



# The JOAG Journal

*A newsletter by junior officers for junior officers*

## ORIGINAL FEATURES

Chair Article: [Pg. 2](#)

Junior Officer Spotlight: [Pg. 4](#)

Uniform Corner: [Pg. 5](#)

Admirals Corner: [Pg. 6](#)

Fitness Corner: [Pg. 7](#)

Meeting Information: [Pg. 26](#)

## FROM THE COMMITTEES

Overview of CC Benefits: [Pg. 8](#)

Officer Promotions: [Pgs. 24-25](#)

New Officers: [Pg. 23](#)

## OFFICER CONTRIBUTIONS

Shutdown Stories: [Pg. 1](#)

Wreaths Across America: [Pg. 9](#)

Walking the Walk: [Pg. 10](#)

TDY in Sitka, AL: [Pg. 11](#)

HOSA-JOAG Partnership: [Pg. 12](#)

Rio Grande Food Pantry: [Pg. 13](#)

Tips on Interviewing: [Pg. 14](#)

Hearing & Speech Month: [Pg. 15](#)

Learning Without Limits: [Pg. 16](#)

Maine Mission: [Pg. 17](#)

Adopt a Family: [Pg. 22](#)

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## Protecting Public Health during the Government Shutdown: Stories from Junior Officers

Compiled by LCDR William Lanier, DVM

For the first 16 days of October 2013, the federal government of the United States was officially shut down. Some government offices closed, certain agency-provided services were reduced or suspended, and many federal employees were furloughed. However, officers in the Commissioned Corps of the United States Public Health Service remained on duty. These officers, along with federal civil servants exempt from the furlough, carried on the critical work of protecting public health.

Here are some of their stories:



*LT Marie Manteuffel, Pharmacist,  
LT Paul Lees, Health Services Officer,  
LT Jennifer Pieters, Health Services  
Officer, Centers for Medicare & Medi-  
caid Services, Baltimore, MD*

The three of us were assigned to an ad-hoc team at the Centers for Medicare & Medicaid Services to monitor the Complaint Tracking Module (CTM) and to review and triage complaints from Medicare beneficiaries who were having difficulty accessing their Part D (prescription drug) benefits, to determine if immediate follow-up was necessary.

The CTM is the database of all 1-800-MEDICARE complaints from Part C & D beneficiaries. During the furlough, the team that usually reviewed the CTM database was unavailable, so we were unable to utilize the sophisticated tools typically used in regular monitoring. In the interim, we logged into the CTM and reviewed 100-125 individual complaints daily. This included issues with prior authorizations, coverage determinations and appeals for medications. Approximately ten to fifteen complaints per day were identified as critical and sent for review by the team's group director. The group director then determined which complaints needed direct and immediate follow-up with the health insurance plans. LT Pieters contacted the compliance officers for the specific health insurance companies identified and requested a status on the high-concern complaints.

*(More stories, page 18)*

## Letter from the Chair

JOAG Chair— LCDR Racquel Williams

We're half-way through the operational year and I am so proud of how much JOAG has accomplished already. While our activities are too numerous to list in this letter, I wanted to share a few exciting highlights with you

- The Awards Committee received 43 total nominations for the Junior Officer of the Year, Carmona, and JOAG Excellence Awards.
- The Communications and Publications Committee published the Fall JOAG Journal and the 9<sup>th</sup> Edition of *With Pride and Distinction*.
- The Development Committee authored a draft proposal for the USPHS Creed.
- The Membership Committee received 19 nominations for voting membership.
- The Public Health and Community Service Committee has organized multiple events, including the roll-out of the *Let's Move!* Program.
- The Professional Development Committee is actively involved in supporting JOAG participation in two USPHS Awareness Days at FDA White Oak and CDC Atlanta.
- The Policy & Procedures Committee led the review and revision of the JOAG Bylaws and has begun work on a new JOAG Strategic Plan.
- The Recruitment & Retention Committee developed a retention survey, which will be disseminated to junior officers in the coming weeks.
- The Symposium Planning Committee is currently coordinating logistics for multiple JOAG activities and events at the USPHS Symposium.

- The Welcoming Committee conducted outreach to new junior officers at four OBCs.
- The *Every Body Walks!* Workgroup planned 13 nationwide walking events for National Walking Day on April 2<sup>nd</sup>, in support of the Surgeon General's Walking Initiative.

I would like to extend a huge THANK YOU to all the fellow junior officers who have contributed to our successful achievements thus far! Without you, as the driving force behind JOAG, it would be impossible to continue to positively impact the Corps and our communities. I want to also give special recognition to the Executive Committee and our voting and non-voting member Committee Chairs/Co-Chairs, whose leadership and tireless commitment to our mission consistently lead to quality programs, projects, and products.

(continued next page)

**JOAG's mission is to provide advice and consultation to the Surgeon General, Chief Professional Officers, Professional Advisory Committees, & other Commissioned Corps groups on issues relating to professional practice and personnel activities affecting Junior Officers in the USPHS Commissioned Corps.**

## Letter from the Chair

### Continued

If you're a junior officer who is looking for a rewarding volunteer activity or to enhance your leadership experience, JOAG is the right place for you. We continue to welcome new officers to join our organization in fulfilling its mission. Visit our website at <http://www.usphs.gov/corpslinks/joag/> to learn more about our organization, committee chair contact information, and ways to get involved. With 10 committees, 62 subcommittees, and 4 workgroups, I am confident that JOAG will have something that suits your interest.

Thank you for your service to the Corps and our nation.

Respectfully,  
 LCDR Racquel Williams, MPH, REHS  
 Chair, Junior Officer Advisory Group

**Chair:** LCDR Racquel Williams  
**Vice-Chair:** LCDR Tina Walther  
**Chair-Elect:** LCDR Jessica Otto  
**Executive Secretary:** LCDR Kari Irvin  
**Financial Liaison:** LT Kazu Okumura

JOAG Committees	Chair/Co-Chairs	Category	Agency
Awards	LCDR Adora Ndu	PHARM	FDA
	LCDR Erin Nichols	SCI	CDC
COF Planning	LCDR Elizabeth Thompson	HSO	FDA
	LCDR Debra Wagner ( <i>non-VM</i> )	HSO	CDC
Communications & Publications	LCDR Gene Gunn	HSO	FDA
	LT Daveta Bailey ( <i>Non-VM</i> )	EHO	FDA
Development	LCDR Judith Eisenberg	MED	CDC
	LCDR Erica Sison ( <i>Non-VM</i> )	HSO	CDC
Public Health and Community Service	LCDR Frank Koch	DIET	BOP
	LT Samantha Pinizzotto	VET	FDA
Membership	LT Chandra Jolley	NURSE	PSC/FOH
	LCDR Robert Kosko	PHARM	FDA
Policy & Procedures	LCDR Jessica Otto	EHO	I H S
Professional Development	LCDR Elizabeth Garza	HSO	CDC
	LCDR Qiao Bobo	SCI	FDA
Recruitment & Retention	LT Samantha Spindel	ENG	FDA
	LT Chinyelum Olele	PHARM	FDA
Welcoming	LCDR Cathleen Shields	THER	DOD
	LT Joyce Davis ( <i>Non-VM</i> )	HSO	CMS

## Junior Officer Spotlight

Contributed by LT Amy Luo

**Officer:** LT Nuri Tawwab

**Category:** Pharmacy

**Education:** Doctorate of Pharmacy from Hampton University

**Home town:** Cincinnati, OH

**Agency:** Indian Health Service (IHS)

### Current Assignment and Duties:

LT Tawwab is currently serving the Navajo population of Kayenta, AZ. Along with completing his clinical duties here as a pharmacist, he also provides care in the pharmacy run Anticoagulation Clinic. He is most passionate about his clinical role as the pharmacy representative on the diabetes committee which is in the process of establishing a diabetes prevention and treatment clinic.

