Loren Rodgers

Many Scientist officers are accustomed to identifying their agency or OpDiv affiliations in their published works, in accordance with agency guidelines. When secondary affiliations are permitted, it is suggested that Officers also identify their USPHS affiliation (e.g., “United States Public Health Service, Commissioned Corps, Rockville, MD, USA”). This affiliation should be secondary to the agency affiliation, unless the officer’s authorship is intended to directly represent a component of the Corps in an official capacity. By identifying ourselves as USPHS officers, we highlight the contributions made by our service and increase the visibility of our service’s mission.

This recommendation does not supersede any agency policies regarding author affiliation, and Officers who have questions should consult with the appropriate agency representative. Author attribution must always conform to the policy of the OPDIV and supervisory chain requirements. Officers should always default to that policy and ensure that the appropriate chain of command is fine with any changes.



Scientist Receives Recognition at CDC Inventors Ceremony

BY CDR Jennie D. Thomas

CDC's Office of Technology and Innovation (OTI) held its third annual Inventor Awards Ceremony on March 21, 2017. This ceremony recognized CDC inventors whose work resulted in a United States Government (USG) patent issued in 2016. In a project entitled "Selective Detection of *Neisseria meningitidis*", I designed, optimized, and led validation of a real-time polymerase chain reaction (PCR) assay to detect the species of this causative agent of bacterial meningitis. This work was published in 2011 (<https://www.ncbi.nlm.nih.gov/pubmed/?term=Dolan+Thomas+sodC>). The project resulted in a U.S. patent in 2016 and I was humbled by recognition received at the 2017 CDC Inventor's Awards Ceremony.

The process to determine whether USG will pursue a patent begins with the inventor filing an Employee Invention Report with the agency's Technology Transfer Office. The patent for my invention was awarded 6.5 years after I filed an Employee Invention Report. The process for CDC employees is explained at <https://www.cdc.gov/od/science/technology/techtransfer/researchers/invention-disclosure.htm>.

Many federal staff are involved in creating significant discoveries. In addition to new or improved technologies in vital areas, inventions can often contribute to enhanced processes, economic growth, and the application of new knowledge

in practical ways. Federal laboratories, including those at CDC, support activities to bring these breakthrough discoveries to the public through licensing and commercialization. This, in turn, can bring added research funds and resources back to the originating labs and inventors. For Scientist officers interested in learning about submitting a patent application for an invention, contact your agency's Technology Transfer Office for guidance. Your discovery could have a great impact on science and your community!



In the above picture CDR Jennie Thomas accepts an award certificate for her invention from Dr. Juliana Cyril, Director of the CDC Office of Technology and Innovation.

Establishing a Nursing Mothers Program at the FDA New York District Office in Support of the *Surgeon General's Call to Action to Support Breastfeeding*

As noted in numerous scientific manuscripts and the 2011 *Surgeon General's Call to Action to Support Breastfeeding*, breastfeeding is associated with a reduced risk of several childhood illnesses and a lowered risk of certain cancers and type 2 diabetes. The health benefits for both mother and child can save billions of dollars in annual healthcare costs. In the United States, over one-third of all mothers working outside of the home have children younger than two years of age. Despite increasing federal support for breastfeeding, including specifications in the Patient Protection and Affordable Care Act, many federal buildings still lack a formal nursing mother's program and/or a lactation room.

Pumping at work to express milk for a child can be challenging for a new mother, especially when she needs to find a private place to pump. Employer support is critical for a working mother to continue breastfeeding her child after returning to work. This support includes not only allowing mothers to take breaks to express milk, but also ensuring they have a clean and private area to do so. PHS officers LCDR Iram Hassan (Scientist) and LCDR Melinda Ruiz

(Nurse), both stationed at the FDA New York (NY) District Office in Jamaica, NY, recognized the need for a lactation room at their worksite and spearheaded the development of a designated room where mothers could express milk for their children. After district management approved the proposal for a formal lactation room, the development of a room was initiated with a formal ribbon cutting ceremony in August 2014 in the presence of the Associate FDA Commissioner for Regulatory Affairs (ACRA).

After the opening of the new lactation room, a Nursing Mothers Committee was formed to ensure that the worksite will provide workplace support and a private space that is not a bathroom, shielded from view, and free from intrusion of others, where nursing mothers can express milk. Using the US Office of Personnel Management (OPM) Guide for Establishing a Federal Nursing Mother's Program, the committee set out to go above and beyond the minimum requirements for a lactation room and strive to meet the "Best Practices" standard delineated in the OPM guideline.

