JOAG presented its three annual awards at the 2014 USPHS Scientific and Training Symposium in Raleigh, North Carolina. Descriptions of the awards and the recipients follow.

**VADM Richard H. Carmona Inspiration Award**
JOAG was fortunate that Dr. Carmona himself was able to present the award this year. This award recognizes an active duty senior PHS officer for leadership by example, mentorship and empowerment of junior officers, unwavering support of the Commissioned Corps and its mission, and overall inspiration and motivation of the PHS Community.

The recipient of this year’s Carmona Award is CAPT Diann Shaffer, a Nursing Officer who began her service with the Commissioned Corps in 1994 with the Bureau of Prisons. Since 2005, she has served as the Commissioned Corps Liaison for the FDA’s Office of Regulatory Affairs (ORA) where she has led the effort to hire PHS officers during FDA’s hiring surge and facilitated the hiring of 225 PHS Officers in ORA, including 100 new commissions. Each day, she touches the lives of 307 PHS officers providing technical assistance and professional guidance on policy, procedures, and regulations.

CAPT Shaffer’s dedication to the Corps and the officers she serves has not gone unnoticed; this is evidenced by the following quotes from various Junior Officers:

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“CAPT Shaffer is very generous with her time, providing hours of career counseling to help junior officers . . .”

“She has always been available through all forms of communication ...and willing to speak and respond to any inquiries and questions that I have had.”

“CAPT Shaffer is the perfect model for leading others by example. As a junior officer who has been in the field for several years and now wants to make a transition into management, I hope I can one day mirror her integrity, resourcefulness, and ability to navigate us through change.”

“She is a senior Officer, colleague, and friend that will move whatever obstacle in her way to help another officer in need.”

“It is rather timely that JOAG has provided its inspiration award to the most deserving CAPT Diann Shaffer. During my interactions with her, some of which have occurred under the most trying circumstances, I have found her to be extraordinary and personable. ... CAPT Shaffer has assisted in my progress through the ranks, with awards, and has also provided appropriate guidance and requisite support so that I can take care of a junior officer I supervise. I am eternally indebted to her for the support she provided me and my family after a major vehicle accident in 2011. Her check-up calls and assistance during this difficult period was as good as the medicine. Hopefully, I am able to emulate her selfless service to others and continue to draw inspiration from her trend-setting example.”

JOAG Excellence Award
The JOAG Excellence Award recognizes an active, non-voting member of JOAG for demonstrating outstanding, dedicated effort, and commitment to JOAG through active committee participation. The criteria for this award include notable committee or workgroup achievements, commitment to the mission and goals of JOAG, and demonstrated leadership both within JOAG and within the Corps as a whole.

The recipient of the 2014 JOAG Excellence Award is LCDR Jessica Cole. LCDR Cole is a Scientist Officer, who currently serves as a microbiologist at FDA’s Center for Drug Evaluation and Research and has been with the New Drug Microbiology Staff since 2009. LCDR Cole has shown outstanding dedication to the mission and goals of JOAG as an active member of the Policy and Procedures Committee, where she is co-leading the effort to rewrite JOAG’s 5 year strategic plan and the Professional Development Committee, where she works on initiatives such as the Peer to Peer Network, Uniform Inspection Booth, and Commissioned Officers Training Academy.

LCDR Cole is also the Chair of the FDA Commissioned Officers Network and previously led the efforts for highly visible USPHS awareness days at FDA. She served as an adjunct faculty member of the Officer Basic Course from October 2012-2013. She is also currently a member of the Tier I Regional Incident Support Team of the National Capital Region (RIST-NCR) and Prevention through Active Community Engagement (PACE) program, which provides training and information on the National Prevention Strategy (NPS) priorities.

Junior Officer of the Year
The JOAG Junior Officer of the Year award recognizes an active duty junior officer who has made a significant contribution to the overall mission of the U.S. Public Health Service. The recipient demonstrates commitment to the mission and core values of the USPHS Commissioned Corps; leadership in his/her specialty field; recognizable accomplishments within or outside of his/her OPDIV or agency; and innovative approaches and/or unique contributions to the mission of the Public Health.

The recipient of the 2014 Junior Officer of the Year Award is LCDR Martin Casey, an Engineering Officer who currently serves as a lead national Safety Engineer for acute healthcare facilities at the Centers for Medicare and Medicaid Services (CMS). In this position, he is responsible for administering national policy & regulations that implement fire protection and other physical environment requirements at over 30,000 healthcare facilities.
Dear Junior Officers,

We had a wonderful time at the USPHS Symposium! First, let me say a huge THANK YOU to all those who volunteered with JOAG at the Symposium! We would not be able to accomplish as much as we did without your service and commitment to JOAG. I would like to recap some of the highlights below.

**JOAG General Meeting:**
We were honored to have the Acting Surgeon General, RADM Lushniak, the Chief of Staff, CAPT DeMartino, and the USPHS Chief Professional Officers visit the JOAG General Meeting. They gave inspirational remarks and advice to the junior officers.

**JOAG Awards:**
Congratulations to the three recipients who received the JOAG awards this year, which were presented at the Anchor & Caduceus Dinner. I was honored to have VADM Richard Carmona, the 17th U.S. Surgeon General co-present the awards with me.

- **Junior Officer of the Year Recipient**
  LCDR Martin Casey

- **JOAG Excellence Award Recipient**
  LCDR Jessica Cole

- **VADM Carmona Inspiration Award Recipient**
  CAPT Diann Shaffer

**JOAG Information and Uniform Inspection Booths**
The JOAG and Uniform Inspection Booths were busy providing information and esprit de Corps items to officers.

**JOAG Chair Transition**
On October 1, 2014, LCDR Jessica Otto will begin her term as the JOAG Chair. As a symbolic gesture of the leadership transition, I passed the gavel to LCDR Otto during the Symposium. I am excited to see the amazing accomplishments to come during 2014-2015 operational year.

Thank you to those who attended the JOAG General Meeting, visited the JOAG Information and Uniform Inspection Booths, participated in the community service event, and attended the combined social. Your support of JOAG is greatly appreciated.

THANK YOU to the JOAG members who contributed their time and talent to the organization this year. The words ‘thank you’ don’t seem enough to convey my gratitude for your service. Please continue to support JOAG, as you truly are the driving force behind all we do.

(Continued on page 4)
(Continued from page 2)

One of his primary duties is to serve as a National Fire Protection Association Life Safety Code technical expert providing interpretation and guidance to ten CMS Regional Offices, more than fifty State Agencies, eight Accreditation Organizations, and numerous associations and healthcare facilities. In this position he has received the CMS Administrator’s Special Citation Award and was nominated for the Administrator’s Achievement Award for his accomplishments.

Prior to his position at CMS, LCDR Casey was: a Program Manager for the U.S. Army at the Fort George G. Meade Directorate of Public Works; a Project Manager for URS Corporation, the largest global engineering design firm; and a Project Engineer at UTRS Incorporated an international engineering consulting firm. LCDR Casey received his undergraduate degree from Saint Joseph’s University and his master’s degree in Environmental Engineering and Water Resources from Villanova University.

Congratulations to all of the 2014 JOAG award recipients!

LCDR Adora Ndu and LCDR Erin Nichols

(Continued from page 3)

Finally, thank you all for the fulfilling experience I have had as the JOAG Chair during the 2013-2014 operational year. I am proud of the hard work of our junior officers and even prouder when I receive compliments from USPHS senior leadership about the amazing work we do. Each year, we have improved upon the previous year’s accomplishments and I know the best is yet to come.