### How did you find out about the PHS?

An alumnus of Hampton University, LCDR Chi Chi Olele volunteered to speak at my pharmacy school's forum. She was a previous SRCOSTEP with the IHS. I became interested in joining the PHS after LCDR Olele shared her passion for the Corps. Later that year, LT Chelsea Sealey, a classmate of mine, told me about a JRCOSTEP she would be completing in Tsaile, AZ that upcoming summer. She advised me to apply to Albuquerque, NM for a JRCOSTEP position.

### What was your experience of completing both the JRCOSTEP and SRCOSTEP programs?

My JRCOSTEP took place at Albuquerque Indian Health Center during the summer of 2014. During this time, I met several exceptional officers by shadowing the clinic's pharmacists and working with pharmacists who ran the "Healthy Heart" clinic where they assisted patients with diabetes care. I even taught smoking cessation classes to the patients on certain days of the month. Within the next year, I received a \$2,000 scholarship from the American Legacy Foundation for aiding the local community with smoking tobacco cessation.

After completion of my JRCOSTEP, I soon realized that being a corps officer was the career for me. Along with the recommendations from other Commissioned Corps officers, I was able to obtain a SRCOSTEP at Kayenta, AZ which made my transition to becoming an officer a much easier process. I thank the Commission Corps for all these opportunities.

### What was the most challenging part of applying for the PHS?

Obtaining a healthy weight that would be accepted by the Corp was my biggest challenge. Before joining the PHS, I was not in the physical condition necessary to pass basic readiness standard for call to active duty. However, I recognized that it is important to be a model of health to the populations we serve. Within a year of completing my JRCOSTEP, I lost over 40 pounds and have managed to keep the weight off as of today. Not only has the



Corps provided me with a rewarding career, but also a self-awareness of how important maintaining my individual health should be.

### What is your most memorable PHS experience so far?

During one of my advance practice experience rotations, I received an Email requesting me to serve as an Aide-de-camp for RADM Scott Giberson. At first glance, I didn't realize how great this opportunity was. I soon learned of the important task I had taken when I met RADM Giberson in Los Angeles where he was receiving an award at the American Pharmacist Association (APhA) annual meeting.

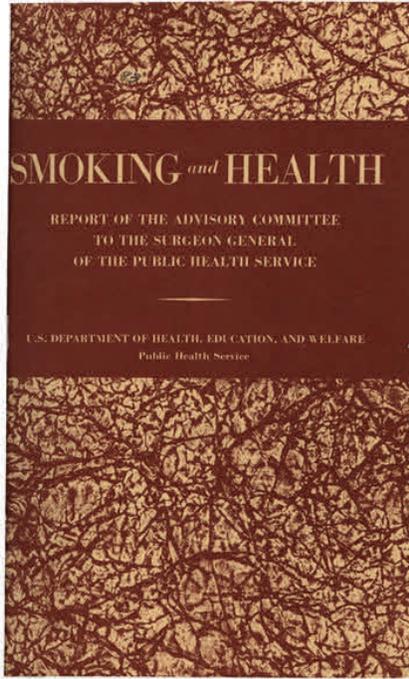
One of the events we attended explained how pharmacists can push further for provider status. At first, I was unaware as to what the term "provider status" meant and why pharmacists needed it. However, the group discussions quickly helped me understand what pharmacist provider status would do for healthcare in our country. To this day, I remain extremely enthusiastic about the idea of pharmacists being recognized as providers and am actively working toward this goal.

*If you are interested in appearing in the next Junior Officer Spotlight, please contact LT Amy Luo at [amy.luo@ihs.gov](mailto:amy.luo@ihs.gov).*

## Uniform Corner—Ban on Smoking in Uniform

Contributed by LCDR Simleen Kaur on behalf of the C&P Uniform Sub-Committee

Fifty years ago, Dr. Luther Terry released a landmark Surgeon General's Report – the first of its kind on smoking and health – concluding that smoking causes lung cancer. Since that time, smoking rates in this country have dropped dramatically, but tobacco use remains the leading cause of preventable death, so more needs to be done.



In January, a new Surgeon General's Report was released that highlights the progress made in tobacco control and prevention since the release of Dr. Terry's original report. The new report presents new data on the health consequences of tobacco use and details initiatives that can end the tobacco epidemic in the United States.

The United States Public Health Service is leading the way among the Uniformed Services by enacting new policy provisions stating that, effective January 21, 2014, active duty Commissioned Corps officers shall not smoke or use tobacco products while in uniform.

This enactment of the ban on use of tobacco and tobacco products while in uniform is historical. While other uniformed services have placed restrictions on tobacco use in the past, such as locations where officers can smoke and restricted smoking in military treatment facilities, the USPHS Commissioned Corps is the first uniformed service to go completely tobacco

free while in uniform. Officers who wear scrubs or personal protective equipment while on duty are prohibited from using tobacco as well.

This ban does not prevent an officer from using tobacco while off duty and not in uniform. However, knowing the negative health effects associated with smoking and tobacco use, officers should strive to be completely tobacco free. Use of tobacco can cause various ailments such as heart disease, lung disease, and cancer. It can also increase your chances for missing workdays, failing fitness evaluations, and becoming hospitalized.



For officers who smoke, smoking cessation may be a difficult undertaking. Officers should seek assistance from friends, family, and their Primary Care Manager (PCM). In addition, TRICARE provides smoking cessation services including web-based educational materials, smoking quit lines, counseling services, and smoking cessation medication. Please visit <http://www.tricare.mil/quittobacco> for more details. Officers can also visit [www.UCanQuit2.org](http://www.UCanQuit2.org) to chat with a live cessation coach.

*The Uniform Corner is a product of the Communications and Publications Uniform Sub-Committee. If you have questions or suggestions for future articles please contact [Chitra Mahadevan](#) or [Katie Burbage](#). You may also wish to contact [LCDR James "Kyle" Lyons](#) who is the Uniform Coordinator in the Office of the Surgeon General.*

Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>

## Admiral's Corner

Contributed by LCDR Zanethia Eubanks

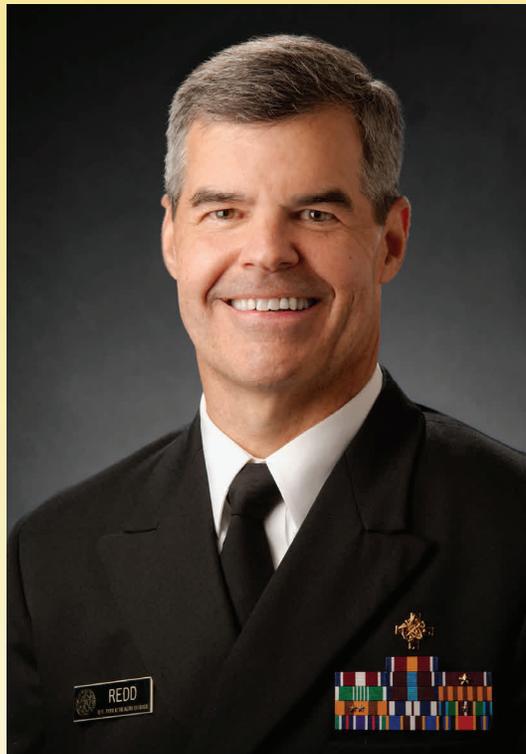
*RADM Stephen C. Redd, MD is the Director of the CDC Influenza Coordination Unit which is tasked with developing and exercising plans for pandemic response and developing capabilities necessary to control an influenza pandemic. He began with the Corps as a JRCOSTEP during medical school and then moved on to serve as an officer in the CDC's Epidemic Intelligence Service (EIS) during his residency. In 2009 he served as the Incident Commander of CDC's H1N1 pandemic influenza response team.*

**AC: What event(s) in your life led you to become an M.D. and Flag officer?**

**RADM Redd:** I can't point to a single event that led me to a career in medicine, CDC, and the USPHS. My father and grandfather were both doctors, and I had tremendous respect for the work they did. I suppose that I was destined to choose a career in medicine from that background. I could see firsthand that medicine was a noble field that had many, many positives. Although I majored in history in college, I always knew that I wanted to be a doctor. While in medical school, I had my first interaction with CDC and the USPHS. I served as a JR COSTEP in the reproductive health program at CDC between my second and third years of medical school. What an experience! This was the summer that the first cases of AIDS were reported and I gained an appreciation of how special CDC was. A few years later, as I slogged through my residency in internal medicine, I decided to apply to the EIS program. And although I'd initially intended to return from the EIS program to a career in academic medicine, once at CDC, I was hooked.