(Continued from page 17)

To meet this standard, the committee ensured the room had the following amenities:

- A place to sit and flat surface other than the floor
- The ability to lock the room from the inside
- A sink with hot and cold running water
- A refrigerator
- Easy access to electricity
- A multi-user, hospital-grade breast pump
- Cleaning supplies (paper towels, antibacterial wipes, hand soap)
- Posted information on events for parents
- Contact information for consultants and guidance counselors
- Breastfeeding literature for nursing mothers
- A handbook for worksite management that details the policy of the nursing mothers program
- A coordinator or their designee who is readily available and easily accessible for information regarding the nursing mothers program
- Nursing mothers room user feedback form
- A full-length mirror
- A clock

- A bulletin board for posting information and baby photos
- A bookshelf to hold the employee's bag, pump attachments, and additional items needed when using the room
- A sofa and an accent chair for the mothers' comfort and use.



Pictured above are different views of the interior of the Nursing Mother's Room at the FDA NY District Office, in Jamaica, NY. The picture shows basic amenities such as a sink, refrigerator, table, chair, mirror, and hospital-grade breast pump.

(Continued from page 18)

The FDA Work Life Program purchased a multi-user hospital-grade breast pump (Medela Symphony) for use within the room. Users simply had to purchase a personal accessory kit to be able to use the pump, saving them from having to bring in their own pump daily and thus providing a convenient option for pumping. As part of the OPM guide “Best Practices” standard, the committee’s most recent effort was the development of a “Nursing Mothers Program Handbook,” which details the policies of the program. This handbook is the first of its kind developed and implemented within FDA’s Office of Regulatory Affairs, and has been shared with the FDA’s Work Life Program for dissemination throughout FDA. In addition, LCDRs Hassan and Ruiz presented a poster at the 2017 USPHS Scientific and Training Symposium regarding their work to establish the room.

In support of the Fair Labor Standards Act, the *Surgeon General’s Call to Action to Support Breastfeeding*, and Healthy People 2020 breastfeeding objectives, the newly established Nursing Mothers Program at the FDA NY District Office Jamaica Complex focuses on providing workplace support and a private space (not located in a bathroom), shielded from view and free from intrusion of others where nursing mothers can express milk. This program is one way to support efforts to help mothers reach their personal breastfeeding goals and to help meet or exceed breastfeeding rates specified in Healthy People 2020 breastfeeding targets.

Is your duty station compliant with federal legislation mandating employers to provide nursing mothers with accommodations to express milk? Does your worksite nursing mothers program meet the minimum requirements or does it go above and beyond by meeting the OPM “Best Practice” standard? For advice on establishing a nursing mothers program at your worksite, please contact LCDR Iram Hassan at iram.hassan@fda.hhs.gov. The OPM Guide for Establishing a Federal Nursing Mother’s Program can be found at: <https://www.opm.gov/policy-data-oversight/worklife/reference-materials/nursing-mother-guide.pdf>.

BY LCDR IRAM HASSAN



FDA NY District Office Nursing Mothers Committee, from the back row, left to right: LT Sarah Meehan (HSO), LCDR Onieka Carpenter (HSO), Meredith Soehl, Evelyn Ariza, LCDR Melinda Ruiz (Nurse), Steven Giannini, and LCDR Iram Hassan (Scientist)

Helping Your Fellow Commissioned Corps Officers Be Successful!

Camaraderie. Does that word hold any special meaning for you? Camaraderie, from the French word *camarade*, meaning comrade, can be defined as a mutual trust and friendship among people who spend a lot of time together.

Have you ever been part of something so meaningful that its success took precedence over all individual achievements of those involved? Do you feel like that most days in your current job? Do you feel like that when you think about being a Commissioned Corps officer in the U.S. Public Health Service?

