



The Scientist Officer

Volume 8, Issue 1

May 2015

Rates of Skin Cancer are Increasing	2
The Impact of Accomplishments	3
Officers Support Capstone Exercise, 2014	5
CDR Jeffrey L. Goodie, 2014 Derek Dunn Memorial Senior Scientist of the Year	6
CDR Jennifer Adjemian, 2014 Junior Scientist of the Year	7
CDR Anthony P. Tranchita, 2014 Scientist Responder of the Year	8
Senior Officer Spotlight: CAPT Margaret A. Riggs	9
Junior Officer Spotlight: LT John Pesce	11
Mentorship: Growth and Development	13
Uniform Updates: What's New?	16
USPHS Scientist Gather for 2014 Category Day, Raleigh, NC	17
Scientists Officers Successfully Complete ASPR Planning Section Chief Training	18
Scientists Complete Advanced Disaster Management Information System Training	19
Scientist Officers Deployed to Ebola Treatment Unit in Liberia	20
Credits and Call for Submissions	24

PAGE

2

3

5

6

7

8

9

11

13

16

17

18

19

20

24

Cover: Aerial view of Monrovia Medical Unit

Rates of Skin Cancer are Increasing, Creating a Serious Public Health Concern

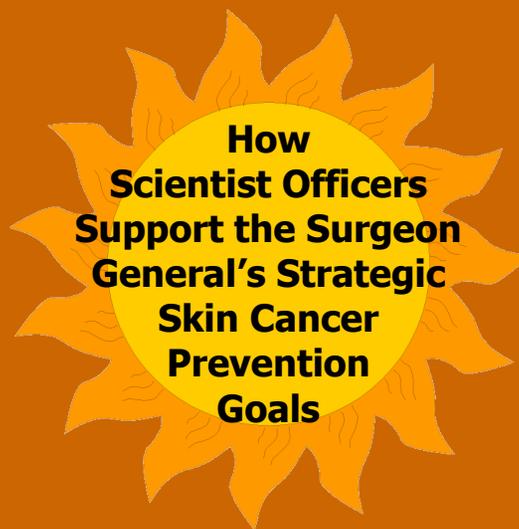
On July 29, *The Surgeon General's Call to Action to Prevent Skin Cancer*¹ was released, calling on partners in prevention from various sectors across the nation to address skin cancer as a major public health problem.

Each year in the United States, nearly 5 million people are treated for skin cancer at a cost that exceeds \$8.1 billion. Although those with lighter skin are at higher risk, anyone can get skin cancer. Melanoma is the deadliest form of skin cancer; each year there are more than 63,000 new cases diagnosed in the U.S. and nearly 9,000 deaths. Rates of melanoma increased over 200 percent between 1973 and 2011.

Tanned skin is damaged skin. When people tan or get sunburned, they increase their risk of getting skin cancer later in life. Most skin cancers are caused, at least in part, by UV radiation, which damages skin cells' DNA.

Everyday steps can be taken to lead healthy and active lifestyles while spending time outdoors, especially a combination of:

- Wearing a hat, sunglasses, and other protective clothing;
- Seeking shade, especially during midday hours;
- Using broad spectrum (protects against both UVA and UVB rays) sunscreen with sun protection factor (SPF) 15 or higher to protect any exposed skin; and,



One scientist Officer is supporting shade planning in land use development;

One scientist Officer is monitoring indoor tanning attitudes, beliefs, and behaviors in the U.S. population, especially among indoor tanners, youth, and parents

One scientist Officer is building upon behavioral research and surveillance related to UV exposure

- Avoiding sunbathing and indoor tanning.

Most skin cancers can be prevented—but we aren't doing enough. *The Surgeon General's Call to Action to Prevent Skin Cancer* presents the following five strategic goals to support skin cancer prevention in the United States:

1. Increase opportunities for sun protection in outdoor settings;
2. Provide individuals with the information they need to make informed, healthy choices about ultraviolet (UV) radiation exposure;
3. Promote policies that advance the national goal of preventing skin cancer;
4. Reduce harms from indoor tanning; and
5. Strengthen research, surveillance, monitoring, and evaluation related to skin cancer prevention.

A comprehensive approach to prevent skin cancer is needed. Community partners, business leaders, members of the healthcare and education sectors, government agencies, and individuals are all essential partners in this effort.

By LCDR Renee Calanan

References

¹ U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Prevent Skin Cancer*. Washington, DC: U.S. Dept of Health and Human Services, Office of the Surgeon General; 2014. This publication is available at www.surgeongeneral.gov.



The Impact of Accomplishments

As we head toward another season of awards nominations, COERs, and promotion boards, one of the most consistent pieces of advice I have given and received over the years is to differentiate between “accomplishment” and “impact.” While no one can capture these clearly for every statement on a review or a nomination form, understanding the difference and making an effort to incorporate it into your documents can make a big difference.

To have a shot, you need to stand out. We all do many wonderful and significant things during the course of our career. Before I get into the difference between accomplishments versus impacts, let me make a few other quick observations:

Remember that all Commission Corps boards typically review dozens, if not hundreds of files each year. Sometimes a board may be

Key Points

- **All Commission Corps boards typically review dozens, if not hundreds of files each year**
- **Your boards are composed of scientists and other officers from multiple disciplines.**
- **Emphasize leadership versus participation**

looking for 50 to 60 files in one sitting. They need to make both quantitative and qualitative judgments about the information in front of them very rapidly. This is the system we live in and I can guarantee you it is not changing anytime soon. This rule also applies to hiring managers who have to decide between applicants for a job, or almost any group that needs to evaluate large numbers of people quickly.

Remember that your boards

are composed of scientists and other officers from multiple disciplines. While you and your supervisor might know that “successfully completing the new product application process for X” is a huge job that took two years and millions of dollars, an epidemiologist from the CDC or a health administrator from ACF would have no idea. They also might not know what a “NDR” or a “SSPP” is. Take the time to spell out acronyms and explain

the acronyms and the scope of the effort.

Emphasize leadership versus participation, especially if you are competing for O5 and above. O5 and O6 boards are especially focused on leadership activities as they are evaluating your ability to become a senior officer. If you have to limit the length of your write-ups, remember to emphasize activities that are above those expected for someone of your rank. Simply being in a billet above your grade is not enough to grab a board’s attention. This obviously gets more challenging as you rise in rank...but that’s the point...to get you to rise in rank. An O6 successfully running a division with great accomplishments might just be their expected job; an O3 doing the exact same job with the exact same accomplishments might get an MSM.

Related to the information above is the ability to

ACCOMPLISHMENT: something that has been achieved successfully

IMPACT: to have a strong or direct effect upon some-



(Continued from page 3)

differentiate between an accomplishment and its impact. Describing the size and scope of your success is part of the accomplishment. But since you were successful, what difference did it make? Let's take the following example:

"I helped to publish a policy on safe building design"

Certainly any of us could pump up this sentence to sound better:

"I successfully led a three year effort resulting in the publication of DHHS's 'SAFE Building Design' framework for the Office of Facilities Management. I led a multidisciplinary team including SES level architects and technical personnel and managed a budget of approximately \$3M USD for the effort."

This is definitely better. It describes the size and scope of the project, emphasizes the leadership element, and, depending on your rank, shows that you directed senior level folks in your efforts. However, I am still left with asking a question I have heard a million times...so what?

"I successfully led a three year effort resulting in the publication of DHHS's

'SAFE Building Design' framework for the Office of Facilities Management. I led a multidisciplinary team including SES level architects and technical personnel and managed a budget of approximately \$3M USD for the effort....which was then put into a drawer, never to be read by anyone, eventually dying of loneliness."

Please know that I understand that we all list mostly our accomplishments. My own CV is mostly accomplishment after accomplishment. Also, most of us already practice what I describe above, capturing the size and scope of the effort. In many cases, such as your resume, this is perfectly fine. Even most COERs and other review documents focus on accomplishments. However, in order to stand out, to maximize the value in places where you have limited space to make an impression, you need to include the impact of you accomplishment. Let's compare these versions:

"I successfully led a three year effort resulting in the publication of DHHS's 'SAFE Building Design' framework for the Office of Facilities Management. I led a multidisciplinary team including SES level architects and technical personnel and managed a budget of approximately \$3M USD for the effort."