**AC: What has been the best experience you have ever had in the USPHS Commissioned Corps?**

**RADM Redd:** The best experience I've had as a USPHS commissioned corps officer was leading CDC's response to the H1N1 pandemic in 2009 and 2010. The most gratifying aspect was the teamwork across so many different parts of CDC. The founda-



tion of the CDC response, of course, was the staff and leadership of the Influenza Division, but every part of CDC, the Department, and the Commissioned Corps contributed to make the response successful.

**AC: What types of interactions do you have with the Surgeon General, the ASH, or the Secretary of HHS?**

**RADM Redd:** I participate in a monthly call with the Acting Surgeon General and occasionally stop by his office when I'm in Washington. The ASH is very interested in influenza and has led work across the Department to improve the control of seasonal influenza. This initiative has evolved into an increased emphasis at the Department level on adult immunization. I've briefed the Secretary on our influenza responses on several occasions.

[\(Continued on page 21\)](#)

## Fitness Corner

Contributed by the Public Health & Community Service Committee

Six USPHS officers (five active duty and one retired) from the Juneau, Alaska dental clinic of the Southeast Alaska Regional Health Consortium participated in the 2013 Klondike Trail of '98 International Road Relay, a 109-mile long running course that starts in Skagway, Alaska. The race course follows the trail of the Gold Rush stampedeers, traveling over the famous White Pass and finishing in Whitehorse, Yukon.

The course is broken into ten legs, with the shortest (and steepest) being five miles and the longest being 16 miles. The first leg starts in the early evening, and the racers continue throughout the night into the afternoon of the following day. Alaska's weather is notoriously fickle; runners can encounter clear skies with stunning northern lights or snow, sleet and thick fog.

This year marked the fourth year of participation and third year as team captain for LCDR Lisa Cone (HSO). "Preparing for the Klondike Race is a great team-building exercise and an excellent tool to support officer fitness goals. Our team is awesome; they are willing to meet over lunch, after work, and on the weekends in any weather (usually rain) to practice."

This was the first Klondike Race for LT Marc Desjarlais (Dental). "I'd have to say I initially joined the team because it was a great way to stay in shape during the summer, and really kept you motivated to do so. I really enjoyed having a goal that we all could accomplish outside of work, and feel proud with everyone else that we met a terrific goal." Dr. Desjarlais has already committed to run in next year's Klondike Road Relay.

Third-year race participant LT Olivia Barrow (HSO) commented "I really enjoy the team camaraderie and the support and encouragement from fellow officers. Knowing that my team members are depending on me is a great motivator."

Eighteen-year Klondike Race veteran CAPT (retired) Tom Bornstein (Dental) has run each of the ten legs at least once. As the Dental Director and a retired USPHS officer, he supports his junior officers. "It's gratifying to see our officers working so hard to maintain their fitness. This race is challenging but it's also a lot of fun."

LCDR Lucia Nascimento (Dental) participated in a four person Klondike walking team (CAVITY SEARHC) this year. The walkers began in Carcross, YT and covered the last four legs of the Klondike Road Relay course, a distance of 55 miles. "I really enjoy the fact that our group is really friendly and having them as team players on an exercising activity was just so uplifting."

## Recruitment and Retention Matters: Brief Overview of Commissioned Corp Benefits

Contributed by LCDR Renee Humbert on behalf of the JOAG Recruitment and Retention Committee

Commissioned Corps Officers in The United States Public Health Service (USPHS) hold the priceless honor of serving our country and with this honor comes certain privileges. This article intends to provide a glimpse of select benefits and resources to potential USPHS applicants. Selected benefits covered include mobility, health insurance, and leave. Other Corps benefits include growth through education and student programs, retirement plans, specialty pay, non-taxable housing allowance, and monthly subsistence. Above all, the greatest benefit is the reward of meeting our mission to protect, promote, and advance the health and safety of our Nation.

**Mobility:** PHS officers are able to serve in 13 agencies/programs of the Department of Health and Human Services (HHS). They can also be found in non-HHS agencies/programs such as the Environmental Protection Agency, National Park Service, Department of Defense, Department Homeland Security and more. A summary of each agency/program mission may be accessed on [USPHS.gov](http://USPHS.gov).

**Health:** Health insurance is often a top priority when selecting employment. Corps officers and their dependents are automatically covered by TRICARE, a comprehensive health care plan which provides medical and dental coverage at little or no cost to the serviceperson. Additional details are found at: [TRICARE](#); [TRICARE Benefits At-a-Glance](#) ; [Delta Dental](#), and [MetLife](#)

**Leave:** Balancing work and personal life can be a challenge. The Corps offers a competitive and desirable leave package. Officers receive 30 days of paid *annual leave* per year and may carry-over up to 60 days to the following year. This leave type is frequently used for personal reasons such as vacation or other pleasurable activities. Officers are granted *sick leave* to receive medical, dental, or mental health services. Sick leave also includes recovery time needed as a result of sickness, injury, pregnancy, and/or postpartum

recovery. When attendance to a professional meeting or exam is deemed beneficial to the Corps and officer, *administrative leave* may be granted. This leave type also includes factors surrounding Permanent Change of Duty Stations. Other types of Leave include *Station*, *Court*, *Adoption*, *Paternity*, *Consecutive Overseas Tour*, and more. Details about leave are found through the [Commissioned Corps Management Issuance System](#).

Officers in the USPHS are afforded numerous other opportunities and benefits. Embedded website links throughout this article provides fact-based resources for prospective Corps applicants and current USPHS officers.

*The quarterly segment of Recruitment and Retention Matters discusses issues to help facilitate recruiting by informing junior officers about new or key information to disseminate recruitment materials accurately and effectively. Occasionally this segment will highlight recruitment efforts by fellow junior officers, so if you would like to share your career fair experience with other officers please send it to the address below. If you have any questions, comments, or topics you would like us to cover please contact the JOAG Recruitment and Retention Publications subcommittee at [brook.stone@fda.hhs.gov](mailto:brook.stone@fda.hhs.gov) or [Renee.humbert@fda.hhs.gov](mailto:Renee.humbert@fda.hhs.gov).*

## Wreaths Across America—Remember, Honor, and Teach

Contributed by LCDR Zanethia Eubanks, LCDR Sarah Camilli,  
LCDR Shannon Aldrich & LT Gabriela Ramirez-Leon

Wreaths Across America (WAA) is a national non-profit organization whose story began over 20 years ago when the Worcester Wreath Company from Harrington, Maine initiated a tradition of donating and placing wreaths on the headstones of our nation's fallen heroes at Arlington National Cemetery. Recognition of the service and sacrifice of our nation's veterans and their families are especially poignant during the traditional holiday season. Worcester Wreath Company continues to be a major supporter of the project, donating over 30,000 total wreaths. Over 400,000 wreaths will be sponsored by individuals, businesses, and groups from communities nation-wide. Wreaths were placed in all 50 states, from Maine to Alaska and Hawaii, and at 24 national cemeteries on foreign soil. Currently WAA has grown to encompass over 750 participating locations and 150,000+ volunteers around the country.