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

UPCOMING EVENTS

JOAG Journeyman Series:
Call in number: (213) 342-3000; Passcode: 690-4646#

15 August 2014 @ 1300 hours
PHS Deployments for the Unaccompanied Children Response at the U.S./Mexican Border
LCDR Elizabeth Lybarger (OASH/DCCPR)

12 September 2014 @ 1300 hours
USPHS and AMSUS: Opportunities and Experiences
CDR David Lau, CDR Malaysia Gresham, LT Cody Thornton, LT Angelica Chica

All JOAG meetings and Journeyman Series are recorded. Contact LCDR Hiren Patel to request a recording.
**AC: What are your primary duties?**

**RADM PARHAM HOPSON:** I currently serve as the Senior Advisor for HIV/AIDS Policy at the Health Resources and Services Administration (HRSA). HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. Comprising six bureaus and ten offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, and pregnant women, mothers and children. As Senior Advisor for HIV/AIDS Policy, I:

- provide expert guidance on initiatives involving national and international HIV/AIDS policies and issues;
- coordinate the HRSA activities to support the Presidential initiative to address the intersection of HIV/AIDS, violence against women and girls and gender-related health disparities; serve as the HRSA liaison to the White House Office of National AIDS Policy and the DHHS Office of the Assistant Secretary for Health/ Infectious Diseases; and serve as HRSA’s Deputy Principal for the President’s Emergency Plan for AIDS Relief which is managed in the Department of State’s Office of the Global AIDS Coordinator

**AC: What event(s) in your life led you to become a nurse/PhD/Flag officer?**

**RADM PARHAM HOPSON:** My mother is a registered nurse and had the greatest influence on me and my decision to become a nurse. While in high school, I volunteered as a Candy Striper at the Children’s Hospital in Columbus, Ohio where she was employed. I literally saw her in action with other members of the health care team and decided that I, too, wanted to be a nurse. During nursing school at the University of Cincinnati, I spent the summer before my senior year at the National Institutes of Health as a JRCOSTEP and thus began my PHS career. That experience combined with my public health nursing rotation during senior year really piqued my interest in public health. I had found my passion! So, I obtained my MPH at the University of North Carolina at Chapel Hill and then completed a second “internship” as a Presidential Management Intern (now PM Fellows) at the Health Resources and Services Administration. After a series of assignments in HRSA and at the Institute of Medicine, I decided to go back to school to obtain my PhD in Health Policy and Management, again from the UNC – Chapel Hill. As a newly minted PhD, I returned to HRSA in my first management position as the branch chief responsible of evaluating the effectiveness of several programs including the newly established Ryan White HIV/AIDS Program. Over the ensuing years, I advanced from branch chief, to division director (responsible for three branches), to Director of

(Continued on page 6)
the HIV/AIDS Bureau in HRSA. In that position, I was responsible for managing the Ryan White HIV/AIDS Program which grew to over $2.4 billion - funds used to train health care professionals and provide medical care, treatment, referrals, and support services, for over 546,000 uninsured, underinsured, and underserved people living with HIV disease in the United States and the U.S. Territories. After serving as Bureau Director for a year, I was promoted to flag officer in the USPHS.

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

RADM PARHAM HOPSON: I have had many wonderful experiences during my tenure but one does stand out. In 2002, I received an invitation to be a part of a small delegation to accompany Tommy Thompson, Secretary of the Department of Health and Human Services to Africa to “strengthen international partnership in the fight against HIV/AIDS, tuberculosis and malaria.” As a result of that trip and many subsequent conversations, the foundation was laid for the President’s Emergency Plan for AIDS Relief (PEPFAR) which was announced by President Bush in 2003. As HRSA’s HIV/AIDS Bureau Director, I had the opportunity to establish and direct some of the first PEPFAR-supported provider training and HIV/AIDS care, treatment and support programs in Africa, Asia, and the Caribbean.

AC: As a Flag officer with a long career of service, what is your message to Corps officers who perform the mission? Do you have any advice that you can offer to junior officers who aspire to serve at the Flag level?

RADM PARHAM HOPSON: My advice to all officers is to always do your best and success will follow. If I had to share five pearls of wisdom, I would suggest the following:

- Do your job and also support your co-workers and employees.
- Take risks, stretch yourself, try new things and continuously learn.
- Find a mentor and be a mentor.
- Find a job you like. Even better, find a job you are passionate about.

“Take risks, stretch yourself, try new things and continuously learn.”

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 PARHAM HOPSON: I am often invited to give talks to community groups, schools, and faith based organizations about HIV/AIDS – and I always show up in uniform. During my talks, I explain what the USPHS is and share a few examples of how we work in various agencies to protect the Nation’s health. People are often amazed at the breadth of our work and many are fascinated that I am a nurse and an Admiral and wear a cool uniform! I trust that I am planting seeds for people to consider a career in the PHS Commissioned Corps.

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

RADM PARHAM HOPSON: In January 2014, I had the opportunity to participate in two very moving ceremonies with the Acting Surgeon General and Acting Deputy Surgeon General. First, I attended a ceremony at Arlington National Cemetery to honor former Surgeon General Luther Terry at which Acting Surgeon General Lushniak presided. And second, I presided at the promotion ceremony of our new PHS Chief Nurse Officer where DSG Giberson gave remarks. While all of us enjoy these special occasions and interactions with our leaders, much of our work is completed behind the scenes. Therefore, I do participate in the Acting Surgeon General’s monthly calls with the Commissioned Corps leadership where we discuss issues of importance to the Corps and the Department.

(Continued on page 21)
This is an exciting time in the Uniform Corner as the new uniform policies have been released. For some, these changes have been highly anticipated; for others this means more clarification is needed! The Personnel Policy Memorandum on the Amendment to Uniform Policies and an FAQ to the Amendments have been provided in addition to several Commissioned Corps Instruction documents (Uniforms for Male Officers, Uniforms for Female Officers, Special Uniform Situations, and Insignia and Devices). An explanation of the revisions that affect most officers is found below.

**Removal of Uniforms**

The Battle Dress Uniform (BDU) is being removed from the regulations as a required uniform and replaced by the Operational Dress Uniform (ODU). See the Replacement of the BDU PPM for more information, and refer to this previous Uniform Corner article for ODU assistance.

Summer Whites (SW) are no longer a required uniform, but officers can continue to wear the SW in summer months. Please note, whenever the SW are listed as the Uniform of the Day (UOD), officers are expected to comply.

The Modified Service Dress Blue Sweater has been removed as a standalone uniform. In the former regulations, this was listed as a separate uniform complete with a unique picture and description. In reality, this uniform is a derivative of the Service Dress Blue (SDB) uniform.

**Authorization of Uniform Components**

The Navy Black Garrison Cap (BGC) has been authorized, but only for wear with modified SDBs (black Navy sweater or black windbreaker jacket). It is not authorized for wear with the SDB coat!

The Black Watch Cap is authorized for wear with all uniforms except Dinner Dress or Service Dress uniforms. It is worn only in conjunction with a coat or jacket.

The Army cardigan has been reauthorized for wear by both male and female officers. It is an acrylic button up sweater with epaulets and patches on the elbow and shoulder. Metal badges or name patches are not authorized on this sweater, but the cardigan must be worn with soft shoulder marks on the epaulets must and fully buttoned. This optional item can only be worn inside during daily work or attendance at work meetings and briefings. It may be worn with all uniforms except Dinner or Full Dress uniforms.

**Ladies Only**

White pearl or diamond earrings have been authorized as an option with Dinner Dress or Service Dress Uniforms only.

The khaki overblouse has been authorized as an optional shirt. Per protocol, the khaki overblouse material must match that of the slacks or skirt. The overblouse is worn with collar devices, name tag, and ribbons. Name tag and ribbons should be centered between the sleeve seam and the button edge of the blouse (gig line). The bottom of the name tag and ribbon bar should be in line with the bottom of the first button on the blouse; use a ruler to help with placement. While blouse length is not important, shirt tails should not stick out from under sweaters or windbreakers.