"I successfully led the publication of DHHS's 'SAFE Building Design' framework. This document is the cornerstone design guidance for all DHHS construction and will impact over \$3B estimated new construction across the US in FY15"

Note that I dropped all the reference to the team and the detail about leadership. Obviously if you had enough space you would include all of it. But what if you don't? Which one do you think a board will see was clearly the bigger job and would have demonstrated the most leadership and responsibility (remember, they are describing the same job)?

No one can do this for everything they list in their career. Also, we all have some efforts that don't have the impacts we can list out. I have been on committees that did not produce much over their lifespan. That is fine. But when you can, the impact tells the story. Keep this in mind as you write your next award narrative, Officer Statement, or job application.

The examples I use above are all fictional. This represents only my personal opinion and not the official position of the USPHS Commissioned Corps.

BY CAPT MARTIN SANDERS

ACCOMPLISHMENT: something that has been achieved successfully

IMPACT: to have a strong or direct effect upon some-



Officers Support Capstone Exercise, 2014

The Capstone Exercise is conducted every two years to fulfill the mission of the National Exercise Program (NEP), which serves to test and validate the nation's core capabilities in prevention, protection, mitigation, response, and recovery. Five PHS scientist officers were deployed to support Capstone Exercise 2014 in the Secretary's Operations Center (SOC) at the Department of Health and Human Services (HHS) in Washington, DC.

The Capstone Exercise 2014 was designed to demonstrate operational coordination and information sharing among federal stakeholders and private sectors through five distinct, but connected, events. The Alaska Shield 2014 exercise was a central scenario element commemorating the 50th anniversary of the 1964 Great Alaskan Earthquake. This exercise replicated the 1964 9.2 magnitude earthquake's effects and resulting tsunami, which resulted in thousands of injuries and fatalities, and many people living in snow filled areas without shelter, food, or water. Major infrastructure elements, including airports, roads, and hospitals, were damaged and inaccessible.

Information sharing is extremely critical for the success of the field response. Thus, enhancing communication between the

command center and field response teams is key to successfully dispatching the pharmaceutical caches and allocating deployment teams to the field in a timely manner. To augment the SOC Info Cell, PHS officers were deployed to support the mission of the National Exercise Program, including LCDR Nancy Tian from the Inaugural Fusion Cell PHS Augmentation Cadres; and LCDRs Qiao Bobo, Eric Zhou, and Charlene Maddox from the Regional Incident Support Team National Capital Region (RIST NCR). Additionally, four PHS Scientist officers and two officers from other categories participated in the Capstone Exercise 2014 on behalf of the Department of Homeland Security.

These PHS officers worked in pairs to manage the flow of critical information by using information sharing platforms such as Web Based Emergency Operations Center (WebEOC) and the Emergency Management Portal (EM Portal), both of which were accessible by multiple stakeholders, including other federal operations centers and field operations teams. The participating officers also prepared for the daily briefing. By synthesizing the dynamic information on the injuries, mortalities, medical equipment requests, and deployment personnel in a timely manner, these officers



Scientist officers and others participating in the National Capstone Exercise 2014 in Washington, DC. Photo courtesy of LCDR Eric Zhou.

helped improve situational awareness for the entire Emergency Management Group (EMG). The vital information compiled by the officers was used by senior leadership for decision making related to whether to request additional resources, including helicopter transportation, and how to mobilize the at risk population (school children) out of the affected areas.

By working with multiple federal agencies, including HHS, Department of Defense, Veterans Affairs, and FEMA, the deployment opportunity was a tremendous

experience for these PHS officers. The exercise helped them appreciate the significance and complexities of information collection, analysis, and dissemination in a disaster environment. These scientist officers helped uphold the highest traditions of the USPHS by demonstrating exemplary mission execution during the National Capstone Exercise 2014.

BY LCDR NANCY TIAN AND LCDR QIAO BOBO

CDR Jeffrey L. Goodie

2014 Derek Dunn Memorial Senior Scientist of the Year

CDR Jeffrey L. Goodie is an Associate Professor in the Department of Family Medicine at the Uniformed Services University (USU) and a board certified Clinical Health Psychologist. He is also currently serving as the Director of Clinical Training (Interim) in the Department of Medical and Clinical Psychology at USU. As an educator at USU, he taught a course about using evidence-based methods for targeting health behaviors to more than 1,300 uniformed services



CDR Jeffrey Goodie

medical students, and was recognized with USU's Innovation in Teaching Award for the Clinical Sciences. CDR Goodie is an author of 45 publications, including several that are focused on behavioral health interventions in primary care settings. One of the books on which he is an author, *Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention*, has become a standard text across universities, psychology internships, and throughout the Department of Defense, and provides information about how to integrate behavioral health care and behavioral health providers into primary care settings. In addition, CDR Goodie is the lead author for a chapter about the USPHS in *The Encyclopedia of Clinical Psychology*, and is an editor of the book *Biopsychosocial Assessment in Clinical Health Psychology*, which is expected to be published in 2014.

CDR Goodie serves as an associate editor for the *Journal of Clinical Psychology in Medical Settings and Translational Behavioral Medicine: Practice, Policy and Research*. He has also served as an ad-hoc scientific reviewer for the National Institutes of Health, Risk, Prevention, and

Health Behavior Integrated Review Group; Social Psychology, Personality, and Interpersonal Processes Study Section. CDR Goodie was the Program Chair of the 46th annual meeting of the largest behavioral and cognitive scientific national organization, the Association of Behavioral and Cognitive Therapies.

In his clinical work, CDR Goodie has provided thousands of hours of direct care and consultation to active duty members and their families. He serves as an examiner and board member for the Clinical Health Psychology, Division of the American Board of Professional Psychology, where he helps to evaluate and set the standards for board certifying other clinical health psychologists.

CDR Goodie is also active in the USPHS. Currently, he serves as a Deputy Squad Leader and is an active member of Mental Health Team-2 (MHT-2). He responded to a suicide cluster in a Native American community, Superstorm Sandy, the Sandy Hook Elementary School shootings, and the Boston Marathon bombings. In 2012, CDR Goodie served as the Chair of the Psychology Professional Advisory Group (PsyPAG) and actively participated in SciPAC's Policy

Review and Rules and Membership Committees. He has mentored junior scientist officers and served as a SciPAC curriculum vita reviewer. In 2013, PsyPAG awarded CDR Goodie its *Senior Career Psychologist Achievement Award* for his "exceptional service" to the field of psychology and USPHS. In addition, his contributions have led to his election to Fellow status in the Society of Behavioral Medicine and the American Psychological Association.

DR Goodie earned his undergraduate degree at Dickinson College and his doctoral degree from West Virginia University. He joined the U. S. Air Force and completed his clinical psychology internship at Wilford Hall Medical Center (WHMC), and later completed a fellowship in Clinical Health Psychology at WHMC. CDR Goodie served nine years with the U. S. Air Force before joining the USPHS. He is grateful for the professional support and opportunities that have been afforded to him by his colleagues in the Division of At-Risk, Behavioral Health and Community Resilience in the Office of the Assistant Secretary of Preparedness and Response, the Defense Health Agency, and at USU.



CDR Jennifer Adjemian

2014 Junior Scientist of the Year

CDR (sel) Jennifer Adjemian is a lead epidemiologist in the Epidemiology Unit for the Laboratory of Clinical Infectious Diseases, National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH). At NIH, LCDR Adjemian leads a large and diverse research agenda focused on population-based studies related to



CDR Jennifer Adjemian

infectious diseases, while also providing methodologic and analytic support for the clinical research conducted within the Division of Intramural Research (DIR), NIAID. She is recognized internationally as an expert in nontuberculous mycobacterial (NTM) lung disease, a global and ubiquitous environmental bacterial pathogen that can lead to severe morbidity and mortality in affected individuals, and her groundbreaking studies have redefined our understanding of NTM epidemiology in the United States.

LCDR Adjemian joined the USPHS upon the completion of her PhD in Epidemiology at the University of California, Davis, in 2007. She began her USPHS career by serving as an Epidemic Intelligence Service (EIS) Officer with the Rickettsial Zoonoses Branch at the Centers for Disease Control and Prevention (CDC), where she conducted research, surveillance, and led outbreak investigations on a variety of emerging infectious diseases, including Marburg hemorrhagic fever in Uganda, Rocky Mountain spotted fever in Arizona, and murine typhus in Texas. Following EIS, LCDR Adjemian served as the lead infectious disease epidemiologist for the Federal Bureau of Prisons (BOP) in Washington, DC, until joining NIAID/NIH in 2010.