WAA's mission is to REMEMBER, HONOR, and TEACH. Remember the fallen, honor those who serve including their families who sacrifice, and teach our children the cost of the freedoms we enjoy each day. On December 14, 2013, thousands of wreaths were laid on graves of those who have served in one of the seven uniformed services (Army, Marine Corps, Navy, Air Force, Coast Guard, USPHS and NOAA). Last year marked the 22nd consecutive year that holiday wreaths were placed on veteran's graves. WAA pursues its mission with nation-wide wreath-laying events amid the holiday season, and year-round educational outreach inviting all Americans to appreciate our freedoms and the cost at which they are delivered.

USPHS Officers participated in the Wreaths across America event held on Saturday, December 14, 2013. Fourteen USPHS Officers and two USPHS family members from the DC/MD/VA area joined thousands of volunteers who placed more than 100,000 remem-

brance wreaths on headstones throughout Arlington National Cemetery.

A few hundred miles away in Atlanta, Georgia, eight USPHS Officers and two USPHS family members joined a group of veterans, family members, and other members of the Uniform Services to lay wreaths at South-View cemetery. Officers presented a wreath at each grave site, paused for a moment of silence and gratitude, then saluted the fallen soldier. This is the 3<sup>rd</sup> year that South-View cemetery has participated in WAA and the 2<sup>nd</sup> year that the PHS has participated in this National program in the Atlanta area. The officers and their families were honored to participate and are committed to participating in years to come.



## Talking the Talk and Walking the Walk

Contributed by LT Katrina Piercy & LCDR Deborah Dee

The acute and chronic health benefits of regular physical activity are numerous: reduced risk of cardiovascular disease, type 2 diabetes, and several types of cancer; stress reduction; and weight loss and prevention of weight gain. Further, research has shown that physical inactivity contributes to 10% of premature deaths from non-communicable diseases worldwide. Despite these health advantages, less than a quarter of adults meet the federal [Physical Activity Guidelines for Adults](#), which recommend 150 minutes (equal to ~30 minutes a day, 5 days a week) of moderate- to vigorous-intensity physical activity per week and 2 days per week of muscle-strengthening physical activity.

The Surgeon General of the United States, as the lead for the U.S. Public Health Service (USPHS) Commissioned Corps, has long promoted the benefits of physical activity. The Office of the Surgeon General implemented the [National Prevention Strategy](#) in 2011, published several Surgeon General's Perspectives on physical activity in *Public Health Reports*, and expects to publish a [Surgeon General's Call to Action](#) to support and promote walking and walkable communities later this year. As USPHS officers, we have the unique opportunity to support the Surgeon General's efforts and to lead by example by literally "talking the talk and walking the walk."

Why promote walking? Walking is one of the easiest forms of physical activity. It requires little equipment besides comfortable shoes and can be done practically anywhere, alone or with others. It is also the preferred method of physical activity among American adults.

Recently, JOAG created the *Everybody Walks! Workgroup* to promote this very activity. The goals of the *Everybody Walks! Workgroup* are to:

- Create a culture that supports walking among Americans of all ages and abilities;
- Educate Americans on the importance and benefits of regular physical activity and encourage walking as a way to promote a healthy lifestyle;
- Identify barriers that could interfere with creating walkable communities; and
- Support the Surgeon General's Walking Initiative.

Led by LCDRs Misty Rios and Margaret Whittaker-Caulk, this group of 58 officers represents 8 USPHS categories from across the U.S. New members are always welcome, and we would like to ensure that each category is represented. Before the workgroup was created, officers had participated in a variety of activities including International Walk to School Day in October 2013, implementing a walking program at the Bureau of Prisons facility in Houston, Texas, and assisting with the Feet First Philly program in Philadelphia, Pennsylvania. With the establishment of the new workgroup, we hope to have a larger number of events to support walking and walkability. We know 2014 will be an exciting year for our workgroup, with planning underway for events on National Walking Day (April 2) and on National Trails Day (June 7). Also, officers serving as local leads are working to identify and coordinate walking opportunities and events across the country.

Are you interesting in walking the walk and leading by example? Contact LCDR Rios ([m1rios@bop.gov](mailto:m1rios@bop.gov)) and LCDR Whittaker-Caulk ([Margaret.Whittaker@fda.hhs.gov](mailto:Margaret.Whittaker@fda.hhs.gov)) to get involved today!

## My TDY in Sitka, Alaska

Contributed by LT Ruby Tiwari

As a newly commissioned officer, I had many ideas and thoughts on how to best launch my career in PHS. After attending the Officer Basic Course (OBC) and meeting with senior officers, I immediately knew that partaking in a deployment or temporary duty (TDY) would be of great interest to me as a junior officer. The rewarding stories that were shared with me definitely sparked my interest as a challenging and promising endeavor.

Temporary duty (TDY) station also known as "temporary duty assignment," is the temporary assignment for an officer to conduct duties that are outside the scope of duties specified in the officer's billet description. After speaking with some officers on how to pursue a TDY, I saw a posting on the Pharmacist listserv advertising a TDY Opportunity in Sitka, Alaska for two weeks. Mt Edgecumbe Hospital Pharmacy needed a pharmacist for two weeks during a time of staffing shortages. The pharmacist would be required to work in their outpatient pharmacy.

Subsequent to conveying my high interest in this TDY, I was given the opportunity to travel to Sitka, Alaska in May 2013. The non-profit Indian Health Service (IHS) tribal hospital serves 18 Native communities and is considered one of the oldest and largest Native-run hospitals in Alaska. The outpatient pharmacy provides ambulatory care services, telepharmacy services and mail order services to patients living in the rural villages. Travel, lodge, and transportation arrangements were primarily arranged by the Pharmacy Manager. This was convenient since I primarily worked with the hospital administration staff for all my travel and reimbursements needs.



The Hospital provided lodging in an apartment 5 miles away from the hospital. I resided in a private apartment and that was very nice and cozy.

My two week TDY in Sitka was remarkable as I will always cherish many fond memories from my trip. The pharmacy staff was very helpful and welcoming. The pharmacy staff included me in their meetings, clinical dialogue and were open to my recommendations on pharmacy operations. Additionally, the staff provided me with a list of recommended tourist spots and restaurants which I thoroughly enjoyed. Not only were the different tourist attractions interesting, but I was amazed with the breath-taking scenery – what a way to relax after a long day of work! My duties primarily consisted of verifying

prescriptions and counseling patients about their medications. I counseled about 20-25 patients a day and checked prescriptions that were not only for hospital patients, but also prescriptions for mail order and neighboring cities. I was also given the opportunity to shadow the inpatient pharmacist and the tele-pharmacist who is strictly responsible for overseeing a satellite pharmacy 100 miles away. Not only did I get a fabulous learning experience at the TDY station, but I was also so fortunate to gain a great deal of knowledge about the culture and history of Sitka natives and IHS Hospitals.

I strongly suggest that all PHS officers take the opportunity to work at a TDY station, if given the opportunity, as I found the entire experience very rewarding in terms of gaining knowledge of a different culture as well as learning about the invaluable roles of a pharmacist in the PHS.

Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>

# Partnership of the Junior Officer Advisory Group and the American Health Occupations Student Organization

Contributed by the JOAG HOSA Subcommittee

## The HOSA - JOAG Partnership

In 2009, then LT Samuel Schaffzin was assigned to the Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC), and as a JOAG voting member was asked to create a workgroup of officers to begin working with HOSA to develop a mentoring program for these future healthcare leaders. The program has been developed and is in the final pilot stages of implementation (due to officially launch in late 2013). It is expected that, similar to the HOSA Medical Reserve Corps (MRC) pilot, this pilot will also be a success.