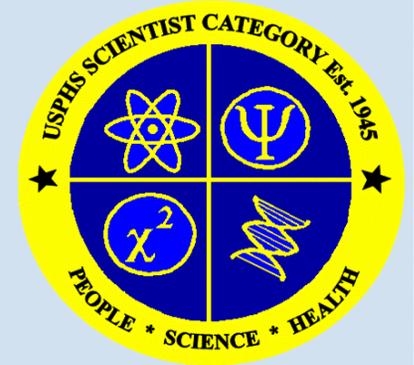
As Commissioned Corps officers, serving in individual billets spread across various agencies and geographical locations, without a “unit” or structure that formally brings us together day-to-day or month-to-month, it’s not uncommon to become predominantly focused on personal achievements, milestones, and advancement. However, solely focusing on individual achievements can, at times, lead to feeling frustrated, isolated, or a feeling you are doing it “on your own.” Do you ever feel like all of the Commissioned Corps officers around you are your competition? Are you constantly comparing your achievements, your accomplishments, your job, and your experiences to theirs? It can be tiring, and yet if we’re honest, it’s probably seems very commonplace.

The truth is, that couldn’t be farther from the truth. As Commissioned Corps officers, we are a part of a larger team with a bigger purpose. The success of the U.S. Public Health Service is dependent on the successes of all of its Commissioned Corps officers. **What if we tried to focus on how we can help each other to be successful every day?** We are all

driven by different internal mechanisms; many of us were drawn to public health, in general, and the U.S. Public Health Service, specifically, because of a desire to help other people and populations. This internal drive to help others should motivate us to think about helping our fellow Commissioned Corps officers to be successful. Think about creating opportunities that would allow for the success of the greatest number of Commissioned Corps officers.

The leader I am today is significantly different from the leader I was 10 years ago. I have been influenced greatly by other leaders (good and bad), co-workers, and staff I’ve supervised. Maturing as a leader has led to a deeper understanding that what constitutes success varies from what we do, to what we help others do, to watching others take the initiative to act. However, the most rewarding feeling is recognizing and helping others, who might not otherwise on their own accomplish great things.

Our varied experiences (prior to and while serving in the Commissioned Corps) contribute to and influence what we consider positive opportunities for learning, development, and success. We are all comrades, and any one of our successes brings great credit to the Commissioned Corps. So think about what unique position you might be in to help one or more Commissioned Corps officers be successful!



BY LT SHAYNE GALLAWAY

Minority Health 5K Walk/Run

To celebrate National Minority Health Month, the National Institute on Minority Health and Health Disparities (NIMHD) hosted the first Minority Health 5K Walk/Run on Wednesday, April 12, 2017.

NIMHD, in collaboration with the National Institutes of Health (NIH) Office of Research Services and the Recreation and Welfare Association Fitness and Wellbeing Program, hosted the 5K Walk/Run in front of Building 1, NIH main campus, Bethesda, MD. Dr. Eliseo Pérez-Stable, NIMHD Director, kicked off the race with brief opening remarks. He was joined by RADM Peter Kilmarx, Assistant Surgeon General and Deputy Director of the Fogarty International Center at NIH. All NIH staff were invited to walk or run around the perimeter of the NIH campus (approximately 3.25 miles).

The HHS Office of Minority Health (OMH) leads the observance of National Minority Health Month. Their 2017 theme was "Bridging Health Equity Across Communities." Throughout April, HHS OMH worked with its partners to raise awareness about efforts across the health, education, justice, housing, transportation, and employment sectors to address

social determinants of health – environmental, social, and economic conditions that may have an impact on health and well-being.

On behalf of the Surgeon General of the United States, RADM Kilmarx emphasized the importance of promoting the health and wellness of individuals, families, and communities. Active living can help set people on the right course to live a healthy life; regular physical activity helps people of all ages protect and improve their health. RADM Kilmarx sets the perfect example of active living by bicycling to work every day. He also talked about the *Surgeon General's Call to Action to Promote Walking and Walkable Communities* and the need to create a culture that supports walking for Americans of all ages and abilities. Under RADM Kilmarx's leadership, NIH already has implemented specially designed signs around the campus to encourage taking the stairs.

The weather on April 12 was beautiful! Many runners across the NIH institutes and centers joined Dr. Pérez-Stable and RADM Kilmarx and successfully finished the 5K Walk/Run. Under great coaching and encouragement from RADM Kilmarx, his aide-de-camp, LCDR Zhang, finished his first 5K run and was the first to finish among NIMHD runners.

(Continued from page 21)

National Minority Health Month is an opportunity to renew our commitment to reduce health disparities and improve the health status of minority populations. National Minority Health Month received support from the U.S. Congress in 2002, with a concurrent resolution (H. Con. Res. 388) that “a National Minority Health and Health Disparities Month should be established to promote educational efforts on the health problems currently facing minorities and other health disparity populations.” The resolution encouraged “all health organizations and Americans to conduct appropriate programs and activities to promote healthfulness in minority and other health disparity communities.”