Space does not permit coverage of all the changes. For more information on the Army All-Weather Coat, the beret, sword wear, construction safety helmets, maternity uniforms, and flight suits/jackets, please refer to the appropriate instructional document.

Our intention is not to misguide; read through the revisions and keep wearing your uniform with pride!

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 LCDR Chitra Mahadevan or LT Katie Burbage. You may also wish to contact LCDR James “Kyle” Lyons who is the Uniform Coordinator in the Office of the Surgeon General.
**Officer Spotlight**

**Officer:** LT Brandon Wyche  
**Category:** HSO  
**Education:** Master’s in Health Science, Duke University, Physician Assistant Program  
**Duty Station:** Durham, NC  
**Agency:** Bureau of Prisons

**JJ: What do you do to stay fit?**  
**LT Wyche:** I do various activities to keep fit. Usually about 5 days per week, I wake up early in the morning to get in my basic work out. They consist of seemingly random routines of burpees, pull ups, pushups, sprints, jumping rope, plyometrics, and various calisthenics with medicine balls and weight bags. Also, at least once per week I try to add some yoga exercises to my routine to bring some stretching and balance to my workouts. On the remaining two days I will go jogging with my wife, mostly trail running. The shortest distance we do is about 3-4 miles, and recently we did a 9 mile run/trail blaze/rock scramble/root dodge/river crossing/log climb which was awesome.

Every couple of weeks my wife and three sons will go on a long 4-5 mile hike in the woods and once it warms back up I’ll probably be out doing more of that.

As you can tell, I like to do lots of different things. If I do one thing too long I either start to get bored with it or I push myself too far, too fast and end up with an overuse injury. Variety keeps me coming back.

**JJ: What are your fitness accomplishments?**  
**LT Wyche:** I’ve participated in multiple races mostly for fun and to keep myself motivated. I have done the “Warrior Dash” 3 times, which is one of the original mud runs. I’ve also competed in a triathlon back in the day, but never really won any races or competitions.

**JJ: What are your fitness goals for the future?**  
**LT Wyche:** Just a couple of years ago, one of my goals was to be more competitive in my daily exercise. However, more recently I have begun to adopt an attitude of being in it for the “long haul”. I’ve realized that I don’t just want to be in excellent shape now; I want to stay that way for the rest of my life. Part of that means that I have to slow down a little as I get older so I don’t injure myself.

That being said, one of my immediate goals I have is to hike at the Philmont Scout Ranch of the Boy Scouts of America in Cimarron, New Mexico. This summer, my eldest son and I will be going out there with several other Boy Scouts and dads to trek about 100 miles over the course of 10 days in the backcountry. This will be pure backpacking where the only things you have are what you carry with you. Knowing that I have this coming up keeps me motivated to stay in shape. Activities like this are one of the major reasons I work out. There are lots of cool things to do in this world, and many of them require being physically fit to truly enjoy to the fullest.

*The Fitness Corner is a recurring article brought to you by the Inter-services and Collaboration’s Public Health & Community Service Sub-Committee*
DEPLOYMENT COMPETENCIES

The Public Health Professional Advisory Group (PH-PAG) hosted a webinar on “Deployment Opportunities for ‘Public Health Generalists’.” The purpose of the webinar was to highlight the range of domestic and international deployment opportunities for ‘public health generalists’, who are multidisciplinary-type officers.

Moderated by LCDR Elizabeth Garza, panelists discussed: the skill sets they believe helped them secure deployment opportunities, skills to become better prepared for deployments, training opportunities for officers who are interested in deployments, and characteristics to be successful in a deployment setting. The panel included the following officers: CAPT Michael Schmoyer, CDR James Morris, CDR Maria Benke, LCDR Antoine Smith, and LT Jaclyn Rubio.

Deployment missions vary as do the many different roles in which an officer can serve. Possessing relevant skills may make an officer a valuable asset on a deployment team. Panelists identified certain skills as universally important:

- Ability to speak multiple languages
- Ability to perform an environmental scan for resources.
- Management and operations experience
- Working comprehension of the Incident Command System (ICS) and the PHS response structure
- Foundational knowledge of general public health principles
- Good interpersonal and communication skills

It is imperative for officers to sharpen their skills in order to perform proficiently in their specified deployment role, especially when the job duties we fulfill in our daily lives may not necessarily provide us with an opportunity to grow and develop these skills. Panelists provided the following resources for officers to utilize in order to maintain readiness:

- CDC Learning Connection
  (http://www.cdc.gov/learning/)
- HHS Learning Portal on HHS University
  (http://hhsu.learning.hhs.gov/Learning/index.asp)
- Public Health Training Centers
  (http://bhpr.hrsa.gov/grants/publichealth/trainingcenters/index.html)
- International Experience and Technical Assistance (IETA) Program
  (http://www.cdc.gov/globalhealth/ieta/)
- Department of Defense Joint Knowledge Online
  (http://jko.jten.mil/)

Other opportunities to develop your skills and build your deployment “resume” include training opportunities from RDOG/ASPR and/or your own agency-specific preparedness office, joining a deployment team (http://oep.osophs.dhhs.gov/ccrf/current%20teams.htm), leveraging JOAG’s Professional Development Committee opportunities, and looking into category specific career development opportunities available through your PAC. You can also volunteer with the Medical Reserve Corps and/or other local preparedness and response opportunities in your local community for hands-on experience.

As previously mentioned, deployment missions do vary as do the roles in the deployments. Many times this information is not presented to us until we arrive on-site. In general, panelists identified the following characteristics an officer should have to be successful in a deployment:

- Patient, flexible, and a quick learner
- Organized, stewardship, and problem solving
- Team player, initiative, and respect
- Empathetic, positive attitude, and open-minded

The PHPAG plans to host another similar panel in November 2014 which will provide another opportunity to hear from other “multi-disciplinary” PHS officers who have been able to serve in several deployment roles in domestic and international settings.
JUNIOR OFFICER SPOTLIGHT

LCDR SETH GREEN

Category: Scientist

Education: Ph.D. in Counseling Psychology from Washington State University; B.S. Double Major: Psychology/English from Stephen F. Austin State University.

Hometown: Dallas, TX

Agency: Department of Defense, US Army, Special Operations

Current Assignment: Battalion Clinical Psychologist; 1st Battalion, 75th Ranger Regiment, & 3rd/160th Special Operations Aviation Regiment (Airborne). Oversees clinical and administrative operations of two behavioral health clinics and provides psychological treatment for soldiers and families with mental health problems.

Previous Assignment(s): Behavioral Health Post-Doctoral Residency, US Army Medical Treatment Facility.

JJ: How did you find out about the PHS?

LCDR Green: My father, a 23 year Air Force veteran was the first person to tell me about the PHS. He encouraged me to look more into it as a great opportunity for uniformed service when I was finishing up my PhD.

JJ: What was the most challenging part of applying for the PHS?

LCDR Green: Trying to make sure I had dotted all the I’s and crossed all the T’s when it came to the paperwork.

JJ: What are your goals with the PHS?

LCDR Green: My overall goal is to leave it better off than I found it and to contribute to the health and safety of the nation with my service. My personal goal is to have helped increase psychological resiliency for those in the public whom we serve.

JJ: What is your most memorable PHS experience so far?

LCDR Green: I think the connections formed with other officers over the past few years have been the most memorable. At my current assignment, I am the sole PHS officer so staying connected is essential.

JJ: What advice would you give to prospective PHS applicants (or other Jr. Officers)?