As HOSA's official name suggests, HOSA: Future Health Professionals, these students represent the face of healthcare for tomorrow. To help mold these future health professionals, it is imperative that the USPHS tap into this valuable resource by providing mentoring opportunities. The primary focus is to assign the students with junior officer mentors who can provide the students with a greater understanding of the federal health care system, identify opportunities for them to work within the federal government, and pique their interest in careers in the government sector and in public service. This will undoubtedly benefit the nation.

While developing this pilot, HOSA had an identified need and USPHS officers across the nation are already well equipped to assist. Every year HOSA students compete in healthcare related competitions. These competitions require judges, and judges with clinical and public health backgrounds are preferred to judge the clinical skills and other specialized areas evaluated during these competitions. That is where USPHS officers can help. Regional competitions are usually held in the late winter, and with spring come the state competitions. After state competitions the students prepare to compete during the annual National Leadership Conference, usually held in late June. This conference hosts the best students from across the country and the best of the best is decided with another round of competitions. During this past year, officers attended these conferences, judged the events, and mentored the students.

## How can you get involved?

In the future there will be a call for volunteers sent out over the JOAG listserv. This request will call for volunteers to become mentors for the pilot program. Once the program is deemed a success more volunteers will be needed to mentor these HOSA students. You can also contact one of the co-leads of the JOAG-HOSA Subcommittee, and they can put you in contact with the state advisors so that you can volunteer to be a judge at upcoming regional or state competitions. The contact information for the co-leads can be found on the JOAG website, under the Professional Development Subcommittee.

## Rio Grande Food Pantry

Contributed by LT Alexander Varga

On a brisk Saturday morning, just weeks before Christmas, officers from the Rio Grande chapter of the Commissioned Officers Association met at the Albuquerque Storehouse, a food bank that offers free food to those that are struggling during these difficult times. Officers flocked to the food bank from Santa Fe, Grants, and Acoma, NM to meet in Albuquerque to aid in this worthy cause. Organized by the Philanthropy Subcommittee of the Rio Grande chapter, ten officers attended this event and represented both Indian Health Services as well as the Centers for Disease Control and Prevention. Their responsibilities that day were multifold: organizing boxes of food that came off the loading dock into similar food groups, placing the food items in the proper places on the shelves of the pantry, and helping the recipients of the food make selections according to their respective needs.

By wearing our navy blue ODU T-shirts we increased our visibility as officers. Along with the increased visibility came questions about who we are and what we were doing there. Many of our officers shared their respective stories about where and who they worked for with the food recipients. This rapport helped create a friendly and social environment. Many of our officers were thanked individually for their volunteer work that day and this overwhelming sense of appreciation and gratitude made our effort all the more worthwhile.

Another added perk of this event was that because of the extensive pre-planning, many officers were able to meet one another for the first time. Working together in unison for a good cause really bolstered the Rio Grande officers' sense of esprit de corps and many friendships were built.

**JOAG's mission is to provide advice and consultation to the Surgeon General, Chief Professional Officers, Professional Advisory Committees, & other Commissioned Corps groups on issues relating to professional practice and personnel activities affecting Junior Officers in the USPHS Commissioned Corps.**

## Tips on Interviewing for Positions

Contributed by LCDR Francine Barnett

In today's competitive market, it is critical that you put your best foot forward when looking for a new position. Preparation is crucial to increasing your chance to secure an interview as well as potentially be selected for your next position. Applying for a position is a three phase process: preparation, interviewing, and follow up. Ensuring that you address all three areas is the key to success for any officer.

### *Preparation*

- Read the announcement carefully to make sure your skillsets match the position requirements.
- Research the organization/agency for which you are applying and decide if this is right for you.
- Your Curriculum Vitae (CV)
  - Update your CV.
  - Verify that the requirements of the job announcement are captured in your past job performances.
  - Include a cover letter that responds to the announcement and any specific requests.
  - Select a mentor or peer to proof read your CV and cover letter to ensure that it is error-free prior to submission.
  - Write a brief message stating the purpose of your email. Make sure the subject line of the Email mentions the job announcement.
  - Complete spell check and review for typos prior to sending.
- Select a mentor or peer to practice answering potential interview questions.
- Create three questions you are prepared to ask at the interview.
- Prepare a reference list.

### *The Interview*

- Take leave if it is scheduled over the phone so that you can be completely focused and dedicated to the interview process.
- Wear your Service Dress Blues if you interview in person. Make sure that your uniform is clean, pressed and properly worn, along with correct/current components.
- Clearly respond to the questions providing situational examples whenever possible.
- Make sure to have eye contact when responding to the interviewer/panel.
- Ask the three questions that you brought with you to the interview.
- Bring additional copies of your CV to the interview.
- Bring a reference list in case you are asked to provide one.

### *Follow Up*

- Write a thank you note via email to the interviewer and restate what unique professional skills you would bring to this new position if selected.

Following these 3 steps will give you the upper hand when looking for your next position. So, put your best foot forward and go forth and interview!

## Establishing Better Hearing and Speech Month in Georgia

Contributed by LCDR Carla Chase

Armstrong Atlantic University's Department of Communication Sciences and Disorders and Winn Army Community Hospital teamed up to request that Governor Nathan Deal name the month of May as Better Hearing and Speech Month for the state of Georgia. Governor Deal signed the Better Hearing and Speech Month proclamation in May 2013.

Professor of Communication Sciences and Disorders and Program Coordinator of the Communication Sciences and Disorders Program and Armstrong's RiteCare Center, Jean Neils-Strunjas, has been collaborating with Lieutenant Commander Carla Chase at Winn Army Community Hospital in Ft. Stewart, Ga., on the official declaration of Better Hearing and Speech Month. LCDR Chase provides speech-language pathology clinical supervision for students in Armstrong's Communication Sciences and Disorders program and works with patients at Winn who have suffered traumatic brain injury.

"The proclamation for Better Hearing and Speech Month signed by Governor Deal reminds the citizens of Georgia to seek help from a certified speech-language pathologist or audiologist for speech, language, and hearing disorders," explained Neils-Strunjas.

Better Hearing and Speech Month is a nationwide effort by the American Speech-Language-Hearing Association to raise awareness about communication disorders and to promote treatment that can improve the quality of life for those who experience problems with speaking, understanding, or hearing.

Awareness and treatment of communication disorders is especially important today with the influx of soldiers returning from duty with traumatic brain injury. The proclamation signing with Governor Deal gave

Chase and Neils-Strunjas the opportunity to talk with the Governor about the importance of cognitive rehabilitation for traumatic brain injury for the members of the military who have suffered such injuries.

"Speech-language pathologists like Commander Chase provide assistance with memory, planning, and communication skills that are frequently impaired when a soldier is wounded," added Neils-Strunjas. "Intervention can provide a relief from brain injury and can assist a soldier on the road to recovery."

Anyone with a communication disorder may seek help on the Armstrong campus at the RiteCare Center for Communication Disorders by contacting [jean.neilsstrunjas@armstrong.edu](mailto:jean.neilsstrunjas@armstrong.edu).

All active duty soldiers with a history of concussion are eligible for screening, evaluation and treatment as indicated. Check it out via your primary care provider at your duty station, for example, Winn Army Community Hospital on Fort Stewart, Georgia or Tuttle Health Clinic at Hunter Army Air Field in Savannah, Georgia.

## Learning Without Limits!

Contributed by LCDR Simleen Kaur

Interested in learning or expanding your knowledge in fields such as public health, leadership, project management, administrative skills and any more but no time for class room sessions? Please see few training resources listed below for webinars and online classes that can help you achieve your goals at your own pace and fast track your career.