LCDR Adjemian consistently demonstrates outstanding leadership and dedication in her efforts to improve knowledge about the epidemiology of rare infectious diseases. She is the principal investigator for several critical NIH-led studies investigating the epidemiology of NTM and other rare diseases to identify risk

factors and translate study findings into important public health recommendations. Her leadership as a scientist at NIH and the results of her work have enabled critical public health messages to be widely accessible to millions of individuals worldwide. Since joining NIH, she has conducted research that identified lifesaving measures to help protect cystic fibrosis patients from NTM infections; worked closely with global NTM leaders to communicate important research findings that have influenced patient care; led a study that established the first-ever US prevalence estimates of NTM disease; worked with the pharmaceutical industry to improve access to treatment for over 50,000 US NTM patients; and, most recently, completed a critical study that identified a lack of adherence to the practice of evidence-based medicine among US providers treating NTM disease. LCDR Adjemian's exceptional scientific contributions are also demonstrated by her impressive list of dozens of publications and presentations.

In addition, LCDR Adjemian has a well-established record of leadership within the USPHS, serving as a Scientist Professional Advisory Committee (SciPAC) voting member, subcommittee chair and co-chair, and an executive board member. She is the recipient of numerous USPHS honor awards, including the Commendation Medal; CDC agency awards; as well as local community awards recognizing her contributions. LCDR Adjemian serves as a Tier-2 responder on Applied Public Health Team-1 and has completed over 19 weeks of field deployments for CDC and BOP.



CDR Anthony P. Tranchita

2014 Scientist Responder of the Year

CDR Anthony P. Tranchita has completed more than a decade of uniformed service, serving four years as an Air Force officer, and the last six years in the United States Public Health Service. He is currently the commander for the Behavioral Health Flight of the 319th Medical Group, Grand



CDR Anthony Tranchita

Forks Air Force Base, North Dakota, where he has been stationed since December 2009. The 319th Medical Group serves a patient population of more than 1,800 active duty members and 5,500 beneficiaries in a 3-state area, and he leads a staff of 16. He is responsible for the mental health, substance abuse prevention and treatment, and family support and care necessary to maintain the combat readiness of all base personnel, as well as the mental health and well-being of their families. Under his leadership, the Behavioral Health Flight has completed inspections by both the Air Force Inspection Agency and the Accreditation Association for Ambulatory Health Care, both of which concluded with “perfect scores/no discrepancies” for the mental health elements of the inspections.

CDR Tranchita completed his graduate degree in clinical psychology at Utah State University. CDR Tranchita achieved conditional licensure as a prescribing psychologist after completing a postdoctoral master’s degree in psychopharmacology in 2011, and he recently developed a prescribing/medical psychology special interest group within the PHS Psychologists Professional Advisory Group (PsyPAG).

In addition, CDR Tranchita has served as Team Commander of PHS Mental Health Team-2 since April 2012. As a member of Mental Health Team-2, CDR Tranchita has served as the Behavioral Health Liaison to the New York IRCT after Hurricane Sandy; responded to suicide clusters on two Native American reservations;

assisted victims of flooding following Hurricane Irene in Upstate New York in 2011; and assisted with standing up a Federal Medical Shelter after Hurricane Ike in 2008. Further, officers from Mental Health Team-2 deployed for four operations during fiscal year 2013: Hurricane Sandy; the Sandy Hook shootings; the Boston bombing; and, in response to a request from the FBI’s Victim Assistance Unit, to a Native American Community in South Dakota in September 2013.

In this past year, CDR Tranchita and the Traumatic Stress Response Team provided much - needed community and individual support after two traumatic events that affected Grand Forks Air Force Base. Through consultation with leadership, the Team ensured they were present at group events, and provided psychological first aid and individual follow-up; post-event assistance was provided to more than 400 members of Team Grand Forks, minimizing the mental health impact of the traumatic events throughout the community.

The events that occurred on September 11, 2001, influenced his decision to pursue a life of uniformed service, first in the Air Force, and now in the U.S. Public Health Service. CDR Tranchita lives in North Dakota with his wife and two children, all of whom have enjoyed their opportunity to reside in a place that offers opportunities to experience a wide range of outdoor activities and that provides a true sense of community.



Senior Officer Spotlight: CAPT MARGARET A. RIGGS

No stranger to uniformed service, CAPT Riggs previously served five years in the US Army as a veterinary technician performing tours of duty in both Berlin, Germany, and at the National Naval Medical Center in Bethesda, Maryland. After earning her PhD in Pathobiology/Immunology and an MPH at the University of Florida, CAPT Margaret Riggs entered a post-doctoral fellowship at the NIH/National Institute for Child Health and Human Development. While completing her post-



CAPT Margaret Riggs

doctoral fellowship, she worked with a senior research scientist, CAPT Feng Ying (Kimi) Lin, who was a Commissioned Corps officer. Not familiar with this branch of the Uniformed Services, CAPT Riggs found herself curious and interested to know more, which led CAPT Lin to explain the mission of the USPHS. CAPT Lin mentored her on field research and outbreak investigation, and encouraged her to apply to the Epidemic Intelligence Service (EIS) at CDC to develop skills in applied epidemiology. Subsequently, she took her commission in the USPHS as an EIS officer assigned to the National Institute for Occupational Safety and Health (NIOSH) in Cincinnati, Ohio.

For CAPT Riggs, wearing the uniform is a visual reminder of the honor it is to serve her country. CAPT Riggs found it an easy choice to join the Corps; professionally, it allowed her to leverage her educational expertise to serve in uniform once again, with a mission that focuses on fighting for improved public health; personally, because of the great respect she had for CAPT Lin.

CAPT Riggs' career in the USPHS has afforded her a dynamic array of assignments that have enabled her to make use of her unique skillsets and individual interests. Her EIS assignment at CDC's NIOSH was a great opportunity personally, as her duty station was near her hometown. After EIS, CAPT Riggs remained with CDC as a Career Epidemiology Field Officer (CEFO) assigned to the Kentucky Department for Public Health for five years. CAPT Riggs found the unique opportunity as a federal assignee to a state health department with a mission to build epidemiologic capacity to be incredibly rewarding. While serving there, she enjoyed the vast depth

and breadth of her work, which included outbreak investigations, surveillance, environmental health, healthcare associated infections, and emergency preparedness and response, the latter of which would define her career thus far.

Currently, CAPT Riggs serves as a supervisory epidemiologist for CEFOs in the Field Services Branch/Division of State and Local Readiness/Office of Public Health Preparedness and Response/CDC. The opportunity to move into a supervisory role with the CEFO Program was a natural transition and allowed her to use her leadership skills and expertise to enhance epidemiological response efforts nationally. In her current position, she actively leads workforce development activities in disaster epidemiology, preparedness, response, and public health leadership.

The most challenging assignments CAPT Riggs has experienced are those in which she has found that the mission did not directly relate to the needs of those being served. She is quick to note, however, the importance of doing what is right to advocate for those we serve, even when it is not popular. She emphasizes that while it is important to be ethical in decision making, respect the chain of command, and keep the mission balanced, it is also important to know when to speak up for what is right and when to reach out with good solutions. CAPT Riggs explained that during response efforts, having real-time "ground truth," and implementing evidence-based interventions are crucial but difficult due to the chaos of the crisis causing resistance to adapt. She believes that having the courage to persevere in advocating for change is

(Continued on page 10)



(Continued from page 9)

difficult, but by working collegially, PHS officers can make an important impact.

CAPT Riggs has spent over 9 months on deployment activities in 9 years of service. During her assignment as a CEFO in Kentucky, CAPT Riggs used her scientific expertise to assist in several large natural disasters. In 2009, an ice storm affecting three-fourths of the state triggered a response that required CAPT Riggs to blend skills and use a network of resources as a liaison among the various response agencies (local/state/federal) to help coordinate the response efforts within the affected communities. The response efforts related to the ice storm included directing strike teams to conduct health assessments at shelters, advising on surveillance needs across the state, and initiating a Community Assessment for Public Health Emergency Response (CASPER) (a tool used in disaster epidemiology) to better identify needs of the affected population. For CAPT Riggs, the most rewarding emergency preparedness/response opportunities allow her to assist with building public health infrastructure. As examples, she noted that in 2009, she co-led a course on epidemiology and outbreak investigation for the Ministry of Public Health in Afghanistan to advance public health capacity and create a regional program in that country. Later, in 2011, CAPT Riggs

participated in a special assignment to the US Virgin Islands to serve as acting Territorial Epidemiologist for two months, consulting on over a dozen outbreak investigations, and training staff to develop a model for notifiable disease surveillance.

