



THE JOAG JOURNAL

A NEWSLETTER BY JUNIOR OFFICERS FOR JUNIOR OFFICERS

FRONT&CENTER

Message from the Chair

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SPRING 2015 | VOLUME 28

Editors

LT Daveta Bailey

LT Katie Bante

Art Editor

LCDR Steven Porter

FRONT & CENTER

Greetings fellow junior officers,

It is hard to believe we are half way through the operational year. We have many successes to celebrate, and many challenges to look forward to conquering. First and foremost I wanted to say thank you to our members. As an all-volunteer organization it is your individual contributions that help move us forward in advocating for junior officers and fostering integrity, excellence, leadership, and service. It is also the work of individuals who identify those items which impact junior officers and their careers that helps us stay on course to fulfil our mission. Please send your comments, questions, concerns, or suggestions to us through the JO Voice at phs.joag@gmail.com.

I also want to thank our voting members who have deployed both foreign and domestic to combat the Ebola epidemic. In the past six months, over 40% of our voting members have deployed, which is a testament to your talents and validation that JOAG selects truly fantastic officers to lead our organization. The efforts of those general members who have stepped in to fill the roles of voting members doesn't go unnoticed either. They've stepped up to be committee and subcommittee chairs, secretaries, and other prominent positions when a member was responding. Your dedication to furthering our mission despite critical resource shortages is to be commended.

We were also well represented (despite not having a meeting space on site) at the USPHS Scientific Training and Symposium. JOAG had representation at a uniform



inspection booth to answer all of your uniform questions, an information area with materials on how to get involved in our organization, and the ever popular esprit de Corps items for purchase. The Symposium also featured our yearly national level awards, and was a great time to gather, network, learn, reconnect, and rededicate ourselves to the mission of the USPHS.

In this issue of the JOAG Journal you'll find some great articles written by your peers on leadership, deployment, what to expect when you're expecting, professional development, uniform guidance, and many more useful topics. I encourage you to contribute your own articles for the next edition by submitting an article to joagcpcsubmissions@fda.hhs.gov.

All the best,

**LCDR Jessica L. Otto MPH, REHS, HHS
Chair, Junior Officer Advisory Group**

JOAG LEADERSHIP

2014-2015 OPERATIONAL YEAR

Chair: LCDR Jessica Otto	EHO	FDA
Vice-Chair: LCDR Robert Kosko	PHARM	FDA
Chair-Elect: LCDR Elizabeth Garza	HSO	CDC
Executive Secretary: LCDR Lindsay Hatch	HSO	FDA
Financial Liaison: LCDR Erin Nichols	SCI	CDC

JOAG Committees	Chair/Co-Chairs	Category	Agency
Awards	LCDR Chinyelum Olele	PHARM	FDA
	LT Abraham Marrero	ENG	CDC
USPHS Symposium Planning Committee	LCDR Eleanor Fleming	DENT	CDC
	LCDR Debra Wagner (<i>Non-VM</i>)	HSO	CDC
Development	LCDR Judith Eisenberg	PHYSICIAN	CDC
	LCDR Dawn Montoya	NURSE	BOP
Communications & Publications	LT Daveta Bailey	EHO	FDA
	LT Katie Bante (<i>Non-VM</i>)	EHO	IHS
Public Health & Community Service	LCDR Krank Koch	DIET	BOP
	LT Samantha Pinizzotto	VET	FDA
Membership	LCDR Cara Halldin	SCI	CDC
	LCDR Kari Irvin	HSO	FDA
Policy & Procedures	LCDR Elizabeth Garza	HSO	CDC
Professional Development	LCDR Qiao Bobo	SCI	FDA
	LCDR Avi Stein	HSO	CDC
Recruitment & Retention	LT Peter Arroyo	THER	BOP
	LCDR Quynh Nhu Nguyen	ENG	FDA
Welcoming	LT Mekeshia Bates	NURSE	HRSA
	LCDR David Huang	SCI	CDC