LCDR Green: For other Jr. Officers I’d advise that they find a good mentor, preferably a senior officer that will look out for you as you grow as an officer. I have a PAC and PAG mentor as well as an unofficial mentor at my current billet (an Army officer). Different mentors will provide different things, know and anticipate what you will need and go get it.

JJ: What is a unique aspect of your assignment?

LCDR Green: Working half my time for an aviation unit, I have had the opportunity to fly in Army helicopters. The other half of my time while working with the Rangers I have had the opportunity to participate in a variety of unique field training

JJ: What has been the biggest factor to success at your current assignment?

LCDR Green: Three outstanding Army officers: MAJ Clayton Manning, MAJ Daniel Hankes, and MAJ Theodore Redman all provided me with critical guidance, support, and direction to set the conditions for success from the beginning three years ago.
JOAG JOINS GOODREADS.COM

As officers in the United States Public Health Service, it is critical that our mission succeed. There are many factors involved in mission success, some are within our control and others are not. Of those factors within our control personal and professional development are at the forefront, providing potential keys to our success.

Eight years ago the JOAG Professional Development Committee developed a list of suggested books to help guide officers in their professional development. This list is now revised and loaded on the Goodreads website. Goodreads is the world’s largest site for readers and book recommendations. In contrast to a traditional static reading list, Goodreads allows members to add and review books, as well as facilitate discussions, all within the context of their particular interests. Note that he Goodreads JOAG Professional Development Group site moderators will review books to be added before they are posted.

The JOAG Professional Development Group on Goodreads is currently active and open to the public! This is intended to be a professional development tool for PHS Officers, maintained by the JOAG Professional Development Committee. Currently, there are over 150 recommended professional development books, which can easily be viewed by pointing your browser to the JOAG Professional Development Group. If you are interested in receiving notices when new books are added or participating in any conversations around the books, you will need to sign up for a Goodreads account.

Growth is the great separator between those who succeed and those who do not. When I see a person beginning to separate themselves from the pack, it’s almost always due to personal growth.- John C. Maxwell

JOAG @ GOODREADS
NAVIGATION GUIDE

1. Navigate to www.goodreads.com
2. Click on the orange “Sign up” button
3. Choose whether to sign up with Facebook or with an e-mail address.
4. If desired, get book recommendations from your friends or click on “skip this step”
5. If desired, select your favorite book genres or click on “Continue”
6. If desired, rate books shown or click on the top right “I’m finished rating”
7. Click on “Done here? See what’s next”
8. Now that you have signed up for an account you can join a group.
9. Expanding the arrow at the top right of the screen and click on “Groups”
10. In the sentence “You have not joined any groups” Click on “groups”
11. Type in JOAG in the Find groups text box
12. Select JOAG Professional Development
13. Click the “Join Group” button under the JOAG picture
14. Choose desired notification level
15. Click on “Join Group”

Reading List Subcommittee,
JOAG Professional Development Committee
ESSENTIAL RESOURCES FOR OFFICERS AND THEIR FAMILIES

The team members of the MWR Sub-Committee have worked very hard to continually update and maintain a useful MWR Guide in order to assist USPHS Commissioned Corps officers and their families in utilizing the many services open to them.

The information contained in the Morale, Welfare, & Recreation Resource Guide is expected to achieve the following:

- Accentuate and preserve our four core values; leadership, service, integrity, and excellence
- Investigate and find no-cost or low-cost services, facilities, and programs that increase officers’ morale
- Ensure real-time access to quality of life information and resources
- Endorse, manifest, encourage, support, restore, and expand both leisure activities that promote both individual growth and group development, while fostering recruitment and retention for those serving our nation

The Junior Officer Advisory Group’s (JOAG) MWR Sub-committee, under the Public Health & Community Service Committee, has created this MWR Resource Guide as an important and practical tool toward making MWR resources, activities, and information more widely available to those who are looking for guidance in planning and accessing recreational related events and activities.

The MWR Resource Guide outlines the most common MWR resources while also providing quick links and tools that will connect the user with activities and locations of potential interest as well as include an appendix for easy understanding of terminology.

The most important feature of the MWR GUIDE is that it is a living document, meaning it will be continuously updated with the most current resources, events, activities, and information.

The guide can be accessed via the following link:


The website will entail a variety of resources to include but not limited to:
- COA
- Lodging
- Activities
- Transportation
- Special Events
- DoD Resources
- Outdoor Recreation
- Shopping/Discounts
- Other Links of Interest
- Travel / Space A Travel
- TRAVEL/TICKETS/TOURS
- Military Officers’ Associations
- U.S. Armed Forces MWR links
- Military Pay Scales and Entitlements

For more information, contact Chair LCDR Janae Price - janae.price@foh.hhs.gov or Co-Chair LCDR Sonjia Howard - sonjia.a.howard.mil@mail.mil

LCDR Sonjia Howard, the Co-Chair of MWR Sub-Committee, JOAG, Public Health and Community Service Committee
USING TECHNOLOGY AND
SOCIAL MEDIA TO RECRUIT AND INFORM

The U.S. Public Health Service (USPHS) uses technology and social media to both recruit future officers and keep current officers updated. The USPHS Facebook® page offers an avenue for information about the Commissioned Corps. Liked by over 12,600 people, the page offers updates on Commissioned Corps training activities, recruitment, and discipline specific information and links. The USPHS Facebook® page provides links to category Facebook® pages such as USPHS Environmental Health Officers, USPHS Nurses, and USPHS Pharmacists Facebook® pages. Current and future officers can also now use the networking tool Linkedin® to follow Commissioned Corps news.

Programs such as Skype™ give officers the opportunity to recruit in novel ways. While in-person recruitment is best, class schedules and job fairs do not always correspond well to the officer’s travel or leave schedule. LCDR Ashley Schaber, USPHS pharmacist in Anchorage and the University Point of Contact (UPOC) for the University of Georgia (UGA), innovatively coordinated with her contacts at the UGA’s College of Pharmacy to provide a remote video conference recruitment presentation for the past two years. She corresponded with the College’s technology department to set up the program Cisco Jabber (formerly MOVI™) on her home computer and then scheduled a test run to ensure everything worked appropriately prior to the scheduled presentation. Twenty to twenty-five 2nd and 3rd year pharmacy students participated in the recruitment presentation from 3 locations in Georgia. Feedback from the remote recruitment lectures has been positive including increased interest in the Public Health Service, the Indian Health Service, and remote Alaska sites. One student pursued 4th year pharmacy school rotations in Alaska at an Indian Health Service site as a direct result of LCDR Schaber’s presentation.

Technology can also be used to conduct job and residency interviews for USPHS positions. Once application materials are reviewed, an organization may choose to use a program such as Skype™ to conduct an interview. Historically, phone interviews were performed at this step of the interview and recruitment process. This is another way sites can utilize technology to advance recruitment efforts. Future employees get an opportunity to meet future employers “face-to-face” without the time and money involved in travel. Skype may be used as a preliminary interview, with an on-site interview to follow for candidates who make it to the next round.

In summary, in addition to recruitment efforts into USPHS, current officers who are not able to travel for interviews may consider exploring the options technology offers for interviews as well stay current on USPHS activities and news by checking out the USPHS Facebook® page and Linkedin®.

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 or renee.humbert@fda.hhs.gov.

LCDR Ashley Schaber
OFFICER MID-LEVEL COURSE (OMC)-005

Thirty-four Commissioned Officers had the privilege of attending the Officer Mid-Level Course (OMC) held May 4-10, 2014 at the Commissioned Officer Training Academy in Gaithersburg, MD.

To date, only 187 United States Public Health Service (USPHS) officers have completed the OMC training. This course was developed to provide leadership training for Mid-Level Commissioned Corps Officers of the USPHS. It was designed to prepare the Commissioned Officer for successful assignments as an officer and leader in the dynamic public health environment.