In addition to her impressive response résumé, CAPT Riggs has also deployed several times as a Tier 1 responder, serving as the Preventive Medicine Branch Director for Rapid Deployment Force-3 (RDF-3). During the Haiti earthquake response in 2010, CAPT Riggs served as an Environmental Health Epidemiologist with the first Public Health Branch that was assigned to an HHS Incident Response Coordination Team. Their mission was to initiate morbidity surveillance and provide public health support for federal responders to ensure safe water, infection prevention, and responder safety and health at medical treatment areas and search and rescue sites. The Hurricane Sandy response in 2012 in New Jersey was a great opportunity to use her state and local experience to communicate the epidemiologic findings related to studies of the special medical needs population in the federal medical station to inform local communities and agencies, allowing better cross-agency coordination to support the response effort.

Most recently, CAPT Riggs was called upon to deploy for the 2014 Unaccompanied Minors response at the Arizona and Texas borders with



CAPT Riggs on the airstrip in Haiti following the 2010 earthquake.

Mexico for a unique mission that presented many public health challenges.

When asked what advice she has for junior officers, CAPT Riggs emphasizes the merits of mentorship. She suggested that officers be willing to seek mentorship and look at those whose leadership style or career path you would like to emulate and ask them for advice because senior officers are happy to share, and reaching out to them is important. “Take advantage of opportunities to get involved in activities outside your normal duties, which may include deployments, SciPAC, special

assignments, or local community groups and events. The more you learn new skills and differing perspectives, the more successful you will become. These are great team-building opportunities and offer an experience where learning to lead, as well as to be a good listener and follower, allows you to develop the wisdom to know when it’s best to assume either of those roles for the success of the team.”

CAPT Riggs values her informal mentors from several professional categories, particularly CAPT (ret) John Horan, remarking that their mentorship, along with the endless

(Continued on page 12)



Junior Officer Spotlight: LT John Pesce

Among the many personal and professional challenges faced by Officers of the U.S. Public Health Service (USPHS) each day, Scientist LT John Pesce serves as an example of the perseverance and indomitable spirit necessary to meet and exceed such challenges. LT Pesce started on his path to become a USPHS Officer by pursuing graduate studies at the Uniformed Services University of Health Sciences in Bethesda, MD, where he graduated with a degree in Molecular and Cell Biology in 2005.



LT John Pesce

In my interview with LT Pesce, he describes his graduate studies at USUHS as a military indoctrination of sorts, where he was surrounded by Uniformed Officers. While the experience piqued his curiosity and interest to eventually become part of a Uniformed Service, it was not until 2009 that he looked into the USPHS. By this time, he already held a postdoctoral position at the National Institutes of Health (NIH), and had served as a Senior Staff Scientist at the U.S. Navy Biological Defense Research Directorate (BDRD) at Fort Detrick, MD. Building upon his expertise in innate and adaptive immunology, and parasitic diseases, LT Pesce made significant contributions towards vaccine development and medical countermeasures while assigned to BDRD. He became Deputy Director there just prior to commissioning in the USPHS in 2012.

In his first assignment as a Scientist in the USPHS, LT Pesce returned to NIH, where he works today in the Parasitology and International Programs Branch (PIPB). Despite what many might consider a frenetic pace at PIPB, LT Pesce has stood the challenge and exceeded both as a Scientist and a USPHS Officer. He attributes part of this success to his previous experiences in the U.S. Navy, where he gained valuable experience in managing contract work and navigating legal agreements between the Navy and outside agencies.

When asked how he perceived the challenges he and other junior Officers face early on in their careers, LT Pesce responded that while leadership is an expected attribute for Officers of the USPHS, there is very little in the way of instruction on how one becomes a leader. To answer this, LT Pesce sought out leadership opportunities by building a grassroots public health outreach that became known as the

Prevention through Active Community Engagement (PACE) program, which is centered upon the National Prevention Strategy (NPS). Since its inception in 2013, PACE program has grown to a membership of approximately 100 Officers engaging their respective communities in 400+ hours of public health outreach. Today, the PACE program enjoys community support and involvement across multiple states, including Virginia, Maryland, Georgia, New York, as well as the District of Columbia. What stood out to this interviewer was LT Pesce's strong sense of the importance of Public Health Education, and how its venue serves the mutual interest of the public and the Commissioned Corps, by advancing the mission of the NPS, increasing the visibility of the USPHS, and providing leadership opportunities for Junior Officers.

As a Public Health Responder, LT Pesce mentioned that his greatest reward professionally is during times of deployment, when he feels he is making a lasting impact on the health and wellbeing of those served. LT Pesce deployed to the Unaccompanied Minor Deployment among the Southern Border States, where he served in the logistics branch on Rapid Deployment Force (RDF) #2. Prior to this, he also served on deployment in response to Hurricane Sandy in 2012, during which RDF #2 was stationed in Brooklyn, NY, and was responsible for the care of approximately 100 nursing patients. As one who feels a great sense of gratitude to the country he presently serves, these collective experiences stood out to LT Pesce as a stark reminder of why we wear the uniform of the USPHS, and the positive difference we make to those in need. He recounted an experience involving an elderly

(Continued on page 12)



(Continued from page 10)

loving support of her husband, Jeff McDonald, friends, and family, have allowed her to pursue opportunities to succeed. In considering her success in the PHS, CAPT Riggs reflected, “Applying a scientific and analytic perspective to



CAPT Riggs multitasks during the Haiti Earthquake response.

all activities led to success. Generally, I approach any assignment like I do when writing an abstract. Thinking in terms of the sections of an abstract, I outline the background, methods, intended results, and expected outcome/impact. This approach allows me to develop tangible products for others to use or develop strategies to build infrastructure and train others.” When asked to describe how PHS Scientists can help shape the public perception of public health and the mission of the Corps, CAPT Riggs was quick to mention the importance of bringing evidence-based methods to practice by using science-based information to inform decisions. She noted that using the science as the starting point to speak in plain language will best convey the message. If you cannot translate scientific findings into common language, stakeholders may not be able to understand nor act on the information. CAPT Riggs mentioned programs such as Prevention through Active Community Engagement (PACE), which allow officers an

opportunity to reach out to their local communities by teaching children about the National Prevention Strategy, and using activities aimed at topics such as making healthy food choices and preventing disease transmission through hand washing.

In closing, CAPT Riggs encourages junior officers to seek opportunities to demonstrate leadership, take on tasks others may not want, and be responsive when someone asks for assistance. Some examples she suggested included pursuing opportunities to supervise or mentor, volunteering for deployments, and being willing to take on whatever role is needed. CAPT Riggs stressed the importance of remembering to build trust and respect from those around you by being willing to do anything you would ask others to do, leading by example, and providing opportunities for those you are managing to lead and grow.

BY LCDR SETH GREEN

(Continued from page 11)

woman during the Hurricane Sandy deployment, which when first encountered, was enfeebled and barely able to feed herself. After two weeks of care provided by RDF #2, LT Pesce recalled how he witnessed a rekindling of this woman’s spirit, where she benefited remarkably from both the medical care and security of being out of harm’s way during the storm. From this, LT Pesce experienced an esprit de corps among his fellow responders, including the nurses, physicians and pharmacists responsible for the direct administration of care that serve as a lasting reminder and testament to what it means to be a USPHS Officer.

When asked where he sees himself in ten years’ time, LT Pesce responded that he would

like to pursue a senior leadership position that would afford him the opportunity to mentor others. Keenly aware of where he started, he attributes his success to his mentors. LT Pesce acknowledges include CAPT Calvin Edwards (Team Leader for RDF #2), CAPT Jason Woo (PACE Program Mentor), and CDR Wei Guo (Scientist Mentor). As he advances his career, LT Pesce would like to share what he has learned along the way, so as to help others find their own career path.