**University of North Carolina, Center for Public Health Preparedness Training Website** offers free short Internet-based trainings on public health preparedness topics such as disease surveillance, basic epidemiology, bioterrorism and new/emerging disease agents: <http://cphp.sph.unc.edu/training/index.php>  
Browse through UNC's office of Continuing Education to sign up for your next class: <http://nciph.sph.unc.edu/tws/index.php>

**Training Finder Real-time Affiliate Integrated Network (TRAIN)** is a premier learning resource for professionals who protect the public's health. [www.train.org](http://www.train.org)

**California Distance Learning Health Network (CDLHN)** offers educational opportunities to healthcare workers in far-reaching areas of the state, across the nation, and around the world. <http://www.cdlhn.com/about.php> (the website is currently down but should be back up soon)

**Coursera** is an education company that partners with the top universities and organizations in the world to offer courses online for anyone to take, for free. <https://www.coursera.org/>

**National Seminars Training** is a division of Rockhurst University Continuing Education Center, Inc., and has trained millions of today's most successful professionals. <http://www.nationalseminarstraining.com/aboutUs.cfm>

**Skill Path Training** offers Continuing Education Credits based on program length and completion in accordance with the National Task Force for Continuing Education guidelines for attendance at their seminars. <http://www.skillpath.com/index.cfm/main/about>

**Fred Pryor Seminars and CareerTrack** divisions of PARK University Enterprises, Inc., are one of the most respected international providers of professional seminars, webinars and online training. <http://www.pryor.com/site/default.aspx>

## Reaching Out to Residents of Remote Islands of Maine

Contributed by LT Leigh Ann Miller

On an autumn day in Maine, I boarded the 74-foot ship *Sunbeam* and sailed from Southwest Harbor toward Great Cranberry Island for a walk-in flu clinic. The *Sunbeam* is the vessel for Maine Seacoast Mission's outreach services to remote islands. Staff for the 3-day voyage included four crewmembers, a nurse, and me as visiting epidemiologist. I went to offer health education on infectious diseases and observe management for chronic health conditions.

Because it makes visits every 2–5 weeks, the *Sunbeam* is familiar to residents when it docks at the four islands we visited, Great Cranberry, Long, Isle Au Haut, and Matinicus. Residents quickly boarded the ship, greeted the crew, and headed for the cookie jars. The steward bakes approximately 200 cookies before each voyage, nearly enough for every island resident to have one.

Before the *Sunbeam*'s arrival, its nurse announced the flu clinic with signs at island post offices and through social media (e.g., Facebook). During a typical clinic visit, the nurse examines each patient to make a preliminary diagnosis and connects the patient with a physician on the mainland by using telemedicine where needed. The *Sunbeam*'s exam room has telemedicine access to mainland hospitals and clinics for



internal medicine and behavioral health visits. The nurse helps coordinate delivery of health care supplies and residents' prescription medications and also assists with management for chronic conditions.

Each island has a health officer with basic first-aid training and medical equipment. For major illnesses or trauma, health care on the mainland is necessary. Rough weather conditions, especially during winter, can make those >20 mile journeys rather treacherous.

On Matinicus, I joined the nurse for a home visit to an older patient with diabetes and high blood pressure who lives alone. The patient welcomed us with a request to help find a snake that the cat had dragged inside! This showed me how unpredictable providing health care to remote islanders can be.

*(continued on page 22)*

Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>

## Protecting Public Health during the Government Shutdown: Stories from Junior Officers

Continued from page 1

This rigorous monitoring of the CTM during the furlough ensured that beneficiaries were still being provided essential benefits, despite the furlough. USPHS officers throughout CMS played a key role in the effort to safeguard the rights, benefits, and protections of Part D beneficiaries during the furlough through their oversight and monitoring of the CTM.

***LCDR William A. Lanier, Veterinarian, Denver District, Office of Regulatory Affairs, Food and Drug Administration, Salt Lake City, UT***

In early October 2013, three USPHS officers in the FDA Denver District, including me, received an assignment to follow up on a Class I recall of food products. The product was recalled because it contained crustacean shellfish which was not declared on the label. Crustacean shellfish is one of the eight major food allergens and can make sensitive consumers have serious, even life-threatening, reactions. I visited a local grocery store and found packages of recalled products still on the shelves. I ensured the recalled products were removed immediately. If USPHS officers had not been available to respond, the product likely would have remained on the shelves, exposing sensitive consumers to a potentially serious health risk for a longer period of time. I am glad I was able to serve my country and protect public health during this time.

***LT Kara Jacobs Slifka, Physician, Epidemic Intelligence Service, Centers for Disease Control and Prevention, Atlanta, GA***

Seven Epidemic Intelligence Service officers, all Commissioned Corps junior officers, as well as a few of our supervisors and our lead assessment epidemiologist, took on the work of an entire branch so that surveillance and response to foodborne outbreaks could continue during the government shutdown. We divided the work amongst ourselves and collaborated with our colleagues around the country at local and state public health departments in order to continue to protect the public from enteric illness. In order to avoid overwhelming the single remaining staff member in our laboratory, we developed a staggered, prioritized approach to lab inquiries, only requesting data that was critical to recognizing and controlling outbreaks.

Almost immediately after the shutdown started, we identified a huge spike in the number of ill persons associated with a particular outbreak. A timeline of events for this outbreak and additional information can be found at the following link:

[http://www.cdc.gov/salmonella/heidelberg-10-13/index.html?s\\_cid=cs\\_002](http://www.cdc.gov/salmonella/heidelberg-10-13/index.html?s_cid=cs_002)

The peak of the illnesses in this outbreak, by week of illness onset, occurred in September. It takes a few weeks for a person to get sick, have labs drawn, have the results returned to the medical facility, then to the health department, and finally to CDC. Therefore, we saw this huge spike almost immediately after the government shutdown was announced. If our team of USPHS officers wasn't on the job, there's a good chance this outbreak may have gone unnoticed.

The first week of the shutdown was intense, but the importance of our branch's mission was acknowledged enough that by the second week we received approval to bring some of our civil service colleagues back into the office to help. We were still severely short-staffed for the remainder of the government shutdown, but overall, it was a great experience and one that we were privileged to be a part of.

## Protecting Public Health during the Government Shutdown: Stories from Junior Officers

Continued from page 18

***LCDR Elizabeth Irvin-Barnwell, Scientist Officer, and Lcdr Danielle S. Mills, Environmental Health Officer, National Center for Environmental Health, Centers for Disease Control and Prevention, Atlanta, GA***

During the shutdown, though we do not normally work in the lab, we were assigned to provide lab assistance for the National Center for Environmental Health (NCEH), Division of Laboratory Services (DLS) at the Centers for Disease Control and Prevention (CDC). The National Health and Nutrition Examination Survey (NHANES) is conducted by CDC's National Center for Health Statistics, and DLS analyzes samples and reports the results to NHANES. NHANES is a continuous survey designed to assess the health and nutritional status of adults and children in the United States through both interviews and physical examinations. NHANES is responsible for producing health statistics for the nation. Whether it's the mean cholesterol levels in the United States, the actual prevalence of obesity, or the number of people with undiagnosed diabetes, NHANES is the source of the data. We assisted with pipetting solution into 1000 vials to properly collect and aliquot the sample for urine mercury analysis. This allows CDC to report the correct mercury level to the NHANES survey. DLS had very limited staffing during the furlough, which means USPHS officers played an essential role during this time.