The OMC builds on the foundations set forth in the Officer Basic Course (OBC) and prepares officers with the knowledge, disposition and skill necessary to serve as mid-level officers and the future leaders of the United States Public Health Service. On average, participating officers had seven years of service as Commissioned Corps Officers.

Many of the participants had not completed OBC training, but instead had attended the two to three day Basic Officer Training Course (BOTC) when called to active duty. Prior to their arrival at the OMC course, participants were required to complete several reading assignments as well as assignments that utilized the online Learning Management System (LMS). During the course, daily uniform inspections were conducted that included Service Dress Blue (SDB), Summer White (SW), Khaki, and ODU/BDU uniforms.

Group physical training also was conducted daily and before completion of the course, all participants were required to pass an Annual Physical Fitness Test (APFT) at the minimum level. Participants received instruction from some of the great leaders of today’s Public Health Service including Acting Surgeon General RADM Boris Lushniak.

The challenging OMC course was both demanding and stressful, however it further developed the officers’ leadership abilities and deepened their commitment to the Uniformed Service and culture.

*LCDR Misty Rios, LT Daveta Bailey, and LT Kathleen Ferguson*

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THE COLORADO FLOOD

In September 2013, the Colorado flooding forced the evacuation of over 6,000 people, damaged or destroyed 19,000 homes, and left at least eight people dead. The flood waters spread across a range of almost 200 miles from north to south impacting 17 counties. Fifteen of those counties were declared to be federal emergencies.

During the Government shutdown, approximately 10 USPHS officers in the FDA Denver District Office responded to the floods in Colorado. We partnered with the state department of public health and other federal agencies to determine the extent of the impact on FDA-regulated businesses. Our objective in this endeavor was to determine whether or not the flood waters affected the facilities in such a way that the foods/feeds, drugs, devices, or cosmetics they produce were no longer fit for human or animal consumption.

Flood waters are thought by many to be a particularly benign source of contamination as it is just water after all, right? Wrong. Flood waters are often, if not always, laced with a variety of chemicals and biological elements from overflowing sewer systems. Flood waters, even if not contaminated, lead to mold growth in the facilities and can also lead to rodent infestations as they seek to avoid the water and attempt to access food and shelter.

Also an issue is the lack of power that often accompanies a flood. Upon arrival at a firm it may seem as though it was not affected by the flood. This can be deceiving; if the firm’s power was out for an extended period of time the products that are held under refrigerated or frozen storage may spoil. In fact, if the power was returned after an extended outage the products in storage may have had time to be brought back into the temperature range at which they should be stored, thus masking the potential spoilage.

Collectively, USPHS officers logged over 600 hours of work in this response. We made calls to hundreds of firms (primarily food/feed manufacturers as well as farms) to assess whether the flooding impacted them. We compiled our data and conducted follow-up visits at the firms we had determined to be adversely impacted in order to further assess the extent of the damage. We examined the products produced at the affected facilities for signs of obvious adulteration, decomposition, contamination, and/or physical damage.

It was very rewarding to be able to carry on the work of our Agency during this time. We responded to a natural disaster that impacted many of our neighbors and through our actions, we directly supported the USPHS mission of protecting the health and safety of the Nation.

LCDR Christine L. Williams

“SUPERHEROES” SAVE THE DAY!

On April 25, 2014 seven commissioned corps officers from across the Food and Drug Administration Headquarters Division, participated in the FDA Center for Drug Evaluation and Research (CDER) Bring Your Child to Work Day event (BYCTWD). CDER BYCTWD volunteers hosted numerous informational and hands-on scientific learning opportunities for children of FDA employees who are 8-17 years of age. FDA Commissioned Corps officers participate in this event every year, but this is the first year Corps officers were highlighted as feature presenters. This was an incredible opportunity for officers to teach children about the Commissioned Corps’ proud history and the role we play in protecting and promoting our Nation’s health.

We were advertised as the “USPHS Superheroes!” Lcdr Danielle Smith and LT Brutinia Cain (CDER Office of Medical Policy) led two teams of officers who shared their deployment experiences with the children. We explained that just like Clark Kent has a regular office job, but morphs into Superman when people need help, Commissioned Corps officers have regular day jobs, but when there is a national or public health emergency, we too, rise to the occasion and morph into superheroes to provide health care and support services to people and communities in need.

CAPT Linda Jo Belsito (CDER Office of Communication), CDR Latonia Ford (CDER Office of Medical Policy) and
REPORTS FROM THE RANKS

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**Bring Your Child to Work Day**
CAPT L. Belsito, LCDR T. Albright, LCDR D. Smith, LCDR J. Bobo* and LT T. Cain.
Inset: LCDR M. Whittaker-Caulk and LCDR Luz Rivera

*Did not participate in the presentation.

LCDR Timothy Albright (Center for Food Science and Nutrition Office of Compliance) began the morning by sharing their deployment experiences during Hurricane Katrina (CAPT Belsito), Operation Arctic Care, Alaska (LCDR Timothy Albright) and the National Security Event/Asian Pacific Economic Cooperation, Hawaii (CDR Latonia Ford). Each officer emphasized the importance preparedness, team work, and flexibility play in succeeding during a deployment and in life.

LCDRs Luz Rivera (CDER Office of Pharmaceutical Science) and Margaret Whittaker-Caulk (CDER Office of Executive Programs) presented in the afternoon. LCDR Rivera opened the presentation by giving an engaging, child-friendly introduction to the National Prevention Strategy (NPS). LCDR Whittaker-Caulk connected the theory behind NPS to her real-life deployment experience shortly after Super-storm Sandy. She explained to the children how eating healthy and being physically and mentally fit helped her to withstand the rigors of a very challenging deployment.

Having the opportunity to meet and work with CAPT Belsito, CDR Ford and LCDRs Albright, Rivera, Smith and Whittaker-Caulk has been one of the highlights of my very short Commissioned Corps career. But as much as I enjoyed the experience of working with my colleagues, it pales in comparison to the sense of satisfaction I felt when the mother of a 14 year old girl who attended one of our presentations told me “My daughter says she wants to be a Commissioned Corps officer when she grows up.” Being a role model for future, potential Commissioned Corps officers is one of the many reasons why I wear this uniform.

**LT Brutrinia D. Cain**

**PHS PRIDE AT THE ARMY TEN MILER**
I joined the USPHS Commissioned Corps in March 2013 and started my first assignment at the U.S. Immigration and Customs Enforcement in Washington, DC. I knew there were a lot of commissioned officers in the area, so I was excited to participate in activities to show my support and commitment to the USPHS mission. One opportunity that especially appealed to me was the Army Ten Miler.

The Army Ten Miler is one of the largest 10-mile races in the world. Each year in October, soldiers and civilians from all over the world come to Washington, DC to participate in the race. The number of participants has increased from 1,379 finishers in 1985 to 25,969 finishers in 2013, and the race sells out within hours. The proceeds are used to fund the U.S. Army Morale, Welfare, and Recreation projects and programs to help soldiers and their families.

The Public Health Service started participating formally as a team with about 35 officers in 2010, but that number grew each year. Last fall, I had the opportunity to support 100 PHS-affiliated runners/walkers. I was a member of a cheer team, and proudly wore the team t-shirt and cheered everyone on as they crossed over.

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the Arlington Memorial Bridge. We held up a giant PHS flag to draw the attention of participants, and as people ran by, they applauded the U.S. Public Health Service.