It was impressive to hear LT Pesce describe his transformation from a graduate student subject to late night meals into a fitness enthusiast capable of running marathons. LT Pesce has run five marathons with plans to run more. Originally, there may have been some

trepidation towards joining the military ranks for fear he did not fit the mold of a military officer. LT Pesce has formed instead his own mold of what it means to be a Uniformed Officer and part of this means wearing the uniform of the USPHS with pride and distinction. LT Pesce believes that wearing a military uniform means convincing the public that we stand at a moment’s notice to serve, in austere or demanding conditions, that require physical fitness, stamina, and perhaps most importantly, a strong conviction to the mission of the USPHS. To this interviewer I stand in awe of LT Pesce’s energy and commitment to the USPHS, and simply say Bravo Zulu LT Pesce, job well done! We should all be so inspired.

BY LCDR NEIL BONZAGNI



(Continued from page 13)

already 50 years old, so it's not like I was just starting as a professional, and had many other supervisors, public and private in the corporate world. But in a PHS uniform, she was my first supervisor; she was a mentor in how she took care of things and pointed me in that direction.

Another mentor who had been assigned at the my first duty station (2003-2008), Port Isabel, on the Rio Grande valley in Texas, was a Psychologist by the name of CAPT Val Allen. CAPT Allen had also been assigned to PHS headquarters or Personnel Support Center (PSC) as it was called then, and ICE Health Service Corps at the time that I met him. He had good pointers and information about what we were doing for ICE Health Service Corps, what it was like at headquarters, what it was like to stay in clinical work versus administrative work, and so he was a big influence and a good mentor, and a friend. He was a good source of information and encouragement.

One more mentor I have to give credit to within the Scientist category was RADM Helena Mishoe. I met her in 2008 when I came to Washington, D.C. She's been a good mentor and someone I can turn to and bounce things off of here, since I've been a Captain.

Interviewer: How have these mentoring experiences shaped or formed your perceptions of yourself as an Officer?

CAPT John Golden: I think that they showed me by their example and by what we talked about how important it was to maintain personal and professional integrity. That's always been important to me, and they really reinforced it. There are going to be political pressures and

temptations to not stick to our integrity and values, but they helped me to understand the importance of staying with that. It's really carried me through the eleven years in this PHS uniform. Before that, I was Air Force enlisted first, and then an Air Force Officer later. I learned as an officer particularly that even the appearance of impropriety, whether you are on or off duty, was always unacceptable. We are always representing our country, so that stuck with me then and even as a PHS officer, the same thing... we are always on duty, we are always being observed. If we have integrity, if we are the same all the time, we are always honest and don't have to worry about it. Straight shooters.

Interviewer: What do you see as the connection between mentoring and leadership? Are these two concepts synonymous?

CAPT John Golden: I think they are connected. We learn a whole lot about leaders by watching how they behave. When we are children, we learn by observing, and as adults and as professionals, we learn by what others are doing and how they do that. I try to incorporate what I've observed and learned from my mentors, in and out of uniform throughout the years. I think that mentorship and leadership can also be separate. Most mentors are probably good leaders, but I wouldn't say that mentorship is synonymous for leadership. There are some leaders that aren't necessarily as good at mentoring.

Interviewer: Can the character of good leadership lend itself to good mentoring?

CAPT John Golden: It can. It's the kind of people we are attracted to that we want to be like, or 'do like' that usually draws us to them when looking for a mentor.

Interviewer: How many have you mentored throughout your career?

CAPT John Golden: In the Air Force, as an officer, I was a bigger mentor to the enlisted Mental Health Technicians we worked with. During Operation Desert Storm, nearly half of the hospital I was assigned to was deployed. On deployment we were pretty close, we got to know each other, and when we returned, I kept involving the Mental Health Technicians, including Tech Sergeants and Staff Sergeants, doing group (therapy) and assessments, and really continuing to use them as 'extenders' of us.

As a PHS Officer, I guess about ten people. Some were informal arrangements, and some were more formal, when the Scientist category began the Mentor Program, within which I was assigned to some people, both with SciPAC and the Psychologist Professional Action Group (PsyPAG). Within PsyPAG, I've been identified and asked to be a mentor to folks.

Interviewer: What advice would you give to a junior officer?

CAPT John Golden: I encourage people to seek a mentor from the beginning, from among your category, your professional peers, and others you observe and see what leaders they are. It might be PsyPAG, SciPAC, or the Junior Officer Advisory Group (JOAG) through which you might meet people, and then ask them to be a mentor. The other advice that I got early on and would offer is that junior Officers learn to be 'good follower' as a first step in learning to become a leader. That's where we begin; if you cannot follow, you're never going to be a good leader.

(Continued on page 15)



(Continued from page 14)

And you change your mentors as you advance in your career. I don't have the same mentors that I started out with. Keep adjusting as you need, and keep reaching out that way.

Interviewer: Who did you have the biggest impact upon in terms of mentorship, junior officer or otherwise?

CAPT John Golden: I can identify LCDR Seth Green as someone whom I got to know in separate functions. Eventually, I was able to nominate him for the Junior Psychologist of the Year Award from PsyPAG, which he received. Additionally, CAPT Anne Dobbmeyer, a Scientist Officer whom I've been blessed to have been her Supervisor, and since such time, continue to be a mentor and communicate. I was able to successfully nominate CAPT Dobbmeyer for the Senior Psychologist of the Year Award from PsyPAG.

Interviewer: How can SciPAC develop lasting mentoring practices to be even more impactful? As a category, how do we institutionalize these practices of mentoring?

CAPT John Golden: I can't recall that there has been a good feedback loop from SciPAC to the mentors, as far as how good of a job we've done... If there was a feedback process through which the mentees could respond, through SciPAC, this might provide a means of generating a 'best-practices' approach. Perhaps if SciPAC had a structured feedback process, it would be good for the mentors to learn what they could do more, or do better, and for the mentees to feel that their concerns regarding the mentoring program were being met. Also, if there were a list of recommended readings as coaches and mentors, this would be good.

Interviewer: In your work as a Psychologist, how does this shape how you mentor? Meaning, does the practice of Psychology lend itself to mentorship, and how does one influence the other?

CAPT John Golden: I think that being a Psychologist does in great part influence how we act as mentors, because of the way our graduate training is done. In my program, we had senior level graduate students, in which the more senior graduate students were responsible for watching over newer students, seeing how the juniors were doing things. I remember one mentor during this time, who similar to myself, grew up from poor beginnings. I don't come from great money, and worked assistantships throughout my graduate studies, and so he took me to dinner once, and he showed me how to eat dinner at a fine place and how to look like a professional when you are out like that. The mentorship I received during my graduate training seemed like such a natural part of my professional development. Another thing that we learn as Psychologists is that it's OK to toot your own horn, to tell about what you've done and what you have accomplished. You don't have to be shy about sharing your achievements, and I encourage Officers to do that.

Interviewer: Which agencies that you have been a part of have focused on mentoring?

CAPT John Golden: I had mentors in the Department of Homeland Security ICE Health Corps, only because they offered themselves to me, but there was no formal program while I was there. Formally recognized programs have only started recently since I've been in DoD through

PsyPAG and SciPAC. I guess in a sense it really didn't have as much to do with the agencies as it did with our PHS organizations. As a Captain, the PsyPAG has recently asked that senior Officers be part of a Senior Officer Advisory Group; we've met on a couple of occasions to talk about issues faced by more junior PsyPAG members, and what we suggest. That is a nice addition and step up in the PsyPAG that has been developed lately. I'm not sure if SciPAC has anything like that.

Interviewer: What authors might you suggest for those seeking to read about mentoring and its impact on leadership?

CAPT John Golden: Ken Blanchard has several books on leadership. One of his books that I thought was good was *Leadership and the One Minute Manager Updated Edition: Increasing Effectiveness Through Situational Leadership*. Another good author is Daniel Goleman; he wrote the book entitled *Emotional Intelligence*. While many folks are very bright scholastically, being a good professional and Officer requires that one develop their emotional intelligence. It makes a difference. There is also a fellow named John Maxwell that has written a book entitled *Mentoring 101: What Every Leader Needs to Know* that I recommend. The book entitled *The Mentee's Guide: Making Mentoring Work for You* by Lois J. Zachary and Lory A. Fischler can also help. Finally, it may sound funny, but the book entitled *Coaching and Mentoring for Dummies*, written by Marty Brounstein, that is a pretty good book and resource.

Interviewer: Wonderful, thank you for your time today Sir.

BY LCDR NEIL BONZAGNI



Uniform Updates: What's new?