To help start a conversation, the NIMHD theme is “Understanding Social and Environmental Determinants to Bridge Health Equity.” Recognizing the impact of social and environmental determinants on health and health behaviors, this theme looks at the correlation between social determinants and health disparities.

BY LCDR Xinzhi Zhang



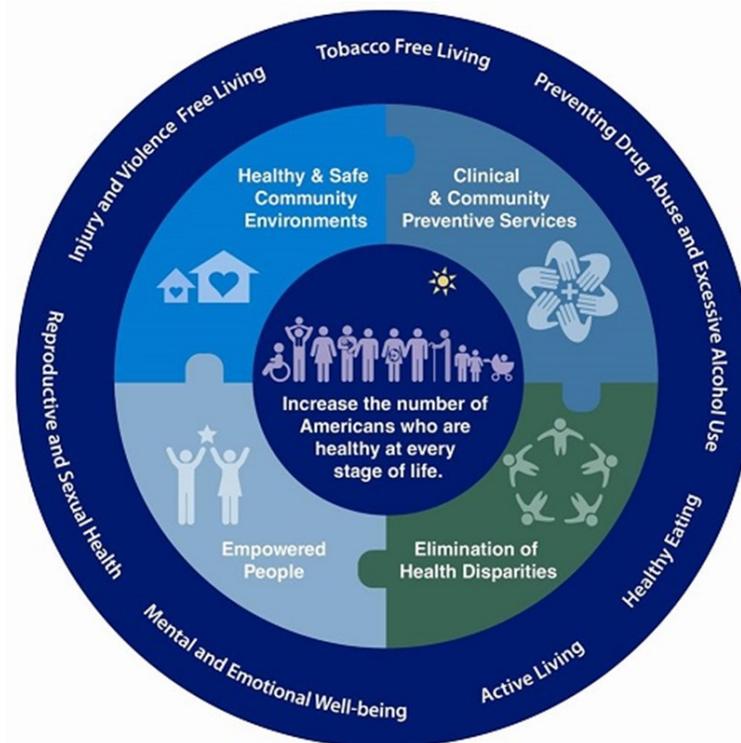
Pictured above are PHS Officers with three staff members from the NIH Fogarty International Center at the Minority Health 5K Walk/Run, from left to right: Ashlinn Quinn, RADM Peter Kilmarx (Deputy Director of the Fogarty International Center at NIH), LCDR Xinzhi Zhang (aide-de-camp for RADM Kilmarx), Cecile Viboud, and Martha Nelson.

The Road to Publishing in the *American Journal of Public Health*: Seven Prevention Priorities of USPHS Scientist Officers

By CDRs David Huang and Deborah Dee

(Reprint from Combined Category Newsletter, Spring/Summer 2017)

As members of the United States Public Health Service (USPHS), most of us are familiar with the National Prevention Strategy (NPS), a federal agenda released by the Surgeon General-led National Prevention Council in June 2011 that aims to guide improvements in health and well-being in the United States. The goal of the NPS is to increase the number of Americans who are healthy at every stage of life, and to accomplish this goal, four strategic directions and seven priorities were identified, as shown in the graphic to the right:



Strategic Directions

- Healthy and Safe Community Environments
- Clinical and Community Preventive Services
- Empowered People
- Elimination of Health Disparities

Priorities

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury- and Violence-Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-Being

(Continued from page 23)

From June 2011 to May 2012, officers from all 11 USPHS categories were organized into an NPS workgroup with the purpose of developing category-specific plans focused on how to best implement the NPS from a grassroots level. The category work plans were then combined to create a single implementation strategic plan that showcases the work of the officers in the USPHS and how the NPS can be used as a template for moving the nation forward in health and wellness.

Members of an NPS team within the Science Subcommittee of the Scientist Professional Advisory Committee (SciPAC) published its overall work plan in a white paper (December 2011), supplemented with priority-specific articles in *The Scientist Officer* newsletter (February 2013 – June 2014). The publications demonstrated how the cross-cutting work of many

scientific disciplines within the category influences the health of the nation.