***LCDR Meredith Pyle, Health Services Officer, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, Atlanta, GA***

During the government shutdown, I was reassigned from my normal duties as a Project Officer in Prevention Research to the Division of Blood Disorders Laboratory because of my 13 years of experience in laboratory research. I spent my time in the laboratory keeping the equipment calibrated and running smoothly. Daily protocols need to be followed and documented in order to maintain Clinical Laboratory Improvement Amendment (CLIA) certification of the labs. CLIA certification can be onerous to reestablish if lost. I was also tasked with receiving and storing any sample deliveries to the Chronic Viral Diseases lab. Improper storage of laboratory samples can cause the loss of these precious specimens. I am glad I was able to exercise my previous skillsets to fulfill vital laboratory roles during the shutdown.

***LCDR Katrina Mosley Sloan, Health Services Officer, Atlanta District, Office of Regulatory Affairs, Food and Drug Administration, Atlanta, GA***

Imported products come into the United States every minute of the day! As an FDA Import Investigator, my team and I ensure imported products meet FDA Regulations by examining incoming products and documentation. During the shutdown, we faced some obstacles such as laboratory delays and the inability to collect and ship samples, but my furlough-exempt civil service colleagues and I continued our daily operations as best as we could. During this time I prevented herbs with prohibited pesticides from coming into the US and ensured faulty examination gloves did not enter into commerce. Our *Espirit de Corps* was noted and acknowledged throughout the shutdown. It was rewarding to receive and give encouragement to my co-workers and other USPHS officers.

[\*\(More stories, page 20\)\*](#)

Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>

## Protecting Public Health during the Government Shutdown: Stories from Junior Officers

Continued from page 19

*LT Jeannie Hong, Pharmacist, Colorado River Service Unit, Parker Indian Health Center, Indian Health Service, Parker, AZ*

Phone rings. “Are you guys staying open during the shutdown?” asks the patient on the other end of the line.

As an isolated hardship site, our pharmacy’s service spans 3 different states: tribal members of the Colorado River Indian Reservation in Parker, AZ; those at the Chemehuevi Indian Reservation in Chemehuevi, CA; Native American high school students at Sherman Indian Boarding School in Riverside, CA; and the Moapa Band of Piute Indians in Moapa, NV. As “excepted” employees to the shutdown, the commissioned officers at Parker Indian Health Center developed an even stronger dedication to executing the mission of protecting the health of our nation. It did not, however, mean being a superhero. We just carried out our daily, normal duties to provide continuous care.

One afternoon during the shutdown, an elderly patient during a counseling session shared a secret with our pharmacy staff, who was curious about why the patient was on an antidepressant drug despite smiling, being pleasant, and seemingly in a good mood. The patient stated that only at this I.H.S. pharmacy, he felt welcomed, important, and cared for by the staff, which made him smile. This patient’s feelings assured us that our work during the shutdown did not go in vain.

Our furlough-exempt civil service co-workers stood by us to continue the same mission, despite the uncertainty of “bringing food to the table” at home. When the shutdown was finally lifted, we all shouted for joy and sighed in relief. Through this experience, I can say, without a doubt, that I am proud to be a USPHS Commissioned Corps officer.

### **Conclusion**

Despite the difficulties and uncertainties in early October 2013, USPHS officers carried on the work of our agencies. Our efforts during this critical time helped us better understand the special significance of belonging to a Uniformed Service. We are proud to have been able to stand with other officers and civil service colleagues to protect public health during the shutdown.

## Admiral's Corner

Continued from page 6

**AC: Your duties entail an enormous and encompassing responsibility. What is it like managing a large response like the H1N1 pandemic response?**

**RADM Redd:** It was a tremendous honor to lead that response and there were two thoughts I lived with through those months. The first was to continuously ask myself whether what I was doing or planning to do was the most important thing to be doing at that point in time. This helped me stay focused on what was really important and to recognize that I wouldn't be able to know all the details of every aspect of the response. The second was making sure that we had the manpower to do all the work that was needed.

**AC: Which are the most pressing challenges that concern you within your organization?**

**RADM Redd:** The main challenge for public health is to show the impact of the activities we are involved with. Being able to describe our successes is critical in explaining our value to others. Staying focused on outcomes also serves as a morale builder. For influenza, we need to show progress in being better able to respond to the inevitable next pandemic. I think we have the same challenges within the Corps—the added value that having a uniformed component brings to the department and how the Corps contributes to the larger issue of protecting and improving the health of the public.

**AC: Educating others about the US Public Health Service Commissioned Corps is a continual endeavor. How do we as officers ensure the best message is being properly conveyed to the public?**

**RADM Redd:** Not a week goes by that I don't have the opportunity to explain to people that I work at CDC and am a Commissioned Corps officer in the Public Health Service. The uniform is the usual way this opportunity comes up. Someone looks at my uniform, and maybe recognizes that it's very similar to a US Navy uniform and asks me what my rank is or where I'm stationed. Depending on the age of the person asking, I'll often refer to C. Everett Koop and his wearing of the USPHS uniform. For people who are younger, I'll describe the work I do at CDC and explain that the USPHS is one of the 7 US uniformed services. Since my work involves preparing for the next influenza pandemic, people often thank me—again on behalf of all the people working on flu—for keeping us protected.

**AC: You've served the USPHS with an extensive and varied career. What advice can you offer to junior officers who aspire to serve at the Flag level?**

**RADM Redd:** The most important recommendations are to do the best work possible and to choose an important area to work in. This advice relates to the question of challenges—we have to be tackling the difficult work that will have the greatest impact. It's also important to continue to learn every week and throughout your career. This advice won't inevitably lead to a career as a flag officer, but they are prerequisites for a successful career where you've made a contribution to improving health, and that's really what we all should aspire to.

## Reaching Out...

Continued from page 17

The nurse arranges for the local health officer to visit the patient for weekly blood pressure checks and to monitor the patient's blood sugar logbook. The patient said she appreciated the visits, but deflected questions about making regular logbook entries. The exam felt like a typical health care visit between a trusted provider and her patient, with a stunning Atlantic Ocean view from the living room window.

The *Sunbeam* crew invited island residents onto the ship for evening talks. On two islands, I spoke about common infectious disease conditions in Maine, namely tickborne diseases and pertussis. Residents of one island were especially interested in methicillin-resistant *Staphylococcus aureus* (MRSA) because local fishermen have had the infection in their hands. I covered the basics of MRSA transmission and treatment.

Seeing these remote islands and their sturdy residents made me appreciate how community members care for one another to manage chronic illnesses. It also made me recognize how vital communicable disease prevention (e.g., flu vaccinations) is for settings with limited health care options. The *Sunbeam* provides valuable services to people with challenges accessing health care.

## Officers Unite to Adopt Local Families

Contributed by LT Nicole Lawrence



The holiday season is usually a time filled with happiness but for many Winslow families, the holidays are just another time of the year when they have to go without the basic necessities.

During this holiday season, 10 junior officers, one senior officer and two family members hosted an "Adopt-A-Family for the Holidays" event for the families in the Winslow Arizona Community. During the event, officers "adopted" local families by giving out 227 food items, 167 personal care items, 78 nutritional supplements and vitamins, 12 household items, \$175 worth of gift cards to 12 families, distributing 150 stuffed Christmas stockings to children in the Winslow and Dilkon communities, \$245 worth of gift cards to attending families, prizes to Bingo winners and books on safety to all attending families.

The event was a huge success and the efforts of the officers were very much appreciated by the library staff, participants and community. The officers encourage their fellow officers to exemplify the Corps core value of Service by finding ways to serve their community in the upcoming year.