As we all know, one of the hallmarks of being a USPHS Officer is daily uniform wear. At times, we can get accustomed to the way things look which has the potential to result in complacency or resistance to change. Uniforms are no different. In fact, many of our sister services are making uniform changes, too. Recently, a Personnel Policy Memorandum (PPM 14-002) was issued describing changes to uniform policy. This PPM provided an overview of the changes affecting Commissioned Corps Instructions (CCIs) 411.01, 412.01, 421.01, 413.01, 421.02, and 431.01. Contained in this article, is a brief summary of the changes which will be implemented 1 January 2015.

The number of required uniforms has changed. Officers will now be required to have only two uniforms: the Service Dress Blues (SDB) and the Operational Dress Uniform (ODU). On 1 January 2015 the Battle Dress Uniform (BDU) will no longer be authorized. The Summer Whites will now be classified as an optional uniform like the Service Khakis.

Numerous changes, some slight, were made to most of the uniform devices. The cap device, collar device, Field Medical Readiness Badge, sleeve device (SDB Coat), hard shoulder boards, belt buckle with insignia (male only) and soft shoulder marks

have changed. However, please note that if you recently (after March 2012) purchased any of these items, they should be correct. The presentation referenced above has pictures comparing old and new devices to aid officers in confirming that they have the newly authorized devices. Please note all officers are expected to purchase the new devices as the old ones will no longer be authorized as of 1 January 2015.

As a result of these uniform policy changes, a

Important Changes to Note

- Officers are required to have two uniforms: SDB and ODU
- BDU is no longer authorized
- Summer Whites are optional
- Devices have been updated
- Black garrison cap is authorized
- Women's over-blouse shirt is authorized

variety of new uniform options was authorized for wear. Officers are now authorized to wear black garrison caps, black watch caps, black Army cardigans, and khaki over-blouse shirts (females only; both regular wear and maternity) under certain circumstances. I would like to note that based on LCDR Lyons' presentation, proper wear of the over-blouse is tedious so please refer to CCI 421.02 and/or the presentation referenced below for further clarification.

Lastly, there are some modifications made to name tags and beret wear, which is also captured in the presentation below. These changes may seem substantial, but they were made to help keep our uniforms more consistent amongst all USPHS officers (i.e., more uniform). In addition, most of these items can be easily obtained at your local uniform shop or online. It is our responsibility to give our uniforms the respect they deserve. This starts with having the most current devices and components described in the Commissioned Corps regulations.

For a comprehensive presentation on the uniform changes and a Service Khaki refresher that was conducted at FDA by LCDRs Steffen and Lyons (DCCPR Uniform Coordinator) please refer to the presentation on the COA website via www.coausphs.org

BY LCDR SCOTT STEFFEN

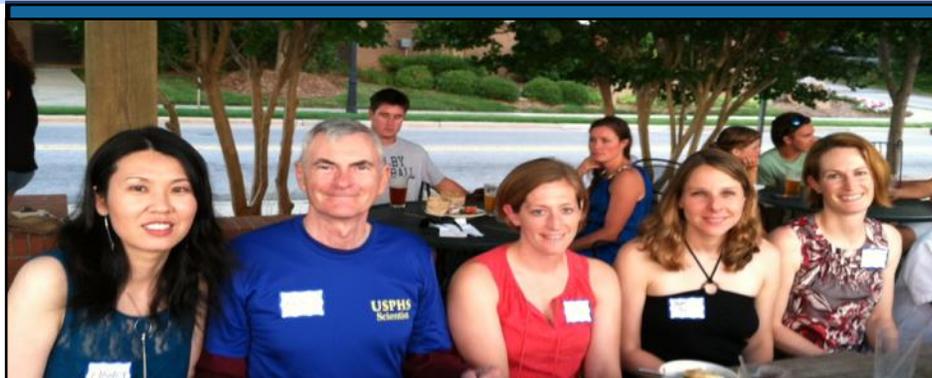


USPHS Scientists Gather for 2014 Category Social in Raleigh, NC

On Thursday, June 12, 2014, more than 20 SciPAC members gathered outdoors at Boylan Bridge Brewpub to celebrate a successful and informative Scientist Category Day and a rewarding USPHS Scientific and Training Symposium. With beautiful views of the Raleigh, North Carolina, skyline in the background, Scientists enjoyed time to network, discussed diverse research and public health-related projects, shared stories about deployments, and dined on delicious cuisine. CAPT Martin Sanders, Chief Professional Officer for the Scientist category, was also in attendance, and offered informative and interesting stories about his career in the U.S. Public Health Service. The social was a wonderful opportunity for Scientists to build camaraderie and learn more about the work that Scientists do at their duty stations. Overall, attendees enjoyed time talking with other SciPAC officers and their family members, as well as discussing ways they continue to protect, promote, and advance the health and safety of our Nation.

The Scientist Category would like to thank CDR Mark Clayton and CDR William (Tony) Satterfield for their leadership in planning the 2014 Scientist Category Day events and activities. Also, thank you to the SciPAC Category Day Social Team for their hard work in making this a successful and enjoyable event: LCDR Nadra Tyus (Lead), CAPT Aaron Fleischauer, CDR William Satterfield, CDR Heidi Daniels, and LT John Pesce.

BY LCDR NADRA C. TYUS



Scientist officers pictured: LT Nancy Tian, CAPT Armen Thoumaian, LCDR Jessica Cole, LCDR Robin Toblin, and CDR Jennie Thomas.



Scientists pictured: LCDR Nadra Tyus, CDR William (Tony) Satterfield, CAPT Anne Dobbmeyer, LCDR Seth Green, CAPT Martin Sanders



Scientists Officers Successfully Complete ASPR Planning Section Chief Training

Three scientist officers participated in a four-day Planning Section Chief training sponsored by the Office of the Assistant Secretary for Preparedness and Response (ASPR) of the Department of Health and Human Services (HHS) from August 4-7, 2014. A total of twenty-five emergency responders from the Office of Emergency Management (OEM) of ASPR, Incident Response Coordination Teams, and PHS officers participated in the training at the Mission Support Center (MSC) in Frederick, MD. Among them, there were seven PHS officers. The training was led by Mr. Bryan Scyphers, who serves as Planning Section Chief in IRCT-Central under OEM of ASPR and Mr. Norm Wrona, who serves as a team Commander for FL-3 DMAT (Florida-3 disaster medical assistance teams).

This course provides emergency responders with a robust understanding of the duties, responsibilities, and capabilities of an effective Planning Section Chief during an All-Hazards Incident Management Team (AHIMT) response. These responsibilities fall into two categories: 1) managing the planning cycle, and 2) tracking resources and incident status. Exercises, simulations, discussions, and a final exam enable participants to learn, process, and apply their new knowledge.

During the training, we toured the ~300,00sq/ft MSC warehouse that houses trucks, medical equipment and supplies, tents, generators, and other support equipment (cache) necessary to establish a Base of Operations and perform specific tasks during an emergency deployment. Unique to this training, hurricanes Iselle and Julio

were predicted to make landfall in Hawaii, allowing us the opportunity of listening to live daily planning meetings and public health medical coordination meetings in preparation for the hurricanes. This allowed us to experience the real situations and see the application of the Planning process.

Training is one of the key requirements for Planning Section Chief within the Incident Command System (ICS) because PHS officers are often deployed alongside ASPR resources. LCDRs Eric Zhou and Qiao Bobo from the

Regional Incident Support Team – National Capital Region, and LCDR Mark Miller from the Rapid Deployment Force Team 1 took advantage of this valuable opportunity and successfully completed the training. They were all eager to bring this knowledge back to our respective deployment teams and apply the knowledge during future deployments.

By LCDR ERIC ZHOU, LCDR MARK MILLER, LCDR QIAO BOBO



Scientists attended the Planning Section Chief Training in Frederick, MD.
LCDR Qiao Baobao , Mr. Bryan Scyphers, Mr. Norm Wrona, and LCDR Eric Zhou, LCDR Mark Miller (L to R)



PHS Scientists Complete Advanced Disaster Management Information System Training

In July, PHS officers and Disaster Medical Assistant Team (DMAT) personnel began a 5-day training course sponsored by the National Disaster Medical System (NDMS) Program Development Branch, which was held at a Health and Human Services (HHS) training and storage facility in Frederick, MD. Seventeen officers from throughout the U.S. attended, representing various OFRD teams and categories. Three Scientists received this specialized training: CAPT Laura Draski, CDR

Sally Hu, and LT Julia Zucco (see photo).