The Junior Officer Advisory Group (JOAG) is a public health professional group whose purpose is to provide advice and other Corps and non-Corps entities on interests and concerns specific to junior officers in the United States Public Health Service (USPHS) Commissioned Corps. *The JOAG Journal* is a quarterly publication produced by the Communications & Publications Committee. Send editorial comments and concerns to either LT Katie Bante (Katie.Bante@tananachiefs.org) or LT Daveta Bailey (Daveta.Bailey@fda.hhs.gov). To contribute to a future edition, submit articles electronically to joagcpsubmissions@fda.hhs.gov. Any opinions or thoughts presented within *The JOAG Journal* are solely those of the author and do not represent the USPHS, United States Department of Health and Human Services (HHS), or any other government agency.

ADMIRAL'S CORNER

RADM SARAH R. LINDE, M.D.

AC: What are your primary duties?

RADM LINDE: I currently serve as the Chief Public Health Officer of the Health Resources and Services Administration (HRSA). HRSA works to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs. As Chief Public Health Officer, I collaborate with stakeholders within and outside of HRSA to improve population health through linking and integrating primary care and public health and through support of HHS initiatives and priorities such as the National Prevention Strategy, the Million Hearts Initiative, tobacco control and prevention, viral hepatitis, and many others.

AC: What event(s) in your life led you to become an MD and/or Flag officer?

RADM LINDE: I became a physician to combine my strong calling to serve and help others, my love of health and fitness, and my interest in being intellectually stimulated. I was excited to learn about the USPHS Commissioned Corps when I was applying to medical schools. Their sponsorship, through the National Health Service Corps, to attend the Uniformed Services University of the Health Sciences in Bethesda, Maryland, afforded me the opportunity to receive a first rate education without accumulating any financial debt. Upon graduation from medical school and completion of my family practice residency, I was financially free to focus on serving underserved populations without having to worry about paying back loans.

Over my career, my focus has always been on service and mission. Honestly, I never set a goal of becoming a Flag Officer. I have always been honored to wear the uniform and serve, no matter what my rank.

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



RADM LINDE: Having been in the Corps since 1988, it is practically impossible to identify one “best” experience. I have loved all of my duty stations and experiences, whether caring for patients in a community health center in West Virginia, advancing the development of therapies for patients with rare diseases with FDA’s Office of Orphan Products Development, helping oversee the development and release of the 2008 Physical Activity

“I currently serve as the Chief Public Health Officer of the Health Resources and Services Administration (HRSA).”

Guidelines, the 2010 Dietary Guidelines for Americans, or Healthy People 2020 with the Office of Disease Prevention and Health Promotion, or now at HRSA improving the health of vulnerable populations. In addition, there have been many wonderful moments on deployments over the years, perhaps two of the more memorable ones being Hurricane Katrina and the 2009 Presidential Inauguration.

Perhaps the best experience has been the opportunity to meet, work with, and learn from so many brilliant mission focused public health servants along the way.

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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 LINDE: My best advice to junior officers is to start each day reminding yourself of the mission at hand. What do you want to accomplish and how will you get there? Be mindful in your approach to work. Check periodically to be sure you are spending your time doing something that adds value. Learn to understand and engage in the “bigger picture” and be sensitive to the fact that there are often other circumstances unbeknownst to you that are likely influencing any situation. Always look for ways to improve yourself, be open to and seek constructive criticism, and leave your

“Always look for ways to improve yourself, be open to and seek constructive criticism, and leave your ego at the door.”

ego at the door.

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 LINDE: As USPHS CC Officers, it is incumbent upon each of us to be ambassadors, spokespeople, and champions of the Corps and the work we do. Have an “elevator speech” ready to go that clearly and succinctly explains what public health is (and give an example such as safe drinking water or seatbelt use), what the Corps is (a uniformed service part of HHS, no weapons, not part of DOD, comprised of docs, nurses, scientists, engineers, environmental health and other public health professionals), and why our uniform looks similar to the Navy (origins as a sea service taking care of the Merchant Marines). Keep it simple, and if folks want to know more, tell them.