I was happy to see so many participants of all fitness levels promoting physical activity, and was especially proud and excited to see the PHS team members on the course. The team consisted of runners, walkers, and even some who ran while carrying the PHS flag! Acting Surgeon General RADM Lushnia ran while carrying the flag and gave high fives to all those supporting the runners and walkers. After the race, we all gathered at the popular Hooah Tent, congratulated each other, shared stories, refueled, and enjoyed the afternoon. It was a great day filled with energy, camaraderie, team spirit, and pride.

The 2014 Army Ten Miler will be held on October 12th and the PHS team already has over 250 people registered. Whether you’re an avid runner, walker, cheerleader, or are looking for a challenge, there are opportunities for everyone to support the PHS at this event. The Army Ten Miler is a great way to support our sister services, promote physical activity, and increase visibility of the PHS Commissioned Corps. I am excited to join the runners this year, so if you’re signed up, I’ll see you at the starting line! If not, I hope to high five you along the course! Contact Jennifer Merte, Jennifer.Merte@ice.dhs.gov and Shane Deckert, Shane.Deckert@nih.gov for more information about how you can participate or to join the PHSRun listserv.

LT Jennifer Merte

A DAY IN MAY, EXPAND KNOWLEDGE AND CONNECT WITH PEERS

The Bemidji and Northern Plains areas of the Indian Health Service recently teamed up to host the first Northern Tier Continuing Education Meeting for pharmacy staff. The Great Plains area houses 19 service units located in ND, SD, and NE. The Bemidji Area houses 36 service units located in MN, MI, and WI. Pharmacists and technicians in attendance represented a mix of federal, tribal, and urban facilities. The planning committee consisted of eight Indian Health Service employees, five of whom are Junior Officers. Since this was an inaugural event, it had to be determined if a meeting of this scope and magnitude could be established without fiscal support. We used online tools to assess the number of interested attendees, query presentation topics and social gathering options, register participants, and track continuing education upon completion.

Location: After conducting surveys and contacting several federal locations in the area, it became clear that a larger venue was needed. We contacted North Dakota State University College of Pharmacy and visited with them about our project and budget concerns. In response to our meeting they agreed to provide the use of a room and audio-visual equipment for free. Securing a large enough location for this event at no cost was a pivotal part of making it successful.

Agenda: Once the location was secured, we identified local subject matter experts, available speakers, and topics of interest. A total of seven CEU sessions and speakers were finalized and identified on the draft agenda. This agenda was compiled and submitted to the IHS Clinical Support Center for review and approval. We worked with each speaker to define objectives, review presentation materials, interject comments, and refine content. Lastly, we also worked to secure session moderators to assist with speaker introductions and question/answer sessions.

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REPORTS FROM THE RANKS

Bemidji and Northern Plains

LCDR Jessica Bowermaster, LCDR Amy Simon, LT Russell Devolder, LCDR DeAnne Udby, Luke Peltier, Jennifer Stubson, LCDR Jessica Anderson and CDR Cindy Gunderson (not pictured)

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Social: We contacted area hotels to secure a large block of rooms at a government rate for attendees. From our online assessments, it was determined the majority of attendees would be arriving Friday night, and a social event was organized at a local bowling alley. This provided a welcome opportunity for those that wished to network. Rooms were also reserved at the hotel on Saturday after the event for those that planned on staying Saturday night.

Event: Fifty-three pharmacy employees attended the event. Speakers hosted seven continuing education sessions and six posters were presented. Participants remarked at the quality of the program and availability of subject matter experts. There were also several positive comments stating that the topics chosen for presentation were relevant and more applicable than CEU credits attained online.

Overall, being involved in the planning of this event was a great experience. We were able to develop our leadership skills and start something new for the area. It was also an excellent opportunity to network with individuals in our area whom we have corresponded with but never met in person. The most encouraging comment was the request that this become an annual event.

LCDR Amy Simon, LCDR Jessica Anderson, and LT Russell Devolder

SUICIDE: AFTERMATH FOR PROVIDERS

Suicide is, in fact, a rare event. How rare do you ask? Deaths from suicide account for about 16 deaths out of a population of 100,000 individuals. Rates increase when certain characteristics are considered, such as gender, race, or age. For example, the suicide rate for America Indians and Alaska Native men is 0.000276. In terms of numbers that is a small percentage, but it only takes one suicide to cause a person to be rattled to their core.

I have attended numerous suicide trainings and workshops. I have also taught suicide assessment for over 16 years. I personally have assessed thousands of clients for potential suicidal ideations. One of my main duties at my current duty assignment is assessing suicide risks. In February of this year, I attended one of the best suicide workshops that I have ever attended, however nothing I have ever learned, taught, or experienced in my 22 year career in mental health prepared me for a phone call I recently received.

While watching a television show I saw that an old friend from South Carolina (I am currently in Washington State) was calling me. I pressed the ignore button so that it went to my voicemail because I only had about 20 minutes left to watch, and I figured it was my good buddy calling to complain about his wife. I assumed I would call him back after the show, but about 10 minutes later he called again. This time I realized that it might be important.

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I answered the phone. This led to him telling me one gut-wrenching sentence. That his brother, my best friend since Junior High School, the guy who would be my college roommate, the one friend that no matter how much time would pass we could always pick up right up where we had left off, had killed himself earlier that day.

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We were both children of old Chief Master Sergeants. We enjoyed so many of the same things. We understood each other in a very deep and profound way. We could have intense conversations while never saying a word. This guy was the life of the party, he understood history with such passion that you felt it when he talked about all the reenactments that he would participate in. He had gotten into his truck and went to an empty field and shot himself. No note, no warnings, nothing to give a hint to those close to him. He was not mentally ill. He was simply living. He working on getting back with his estranged wife and he had a job that he loved. We had just messaged back and forth a few weeks ago.

I was in shock. The messages and phone calls from friends all asked the same question: “Why?” This brought me to a cold hard reality. As mental health professionals we have to admit, as Bryan and Rudd (2006) stated in their article about suicide, that predicting low base-rate phenomena such as suicide with any degree of reliability is not possible. We can learn about the areas that have been empirically demonstrated to be essential to risk assessment.

We learn about all the risk factors associated with suicidal thoughts and behaviors and how to practice safety planning, but one area that usually gets largely neglected is the effect that suicide can have on providers. Suicide is a dreaded potential outcome of mental health treatment. The word itself elicits powerful emotions, both at the conscious and unconscious level.

Common reactions to suicide are shock, denial, grief, guilt, anxiety, shame, feelings of betrayal, and feelings of inadequacy. These emotions can be intense. Providers may often neglect their own emotional needs as they work to meet professional responsibilities after a patient commits suicide.

The provider may need to lean on family, friends, and peers as they can provide helpful support when coping with a patient’s suicide. The emphasis of the support needs to be on the emotional effects of the death rather than the details of treatment. If available, the provider can attend group meetings with other providers who have experienced a similar loss.

Supervisors can also be a great source of support. Both past and present mentors can be supportive. The provider may consider participating in the rituals of death. These actions may include attending the funeral and the memorial service, or sending a sympathy message for the family. The provider may also need personal psychotherapy to work through the complex emotions.

Finally, the provider can participate in a psychological autopsy. Review the case, develop recommendations based upon the specific case, and then find ways to improve procedures when dealing with suicidal patients. Suicide may be a rare event, but when completed it has a far-reaching effect on many people, including the provider.

LT Robert E. Van Meir

HOSA: MENTORSHIP OPPORTUNITY

This year approximately 250 High School student members of HOSA (Health Occupation Students of America) from chapters located around the State of Oregon met at their annual state conference and competition in Portland, Oregon from April 8th to April 10th. LCDR Masih Soltani, Dental Category, and LCDR Kenneth Luna, Physician Category, had the privilege of being invited to judge several aspects of the competition as well as carry out demonstrations related to our fields of healthcare.