The Joint Patient Assessment and Tracking System (JPATS) is the HHS web-based application that tracks patients/evacuees through the phases or continuum of patient movement. The curriculum of this training was divided into four parts: 1) Basic JPATS, 2) Advanced JPATS, 3) Basic Electronic Medical Records (EMR), and 4) Advanced EMR.

During the JPATS training, students

learned the role of JPATS during public health emergencies, the reporting structure surrounding JPATS teams, and how to process patients using the program. For example, several officers in attendance were members of a Service Access Team (SAT). During deployments, SAT may be stationed at an Aerial Port of Debarkation (APOD) to receive patients moved out of potential target zones during disaster preparation. Officers with this JPATS training can now serve as JPATS Strike Team Leaders and have the ability to train others on the use of this system. The EMR training covered a wide breadth of material. Even though some of the officers were not clinicians, they practiced inputting patients under a pharmacist, physician, and practitioner role, providing them with the necessary background to support users in austere environments.

Officers received further hands-on training, breaking into teams to practice unpacking kits, setting up the EMR (including switch, access point, servers, printers, and clients), taking down the EMR, and checking inventory. Training also included various troubleshooting scenarios,

such as using satellite services versus an air card for connectivity, manual backup of databases, and finding and fixing problems within the EMR network.

Officers were fortunate to receive this unique but critical training opportunity. They will be expected to provide an advanced level of support in each of these areas to their teams and regions. There may also be additional opportunities to deploy, independent of their host team, to provide mission support as an instructor or subject matter expert during exercises and real world events at mobilization centers or in austere environments.

Finally, the Corps also benefits from the officers being trained because now, several of its officers are able to work effectively on JPATS and EMR in disaster situations, as well as to serve as trainers and leaders on these systems during an emergency response. The latter advantage is of note, as a significant value of USPHS is to provide leadership in public health through inspiration, dedication, and loyalty.

By LT Julia Zucco and CDR Sally Hu



JPATS participants, including Scientist officers (all in the front row): CAPT Laura Draski (2nd from right), CDR Sally Hu (far right), and LT Julia Zucco (4th from left).



Scientist Officers Deployed to Ebola Treatment Unit in Liberia

A total of nine Scientist officers were deployed as part of the U.S. Public Health Service Commissioned Corps (USPHS CC) Ebola Response Mission in West Africa. USPHS CC officers have been serving at the forefront of the U.S. Government response to the Ebola outbreak in Liberia. USPHS CC officers currently staff the Monrovia Medical Unit (MMU), a 25-bed field hospital that has been reconfigured to function as an Ebola Treatment Unit (ETU), located in Margibi County, Liberia. The focus of the MMU is to provide care to Liberian and international healthcare workers and responders who become infected with Ebola Virus Disease (EVD) and to continue to build capacity for responding and treating EVD. The team of specialized officers consists of trained clinicians (doctors, and nurses), infection control officers, pharmacists, laboratorians, behavioral health specialists, and administrative management staff.

The West Africa Ebola outbreak began in December 2013 in Guinea, West Africa, and grew to be the largest Ebola outbreak in history, eventually affecting multiple countries in the region and beyond. Ebola Virus Disease had infected 1,779 people and took the lives of 961 as of August 8, 2014 when it

was declared by the World Health Organization to be a public health emergency of international concern (PHEIC). A PHEIC can be issued by the WHO in accordance with the procedures established under the International Health Regulations (2005). The WHO may declare a PHEIC in response to a public health threat to states through the potential for international spread of disease and/or a health event requiring a coordinated international response. The outbreak's spread was initially most rapid in the Republic of Liberia, where the public health and healthcare infrastructure were quickly overcome, both by the disease and fear.

On September 16, 2014, President Barack Obama identified the Ebola epidemic and humanitarian crisis as a top national security priority for the United States. President Obama announced the mobilization of U.S. forces to help bring the epidemic under control, including a team of USPHS CC officers to manage and staff a hospital in Liberia to care for healthcare workers who were suspected or confirmed for the EVD. This 25-bed field hospital is the first Ebola treatment unit of its kind, in both facility structure and staffing, and the high level of care in the treatment and clinical management of EVD.



Scientist officers on Team 1

On October 26, 2014, USPHS CC deployed its first team of officers to Harbel, Margibi, Liberia to staff the MMU. The physical facility of the MMU was constructed by the Department of Defense. The first team, known as Team 1, which included four Scientist Officers, admitted its first patient in less than one week after opening. On December 11, Team 2, which

included five Scientist Officers, arrived and was trained by Team 1 for one week prior to Team 1's return to the U.S. Team 2 continued the mission while improving the facility and expanding the supportive care capability. By February 8, 2015, when Team 2 returned to the U.S., new Ebola cases had dropped from a high of over 300 cases/week to 3 cases/week. Team 3 continued the

(Continued on page 21)

Scientist Officers Deployed to Ebola Treatment Unit in Liberia

(Continued from page 20)

mission until March 21, 2014 and Team 4 will continue the mission until May.

The most uplifting moments of the deployment for the officers occurred when Ebola survivors were discharged from the MMU and added their handprints to the “Survivor Wall”, which says “Today I am healed, tomorrow I will return to heal another. The love of liberty – liberty from Ebola – brought us here.”

Since the establishment of the MMU, deployed officers have provided high quality care for 36 international and Liberian health care workers (including the 17 that tested positive for Ebola and 9 of whom survived). The impact of the MMU goes well beyond the number of patients cared for and cured at the MMU. The existence of the MMU has encouraged international and local healthcare workers to continue participating in the outbreak response, because there is a treatment facility with a high standard of care established specifically for them. The MMU, through its unique mission, has played, and continues to play, an essential role in supporting efforts to decrease the number of new Ebola cases.

We are proud to have been deployed

to Liberia and represent the Scientist category, the USPHS CC, and the United States in assisting the people of Liberia battle this unprecedented outbreak, which has devastated their country. We are not clinicians, but we each contributed to the mission in our own unique way drawing on our expertise and flexibility to do all that we could to ensure the success of the mission.

CAPT Mark Methner (Team 2, CDC), Logistics

CAPT Mark Methner is a senior industrial hygienist at the National Institute for Occupational Health (NIOSH). He conducts health hazard evaluations of chemical, biological and radiological agents in workplaces across a wide range of private sector industries and other federal agencies. He is a Certified Industrial Hygienist (CIH), a hallmark credential in the field of industrial hygiene. During the deployment, CAPT Methner served as a Logistics officer. He was responsible for designing and constructing over 36 pieces of equipment/furniture to help support patient care and general operations of MMU. For example, CAPT Methner designed and built 12 multi-tiered shelving units within each CONNEX trailer. This allowed the Logistics team to better organize and track medical supplies critical for patient care. He also constructed an adjustable, portable X-ray film cassette holder

that accommodated patients of varying heights. Additionally, CAPT Methner built a blood plasma warming system that enabled providers to supply patients with previously frozen plasma and other blood products.

CDR Mark Clayton (Team 2, DOD), Safety/Preventative Medicine

CDR Mark Clayton is the Deputy Director for Grants Management for the Congressionally Directed Medical Research Programs (CDMRP) within the US Army Medical Research and Materiel Command at the Department of Defense. CDMRP executes \$3Billion of research funding spanning 30 different cancer and military relevant programs conducted globally. CDR Clayton served as a member of Team 2’s night shift Safety/Preventive Medicine team. His duties included patient intake/discharge, disinfection of the unit, disposal of biohazardous waste material, donning/doffing, construction and maintenance work in the unit and around MMU and observing medical procedures to minimize the risk to officers and patients.

CDR Anne Dobbmeyer (Team 1, DOD) and CDR Anthony Tranchita (Team 1, DOD), Behavioral Health

MMU Team 1 deployed with a 6-officer behavioral health (BH) team. Two of which, CDR Anthony Tranchita and CDR Anne Dobbmeyer, are

psychologists in the Scientist category. CDR Tranchita served as the Ancillary Services Branch Chief, overseeing all BH and laboratory operations deployed as part of MMU Team 1, while CDR Dobbmeyer functioned as the BH deputy director. In their roles, these Scientists provided pre-deployment mission planning, resilience training, BH prevention and intervention services to deployed officers, and consultation to team command on BH issues affecting team cohesion, functioning, and morale. They developed recommendations for post-deployment screening and follow-up, as well as recommendations for what became the Family Support Network (FSN) to maximize the resiliency of families while officers were deployed. They ensured that all deployed members had access to prevention and intervention services for coping with multiple stressors, including patient deaths, and living and working in austere conditions. During the course of the deployment, their mission expanded to include providing BH support for Ebola patients and family members. They worked diligently to ensure that there were written standard operating procedures (SOPs) for officers (i.e., force health protection) and Ebola patients. Additionally, CDR Tranchita and CDR Dobbmeyer assisted donning and doffing of

(Continued on page 22)

Scientist Officers Deployed to Ebola Treatment Unit in Liberia

(Continued from page 21)

officers going in and out of the high-risk area.