## JOAG Welcomes — Newly Commissioned Officers!

(December—March 2014)

Contributed by the JOAG Welcoming Committee

<b>BOP</b>	<b>DOD</b>	<b>NIH</b>
LT Alisha Edmunds LT Ashley Hartsell LT Charlotte Francia LT Chiraly Saint-Val LT Domenic D'Allessandro LT Lynn Ann Abeita LT Nicole Mims LT Sharon Downey LT Stanzie Webster LT Temika Hardy-Lovelock LTJG Alexa Soto LTJG Dion Baker LTJG Kelly Sharry LTJG Keyonica Lassiter LTJG Mark Larson LTJG Rodney Avent ENS Joseph Hill	LCDR Micah Sickel  <b>DOI/NPS</b>  LCDR Samuel Dana Russell  <b>FDA</b>  CDR Erin Larkins LCDR Shiny Mathew LT Corwin Howard LT Kenneth Chen LT Leslie Rivera Rosado LT Yen Bui LTJG Khadar Diria  <b>IHS</b>  LCDR Juliane Kim LCDR Xinyu Li LT Andrew Bernard LT Brittany English LT Emily Cook LT Julie Nelson LT Katie Palmer LT Laura Alexander LT Luis Millan LT Marie Bastin LT Matthew David LT Paul Chefor LT Shannon Saltclah LT Venus Uttchin LTJG Aaron Patterson ENS Sean Francisco Navin	LT Jamie Cherup LT Nicole Pascua LTJG Renee Owusu  <b>NOAA</b>  LT James Jones IV  <b>OS/OASH</b>  LT Shondelle Wilson-Frederick  <b>SAMHSA</b>  LT Danny Benbassat LT Phillip Williams
<b>CDC</b>  CDR Eric Halsey LT Eileen Bosso LT Jamie Mells LT Taran Jefferies LTJG Melissa Seaton		
<b>DHS</b>  LCDR Nisha Money LT Audlandra Aaron-Magee LT James Corliss LT Michelle Hohensee LTJG Ebele Onyedumekwu LTJG Mark Jones		

## JOAG Congratulates all Junior Officers on their recent/upcoming promotions!

(January 2014—April 2014)

### *To Commander (O-5)*

#### **Engineer**

Vivian I. Porter	04/01/2014
Steven D Scherling	04/01/2014

#### **Environmental Health Officer**

Hien Nguyen Albright	01/01/2014
Christopher Todd Smith	04/01/2014
Elizabeth J. Valenti	04/01/2014
Matthew Allen Walburger	04/01/2014

#### **Health Services Officer**

Elaine Caroline Bond	04/01/2014
Michael Curtis Clay	01/01/2014
Nicole Joy Glines	01/01/2014
Alysa Michele Jackson	01/01/2014
James Nang Lee	01/01/2014
Melissa Ann Morrison	01/01/2014
Brooke Mary Wallace	01/01/2014

#### **Medical Officer**

Kate Flanigan Sawyer	03/01/2014
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#### **Nurse**

Vickie Elaine Caldwell	02/01/2014
Jennifer R. Chhibber	01/01/2014
Trevor Brian Lidge	01/01/2014
Karen E. Livornese	01/01/2014
Evangeline J. Pablo	04/01/2014
Emmanuel Samedi	01/01/2014
Carroll D Wyble	01/01/2014

#### **Pharmacist**

Nam Joo Chun	04/01/2014
Sidney B. Daniel JR	03/01/2014
Joshua Wayne Devine	03/01/2014
Adams Olatokunbo Solola	03/01/2014

*\*EPP*

### *To Lieutenant Commander (O-4)*

#### **Dietitian**

Nakisha Lavon Brown	04/01/2014
Casey Lynne Cavanaugh	04/01/2014
Veronica Anne Handeland	04/01/2014
Kari R. Wato	01/01/2014

#### **Engineer**

Douglas William Barber	01/01/2014
Matthew Edward Ireland	01/01/2014
Julia Christine Majkrak	01/01/2014
Tanya Velma Noble	04/01/2014
Joshua Vanvleet	01/01/2014

#### **Environmental Health Officer**

Jeffrey Thomas Conner	01/01/2014
William P Fournier	04/01/2014
Chyla Toye. Hunter	04/01/2014
Andrew McLaughlin Kupper	01/01/2014

#### **Health Services Officer**

Moses Ajoku	01/01/2014
Oluyemisi Olusola Akinneye	04/01/2014
Dawn Marie Arlotta	04/01/2014
Sara Azimibolourian	04/01/2014
Tacheka Monique Bailey	01/01/2014
Michael J Banyas	01/01/2014
Fleurette P. Brown-Edison	01/01/2014
John William Diehl	01/01/2014
Dodson Frank	01/01/2014
Ellen Therese Gee	04/01/2014
Mark Anthony Gray	01/01/2014
Renaë Lea Hill	04/01/2014
Tara Levine Houda	01/01/2014
Alfred J. Lugo	04/01/2014
Collins McDonald Mason	01/01/2014
Michael Paul Mcsherry	01/01/2014

*\*EPP*

## JOAG Congratulates all Junior Officers on their recent/upcoming promotions!

(January 2014—April 2014)

### **To Commander (O-5)**

#### **Scientist**

Jon Eric Tongren	01/01/2014
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#### **Therapist**

Eric William Bradford	02/01/2014
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Artresiah Trinette Rogers	04/01/2014
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Paul Charles Stout	01/01/2014
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#### **Veterinarian**

Evan Thomas Shukan	02/01/2014
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\*EPP

### **To Lieutenant Commander (O-4)**

#### **Health Services Officer**

Tanya Rincon	01/01/2014
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Michael Serrano	01/01/2014
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Leon C Snyder	01/01/2014
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Evan Frederick Spencer	04/01/2014
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Lane Nuhn Vause	01/01/2014
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#### **Nurse**

Garry Edward Allen	01/01/2014
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Richard Lee Archuleta	04/01/2014
-----------------------	------------

Robert Anthony Banta	01/01/2014
----------------------	------------

Kristie Haselden Barnes	01/01/2014
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Matthew Ross Cruthers	01/01/2014
-----------------------	------------

Jonathan Slade Flitton	01/01/2014
------------------------	------------

Crystal N Hartis	01/01/2014
------------------	------------

Alex Marinas Horton	04/01/2014
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Todd Thomas Lawrence	04/01/2014
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Carl Micheal Maltese	01/01/2014
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Devon Aurora Mccabe	01/01/2014
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Stefen D. Mcmillan	01/01/2014
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Tamala Booker Middleton	04/01/2014
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Virginia Francis Minton	01/01/2014
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Lelo Theo Ngoma	04/01/2014
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Justin Michael Nordstrom	01/01/2014
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Trimeka Lantrell Smith	01/01/2014
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Kristina F. Smith	01/01/2014
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Terry Lynn Smith	04/01/2014
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Lillie Latasha Williams	04/01/2014
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#### **Pharmacist**

Kristin Marie Abaonza	01/01/2014
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Emily K. Baker	01/01/2014
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Theresa H Castellanos	04/01/2014
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Kevin Eugene Herkenham	01/01/2014
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#### **Therapist**

Stephen Norman Berry	04/01/2014
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\*EPP

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# JOIN OUR MEETINGS

## Join us for the upcoming JOAG General Meeting at the 2014 USPHS Scientific Training Symposium

June 11, 2014

1200–1330 EDT

Call in number: (626) 677-3000; Passcode: 791-9605#

### Journeyman Series—May 9, 2014

“Lessons Learned on Leadership - How to Best Practice our USPHS Core Values”

CAPT Holly Ann Williams, Team Commander of Rapid Deployment Force 3 (RDF 3) and  
CDR Sara Luckhaupt, Medical Officer at CDC.

This presentation will focus on the importance of leadership and best practices to show USPHS Core Values. It will also provide a brief discussion on women in leadership with excerpts from the presenters detailing lessons learned during their leadership experiences.

1300–1400 EDT

**Miss a JOAG Meeting? Don't despair! JOAG meetings are recorded. Audio recordings are available “on demand” by e-mailing LCDR Hiren Patel at [Hiren.Patel@fda.hhs.gov](mailto:Hiren.Patel@fda.hhs.gov)**

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