In keeping of the U.S. Public Health Service Commissioned Corps mission of protecting, promoting, and advancing the health and safety of our Nation, LCDR Soltani chose to do a 60 minute interactive presentation on dental hygiene during which he taught the students the importance of good dental health which is maintained through proper teeth brushing and flossing. I chose to teach the students for 60 minutes about the importance of blood pressure as it relates to overall health in addition to the importance of a healthy diet and exercise as a lifelong commitment. Most of the students had an opportunity to learn how to measure a blood pressure as we supplied numerous blood pressure cuffs and stethoscopes.
The most rewarding aspect of participating in this conference was that we had a unique opportunity to teach the students about the US Public Health Service’s mission as well as the numerous opportunities within our organization in terms of scholarships and career opportunities. While it seemed that initially the vast majority of the students had no idea about our organization by the end of the conference many had a solid understanding of who we are and about our contributions to our Nation.

HOSA has been in existence since 1976 and currently has approximately 165,000 members located in 47 chartered HOSA state associations. While some may be tempted to think of HOSA as just a club, in reality it is much more than that. HOSA is an outstanding organization whose two fold mission is dedicated to the mentorship of students by promoting career opportunities in the health care industry, while seeking to enhance the delivery of quality health care to all people making the HOSA’s mission very akin to the USPHS Commission Corps mission.

My personal experience with HOSA actually started with my now 17 year old daughter Bailey who is about to finish her junior year of high school. Since joining her chapter of HOSA located in Jacksonville, FL, as High School Freshman, Bailey has become highly motivated and dedicated to becoming a health professional.

Please consider getting involved with a local HOSA chapter near you. HOSA presents USPHS Commission Corps Officers with a very effective means to positively influence the lives of outstanding young men and women who are interested in becoming future health professionals and perhaps future USPHS Commission Corps Officers. Of note, JOAG has a HOSA subcommittee headed up by LCDR Alexis Beyer (abeyer@hrsa.gov) and LCDR Gwenivere Rose (Gwenivere.Rose@ihs.gov) who are available for more information on how to get involved with HOSA (www.hosa.org).

LCDR Kenneth Luna

GIRLS (AND PHS OFFICERS) ON THE RUN

On a crisp spring Saturday morning in Seattle, two PHS Officers laced up their running shoes to participate as Running Buddies in the annual Girls on the Run 5K at Seattle’s Magnuson Park. Among the 1200 runners were LCDR Katrina Martinez and LT Stephanie Magill, who cheered on and helped their running buddies pace themselves to the finish line. For the majority of Girls on the Run 5K participants, this is their first time running this distance, and is an incredible accomplishment.

The Girls on the Run program supports the Surgeon General’s National Prevention Strategy by using physi-
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Cal activity to teach girls about physical and emotional health, and to instill in them a lifetime appreciation of health and fitness. During the three month program, the girls learn about nutrition and healthy activity choices as they relate to positive emotional, social, mental and physical development. The girls talk about their own beliefs and challenges, and also learn important strategies and skills to help them navigate their life experiences. The program uses running to inspire and motivate the girls, and in the process, builds their confidence as they accomplish their goals. The JOAG Public Health and Community Service Committee coordinated the opportunity to participate in Seattle’s Girls on the Run. Committing to becoming a Running Buddy included running in the race and participation in a practice full-length run a week prior. Girls on the Run events happen across the country twice a year. To find out more about participating or creating a coordinated PHS project opportunity in your area, go to: http://www.girlsontherun.org/.

LT Stephanie Magill, Seattle, WA

ADIMIRAL’S CORNER

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The Assistant Secretary for Health provides leadership for the Department in assuring that the goals of the National HIV/AIDS Strategy are met. I periodically brief him and his staff on HRSA’s efforts to increase care and improve health outcomes for people living with HIV and reduce HIV-related health disparities.

AC: What are the most pressing challenges that concern you within your organization or the Public Health Service in general? What is your vision of the future for the USPHS?

RADM PARHAM HOPSON: The Affordable Care Act (ACA), signed into law by President Obama in March 2010, is the most significant comprehensive reform of the U.S. healthcare system since the passage of Medicare and Medicaid in 1965. Access to health care coverage means access to health care, and that provides a clearer path to getting or staying healthy for individuals, families and communities across the nation.

At HRSA, as full implementation of the ACA expands health insurance coverage to millions of low-income Americans, we face the challenge of making sure that newly insured Americans understand how to use their insurance and know where to get the health care services they need.

One challenge for the Public Health Service is to figure out how we fit into this reformed health care system while adhering to our traditional mission, values and foci. As commissioned officers, we have an opportunity to educate ourselves about the ACA and to help get that information out to others which is another way of fulfilling the USPHS mission of “protecting, promoting, and advancing the health and safety of our Nation.” The CMS recently developed a new website called Coverage to Care which has useful materials that you can use to talk with patients, students, community groups and family members.
TO COMMANDER (O-5)

Dental
Farah Husain
Eric Richard Jewell

Dietician
Michelle Lynnette Johnson

Engineer
Rachel Larae Brown
Sean Thomas Bush
Hugh Robert Denny
Leigh P. Hubbard III
John Paul Kathol
Kris David Neset
Jeremy Bret Nickels

Environmental Health
Gino Begluitti
*Leslie A. Cartmill
*Jasen Michael Kunz
Joseph Paul Laco

Health Services
Guillermo Jose Aviles-Mendoza
Candace Frances Been
Monica Elaine Bennefield
Deborah A. Bishop
Michelle Marie Bleth-Weber
Kelli Lyn Boneyeu
Tricia Dawn Boyles
Luane Maire Brien
Nadine R. Brown
Jennifer Lynn Burke
Daniel Cajigas
Jabal Lamech Chase
Keri Anne Cody
Shawn Chivon Coleman
Sherene Brown Cora
John Francis Gibbons
Kimmine Naheleakau Hudson
Leah Lasco Johnson
Scott Alan Klimp
Adam Waring Lofton
Donelle D. Mckenna
Holli Joy Olson
Tracy L Pace

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Donna Latrie Phillips
James R. Reid II
Mylene I. Santulan
Samuel Jeremy Schaffzin
Daniel Lloyd Stanley
Matthew W Sullivan
*Elizabeth Grace Thompson
Latrece Es Timmons
Joseph Sal Tomao
Devin Keith Williams
Aimee Elizabeth Williams

Medical Officer
Simon Gilo Agolory
Christopher John Bengson
Sarah Elizabeth Kidd
Brian Keith Kit
James Damian Landreau
Patrick Dean Lynch
Elissa May Meites
Diane Fay Morof
Minal Kundan Patel
Christopher Scott Piromalli
Agam Kumari Rao
Paul A. Sato
Ryan C. Sheffield
Timothy Scott Styles

Nurse
Barry Scott Agan
Herman Martin Auhl
Amanda Jill Barr
Elfreida Gray Bizaholoni
Shu Yi Cai
David Andrew Campbell
Lakeeta Ardell Carr
Paula Aaron Carter
Marc Eben Clough
*Todd S. Crawford
Mark D. Cruz
Andrew Joseph Gillihan
Brian Jeffrey Hamilton
Jeremy W Hargrove
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Heidi N. Rogers
Mary Anne Rowen
Kenneth L. Simmet JR
Jay Wesley Simmon
James Edward Thomas
Jennifer Ann Vedder
Nicole A. Webster
Janette Estrella Yu-Shears