CDR James Kenney (Team 1, FDA), Laboratory

CDR James Kenney currently serves as Chief of the Laboratory of Microbiology, In-vivo Testing and Standards, in the FDA's Center for Biologics Evaluation and Research's (CBER) Office of Compliance and Biologics Quality. While in Liberia, CDR Kenney set up the MMU laboratory, which included: performing the installation, operation, and performance qualification of laboratory diagnostic equipment; ordering laboratory

equipment, supplies, reagents and standards; implementing quality control measures to ensure continued laboratory operations; and writing standard operating procedures for the analytical equipment and for laboratory business flow operations. Associated duties included: the handling of patient blood and urine samples for analyses, which also included coordinating and transporting blood samples to outside laboratories for Ebola and Malaria PCR analysis; the trouble shooting, fixing and up-dating of analytical equipment, computers and resolving information technology related issues; performing and

restocking inventory; quality control checks; and attending weekly WHO/Laboratory Meetings. The MMU's provides a higher level of care than what is available in West Africa for Ebola patients. This is in part accomplished by treatment guided by laboratory results. Therefore, when CDR Kenney became the Lead and only Laboratorian four weeks into the deployment, he thought it prudent to train CDR Tranchita to perform laboratory assays and procedures in case he was unable to perform his duties. Furthermore, since the laboratory was in the high-risk area (i.e., hot zone) where personnel require a safety back-up, CDR Kenney also trained other Officers as laboratory assistants to accompany him into the lab when needed. Since CDR Kenney was the only laboratorian during the highest patient in-take period and due to the nature of CDR Kenney's position always being on call, he has the distinction of having the most cumulative time in the hot zone. When RedDOG was having trouble finding laboratorians for Team-2, CDR Kenney help recruit laboratorians, resulting in the boarding of four laboratorians that he was able to train as his relief in Liberia.

LCDR Qiao Bobo is Director of Regulatory Operations at the Food and Drug Administration where she leads inspections and performs reviews for vaccines and other biological products. During her deployment as an admin/finance officer, Lcdr Bobo was responsible for capturing and transferring clinical data from the high-risk area to the MMU database and WebEOC (Web-based Emergency Operations Center), compiling MMU metrics daily and reporting to the Liberian Ministry of Health, ensuring accountability and reporting of personnel offsite movement to the MMU command staff and DART (the Disaster Assistance Response Team under the United States Agency for International Development, USAID) to ensure personnel safety. In addition to her regular duties, Lcdr Bobo took initiative to serve as a safety analyst tracking and analyzing the time and vital signs for all personnel entering the hot zone in the MMU. She also assisted the Safety/Preventative Medicine team to perform fit tests to determine whether a new type of respirator would fit an officer's face to form a seal to provide protection against infectious diseases. Lcdr Bobo was selected by the Officer in Charge of the MMU to serve as control officer and translator during the visit of a Chinese delegation to the facility. The delegation consisted of nearly



Team 2 Scientist Officers

LCDR Qiao Bobo (Team 2, FDA), Admin/Finance

(Continued on page 23)

Scientist Officers Deployed to Ebola Treatment Unit in Liberia

(Continued from page 22)

20 senior Chinese officials as well as Chinese medical personnel from the Chinese ETU in Liberia. LCDR Bobo also researched and presented a peer teaching lecture on nontraditional FDA regulatory pathways used for Ebola treatment and testing during the 2014 Ebola outbreak.

LCDR Joanna Gaines (Team 2, CDC): Safety/Preventative Medicine

Trained as a psychologist and an epidemiologist, LCDR Gaines is currently stationed at the Center for Disease Control and Prevention in Atlanta, GA. She is a senior epidemiologist with the Geographic Medicine and Health Promotion branch, located in the Division of Global Migration and Quarantine. This was LCDR Gaines's second deployment to Liberia for the Ebola outbreak. LCDR Joanna Gaines served as an Infection Control Officer within Team 2's Safety/Preventative Medicine team. Her duties included patient intake, disinfection of the unit and disposal of biohazardous waste material, donning/doffing, construction and maintenance work in the unit and around Camp Eason, and observing medical procedures to minimize the risk to officers and patients. LCDR Gaines also served on the mortuary team where she ensured the safety of all officers while handling the remains of the deceased. She also represented the

MMU at partnership meetings in Liberia where the Liberian Ministry of Health and other partners developed plans to enhance the reintegration of Ebola survivors back into communities.

LT Andrew Hickey (Team 2, DHS), Safety/Preventative Medicine

LT Andrew Hickey is currently detailed to the National Biosurveillance Integration Center (NBIC) in the Office of Health Affairs, DHS. As a Biosurveillance Analyst at NBIC, LT Hickey is responsible for monitoring and reporting on domestic and global public health events, engage partners to integrate and coordinate biosurveillance information across the federal interagency, and provide subject matter expertise supporting DHS senior staff. LT Hickey was deployed as an Infection Control Officer on MMU's Safety/Preventative Medicine team, which led the safety and preventive medicine efforts for the MMU. The team coordinated with/accompanied clinical staff into the high-risk area to ensure operational safety, address facility construction/improvement issues associated with the high-risk area, maintained the facility (e.g. disinfection of the unit, removal of biohazard waste, etc.), aided force protection activities, donning/doffing staff, and patient discharges. LT Hickey also provided a peer teaching lecture reviewing common diagnostic tools for viral

infections and the Ebola diagnostics currently available.

LT John Pesce (Team 1, NIH), Safety/ Preventative Medicine

LT Pesce is the Product Development Project Manager for the Parasitology and International Programs Branch (PIPB) at the Division of Microbiology and Infectious Disease (DMID) in the National Institute of Allergy and Infectious Diseases (NIAID) at the National Institutes of Health (NIH). While in Liberia, LT Pesce served in multiple roles. While initially being set up to manage medical supplies for the Logistics Branch, LT Pesce found himself working more with the Safety/Preventative Medicine team. Upon arrival he spent the first week at the Bong ETU, he trained side by side with the health care providers at the facility. Upon his return to the MMU, he helped with the process of setting up the MMU which included a significant amount of construction work. Additionally he also helped to organize and order medical supplies needed for patient care. Once the MMU was open, he assisted with "doffing" of officers as they exited the high-risk area. This work typically required multiple hours in PPE and strict adherence to protocol to ensure the safety of the exiting officer. After about a month he was selected to become a fulltime safety officer and the mortuary team lead. In this role, LT Pesce was

responsible for the overall safety of officers entering the high-risk zone, and for the disinfection of the unit. Typically LT Pesce would spend more than 1.5-2 hours in full PPE working both indoors and outdoors multiple times a day. While this may not seem like a lot of time, the heat and humidity in Africa made these experiences both physically and mentally taxing.

**BY LCDR QIAO BOBO, LT JOHN PESCE,
CAPT MARK METHNER, CDR MARK
CLAYTON, CDR ANNE DOBMEYER, CDR
JAMES KENNEY, CDR ANTHONY
TRANCHITA, LCDR JOANNA GAINES, LT
ANDREW HICKEY**

The Scientist Officer Editorial Team

Editor in Chief: CDR Deborah Dee

Associate Editor in Chief: LCDR Seth Green **Assistant Editor:** LCDR Neil Bonzagni **Layout Editor:** LCDR Anne Purfield

Editorial Board: CAPT Christine Benally, CAPT Sally Hu, CDR Robert Williams, CDR Fei Xu, CDR Yi Zhang, LCDR Renee Calanan, LCDR Yoran Grant Greene, LCDR Iram Hassan, LCDR Erin Nichols, LCDR Luz Rivera, LCDR Scott Steffen, LCDR Sara Vagi, LT John Pesce

Call for Submissions!

The Scientist Officer Editorial Team is seeking submissions of articles for our next issue, *especially* those that relate to the 2015 USPHS Scientific and Training Symposium.

Articles related to other topics are also welcome.

Submission Deadline: July 31, 2015

Thank you!