But SciPAC leadership felt like there was more that could be accomplished with this work, so in early 2014, it tasked the NPS Team with producing a more formal and comprehensive commentary of the activities Scientist officers are undertaking relative to the NPS, with the specific target of publishing in the esteemed *American Journal of Public Health (AJPH)*, a monthly peer-reviewed public health journal published by the American Public Health Association. In April 2014, seven Scientist officers, one for each of the seven NPS priorities, took up this challenge by convening a conference call, with then-LCDRs David Huang and Deborah Dee volunteering to co-lead the effort, and guidance from NPS team lead, LCDR Jean Ko, and SciPAC Science Subcommittee Chair, then-LCDR Robin Toblin. Fast forward to 2017, and our once-aspirational goal of publishing this work in a well-known journal is now a

reality: our manuscript, *Seven Prevention Priorities of USPHS Scientist Officers*, was published in the January 2017 issue of *AJPH*.

So how did we make this all happen?

We believe the keys to our success were: perseverance, luck, and coherence.

1. Perseverance

Including the time spent working on the USPHS-wide NPS workgroup, three of the article's authors (CDRs Huang and Dee and LCDR Ko) spent more than four years on NPS-related work, including two years on the white paper and two years on the manuscript. The manuscript itself required a tremendous amount of work because of the desire for a comprehensive reach across all members of the category to ensure the breadth of Scientists' work in each priority area was properly represented.

(Continued from page 24)

(1. Perseverance—continued)

When several emails to the SciPAC listserv in the spring of 2014 yielded limited results, the authors split the entire Scientist roster (approximately 350 officers), and each author sent individual emails to their list of about 50 officers to solicit information to incorporate into the article. Then each of the seven authors worked on their sections for a few months, followed by about a year of edits and reviews (involving multiple conference calls and writing sessions between CDRs Huang and Dee, with input from LCDR Ko), clearance, and, finally, submission to *AJPH*. Our original article was twice as long and was rejected by *AJPH* as a commentary in June 2016, but the journal editors suggested a shorter op-ed version, which was submitted in August 2016, accepted for publication a few weeks later, published online in December 2016, and published in print in January 2017.

2. Luck

To be honest, the timing of our submission was quite fortuitous and definitely contributed to our eventual success. Unbeknownst to the writing team, *AJPH* was planning a theme of “The Public Health Footprint of the Obama Administration” in the January 2017 issue to coincide with his final weeks in office. Since the NPS was one of the Surgeon General’s major priorities during the Obama administration, our manuscript fit in very nicely with the issue’s theme. Obviously, this was a factor outside of our control (and wasn’t even made apparent to us until the manuscript was published), but it certainly paid off to submit our revised manuscript as an op-ed piece as suggested by *AJPH* editors.

3. Coherence

Finally, we believe that the coherent vision for the article, explaining how the work of USPHS Scientists supports the seven priorities of the NPS, was also a

primary reason we were able to successfully publish in a major journal. In particular, Scientist officers support and promote the NPS priority goals through increased surveillance and epidemiology, support of state and local health departments, health care provision, and leadership for health promotion. By providing specific examples of Scientists’ work in each of the seven NPS priorities, we believe this article helps readers understand how the work of USPHS Scientist officers is demonstrably diverse and far-reaching, spanning the seven priority areas of the NPS and thereby improving the health of Americans and reducing the burden of preventable deaths and illness. The full manuscript is available on the *AJPH* website at <http://ajph.aphapublications.org/doi/10.2105/AJPH.2016.303497>, with the HHS Public Access version available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5308146/>.

Instructions on how to access the Scientist APAN site:

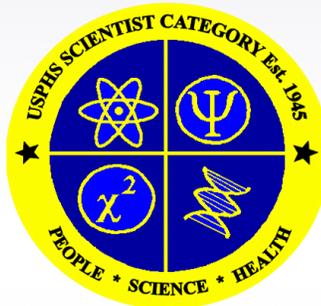
Gaining access to the Scientist All Partners Access Network (APAN) web site is a two-step operation, wherein the first step an officer signs up for an APAN profile (to include username and password) at the following web site:

<http://apan.org>

Once having created an APAN user account, Scientists are encouraged to visit the link below, where they can request access to the Scientist APAN site:

<https://community.apan.org/wg/usphs-scientists/>

**Congratulations
to all of the
newly promoted Scientist
officers!!**



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<https://dcp.psc.gov/osg/scientist/newsletter.aspx>

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