Pharmacist
Kelly Joseph Battese
Troy Anthony Bernardo
Latoya Ann Bonner
Anne Marie Bott
Matthew Brandon Brancasio
Kenneth Rodolfo Bryan
Joseph Preston Bryant
John Joseph Carothers
Sara E. Doran-Atchison
Jeffrey Eugene Eertmoeid
*Kailee Lynn Fretland
*Misti Michele Houck
Chung Ah Huggett
Glendolynn Sanderlin Johnson
Kara A. King
*John David Kurowsky
*Brian Nathaniel Laplant
Mary E. Mackey
Marisol Martinez
Dean Jose Overmiller
Jade Ariel Pham
Kimberly Monique Rains
Steven Ray Scott
Kyle Vance Sheffer
John Lawrence Sickman
Christel Gail Svingen
Jodi Nicole Tricinella
Jonathan Neil Trujillo
Kendall Mark Vantyle

Michael Verdugo
Jerry Zee

Scientist
Matthew Joseph Breiding
Dianna Densmore Carroll
Deborah Lynn Dee
Tracie Jo Gardner
Alfredo Rodriguez Sancho
Michael John Smith
Jacqueline Elizabeth Tate
Jeremy Loren Wally

Therapist
Richard Tyrone Brantley
Alexei A. Desatoff
Christina Ann Eaker
Dale Wesley King
Matthew Daniel Ritchey

Veterinarian
Barbara Marie Knust
Ethen Taylor

TO LIEUTENANT COMMANDER (O-4)

Dietitian
Kristen Dianna Coaty
Brian C. Hunter
Thelma Maria Lucero
Rogelio Ruvalcaba

Engineer
Kyle James Barrackman
Stanley Bertholet Eugene
Theresa Ann Grant
Griff Eugene Miller
George K Ngatha
Rahul Krishan Ram
*Samantha Anne Spindel
Jitendra V. Virani

Environmental Health Officer
Mark Augustine Chen
*Alexa Michele Deptola
Matthew Robert Deptola

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**Nurse**
- Sheila Barthelemy
- Christopher Allan Blila
- Daniel John Brammer
- Tana Lee Clark
- Natasha Lynn Colmore
- Nicole J. Conklin
- Debra A Cooper
- Molly N Dayzie
- Lisa Dawn Ellis
- Lisa Marie Ellison
- David B. Good II
- Traci Christine Kelm
- Gary Steven Koller
- Robert Kopec
- Zenia Marie Mckoy
- Shauna Lee Mettee
- Caleb James Meyer
- Sandra Lea Olson
- Amanda Michelle Ramsburg
- Kathleen Lorraine Rivers
- Jodi Mae Sides
- Sara Atha. Stetson
- Dave N Tshiupula
- Heidi Jolene Voss
- Taneka Marshaye Walker
- Matthew Charles Watson
- Billita Williams
- Tatyana Alethia Worthy
- Jonathan Michael Woywod

**Pharmacist**
- Linzi Rae Allen
- Christina Ann Andrade
- Golden Benjamin Berrett
- Steven Thomas Bird
- Benjamin Robert Bishop
- Amanda Rae Bonner

**Scientist**
- Tyann Blessington
- Cara Nicole Halldin
- Kelsy Faith Hoffman
- Keisha Andrea Houston
- Michelle Rodriguez

**Health Services Officer**
- Marcos Ali Aird
- Fahad Alsayyid
- Alexander Amankwah
- Holly Leanna Anderson-Caldwell
- Shakirat Ibijoke Apelogun
- Lorener Eugenia Brayboy
- Jennifer Nicole Curtis
- Jessica Lynn Damon
- Angel Daniels-Rodriguez
- Mark Hutchison Durham
- Stephanie Sherrelle Felder
- Rochelle Lynette Ford
- Thomas Edward Gera
- Jesse Lee Goodman
- Tanya Lisa Grandison
- Marjorie Gray
- Michael Garrett Hodnett
- Stephanie Ann Hoover
- Wade Thomas Keckler
- Kevin Matthew Kunard
- Neil Anthony Mafnas
- Victoria Ngozi Moma
- Marlene Ayanti Nicholson
- Summer Lee Pearson
- Gabriela Ramirez-Leon
- Kimberley Andrea Ricketts
- Jaclyn Ruiz
- Elizabeth B Russell
- Vanessa Ben Segay
- Yvette Rosabel Shumard
- Belinda Slaughter
- Avi Jay Stein

**Therapist**
- Marsophia Ruth Crossley
- Chandra Judy Preator
- Molly C. P. Rutledge

**Veterinarian**
- Canielle Elise Butke

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<thead>
<tr>
<th>JOAG Committee</th>
<th>Chair/Co-Chairs</th>
<th>Category</th>
<th>Agency</th>
</tr>
</thead>
</table>
| Awards                          | LCDR Adora Ndu  
                        | LCDR Erin Nichols | PHARM  
                        | SCI  
                        | FDA  
                        | CDC |
| COF Planning                    | LCDR Elizabeth Thompson  
                        | LCDR Debra Wagner (Non-VM) | HSO  
                        | HSO  
                        | FDA  
                        | CDC |
| Communications & Publications   | LCDR Gene Gunn  
                        | LT Daveta Bailey (Non-VM) | HSO  
                        | EHO  
                        | FDA  
                        | FDA |
| Development                     | LCDR Judith Eisenberg  
                        | LCDR Erica Sison (Non-VM) | MED  
                        | HSO  
                        | CDC  
                        | CDC |
| Public Health & Community Service | LCDR Frank Koch  
                        | LCDR Samantha Pinizzotto | DIET  
                        | VET  
                        | BOP  
                        | FDA |
| Membership                      | LT Chandra Jolley  
                        | LCDR Robert Kosko | NURSE  
                        | PHARM  
                        | PSC/FOH  
                        | FDA |
| Policy & Procedures             | LCDR Jessica Otto | EHO  
                        | IHS |
| Professional Development        | LCDR Elizabeth Garza  
                        | LCDR Qiao Bobo | HSO  
                        | SCI  
                        | CDC  
                        | FDA |
| Recruitment & Retention         | LCDR Samantha Spindel  
                        | LCDR Chinyelum Olele | ENG  
                        | PHARM  
                        | FDA  
                        | FDA |
| Welcoming                       | LCDR Cathleen Shields  
                        | LT Joyce Davis (Non-VM) | THER  
                        | HSO  
                        | DOD  
                        | CMS |
Please join us in congratulating the new JOAG voting members who will serve during the 2014-2016 operational years! We have a broad range of agencies, geographic locations, and professions represented among them. We are confident that they will continue to lead JOAG to new heights.

<table>
<thead>
<tr>
<th>Voting Member</th>
<th>Category</th>
<th>Agency</th>
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<tbody>
<tr>
<td><strong>Incoming PAC Liaisons</strong></td>
<td></td>
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</tr>
<tr>
<td>LCDR Quynh Nhu Nguyen</td>
<td>Engineer</td>
<td>FDA</td>
</tr>
<tr>
<td>LT Daveta Bailey</td>
<td>Environmental Health</td>
<td>FDA</td>
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<tr>
<td>LCDR Avi Stein</td>
<td>Health Services</td>
<td>CDC</td>
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<tr>
<td>LT Mekeshia Bates</td>
<td>Nurse</td>
<td>DOD</td>
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<tr>
<td>LT Peter Arroyo</td>
<td>Therapist</td>
<td>BOP</td>
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<td><strong>Incoming At-Large Members</strong></td>
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<tr>
<td>LT Abraham Marrero</td>
<td>Engineer</td>
<td>FDA</td>
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<tr>
<td>LCDR Elizabeth Garza</td>
<td>Health Services</td>
<td>CDC</td>
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<tr>
<td>LT Lindsay Hatch</td>
<td>Health Services</td>
<td>FDA</td>
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<tr>
<td>LCDR David Huang</td>
<td>Scientist</td>
<td>CDC</td>
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<tr>
<td>LCDR Cara Halldin</td>
<td>Scientist</td>
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