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

RADM LINDE: As a Flag Officer, I am an Assistant Surgeon General or an extension of the SG, advancing Surgeon General priorities, participating in leadership meetings, representing the Surgeon General at events, etc. We are most fortunate that our current Acting SG is a career officer and makes himself accessible to all officers. While I don’t usually directly interact with the ASH or the Secretary, as a Senior Leader in HHS, I support the Department’s work and priorities.

AC: What is your vision of the future for the USPHS?

RADM LINDE: The Corps has lived through many challenges over the years, and I have no doubt we will continue as a robust force into the future. Really, a strong public health system which includes a strong public health workforce is essential to our well-being, not only as a nation, but really as a global community. The Commissioned Corps of the U.S. Public Health Service – a premiere workforce - will continue to serve our nation to advance, promote and protect the health and safety of the nation.

AC: What are the most pressing challenges that concern you within your organization or the Public Health Service in general?

RADM LINDE: If I could change one thing about the Commissioned Corps, it would be to allow the Corps to have its own budget, and have total control of its human resource assets to assign to various agencies and departments. It would give the Corps the flexibility it needs to deploy officers to the areas of greatest public health need to do the most good for the health and safety of the nation.

AC: Your duties entail an enormous and encompassing responsibility. How do you manage those responsibilities?

RADM LINDE: Over the years, it has been helpful to learn concepts of “mass casualty triage” and apply it to my regular work. That is, we all find ourselves with more to do than time to do it, so it is essential to learn what and how to prioritize so we can maximize our efficiency and have the largest possible impact given that our resources of time, energy, and finances are not infinite.

AC: Are there any initiatives materializing in your organization that junior officers should be aware of?

RADM LINDE: Within HRSA, our Commissioned Corps Officers work in a variety of areas including maternal and child health, behavioral health, oral health, HIV/AIDS, the health center program, the National Health Service Corps, the 340B drug discount program, vaccine safety, women’s health, rural health, emergency preparedness and much more.

At our all-hands meetings, and through individual mentoring, I encourage officers of all levels that as officers we can do the most good by keeping a broad vision and keen mind to think of, look for, and leverage opportunities to step outside of our immediate programs, connect with others within the agency, convene others from outside organizations, and involve ourselves in public health work beyond our day to day duties. There are so many ways to contribute whether new initiatives or ongoing work. Our mobility gives us a unique opportunity to have different experiences from which we can draw on every future assignment, although at the time, it may not seem immediately obvious.

AC: The Corps latest iteration seems to be its most transformative. Do you have insight for officers who are sorting through these changes?

RADM LINDE: Change is challenging for anyone to deal with. Expecting and accepting change as a fact of life can help alleviate some of the anxiety and disruption change causes. Try to focus on change that is implemented for the sake of improvement, and not for the sake of change itself. Developing an ability to see the bigger picture and the benefit to others can also help one sort through changes.

AC: How can junior officers uniquely contribute to the USPHS?

RADM LINDE: Junior officers have an energy and idealism that can be tremendously infectious, influential, and inspiring to more senior officers. I think the unique contributions that junior officers make include asking questions, challenging “the way things have always been done,” and using current technology all help move the Corps forward in advancing the health and safety of the nation.

AC: Who are your influences and sources of inspiration?

RADM LINDE: I am influenced by people with certain traits - not only those who embody the core principles of the Commissioned Corps – leadership, excellence, integrity, and service – but also traits such as clarity of thought and communication, and having a sense of humor and humility. Throughout my career, I have been fortunate to be influenced by many people – family, friends, colleagues, and famous servant leaders. And really, some of the toughest people or situations can be the biggest influences in one’s life, as they force you to get out of your comfort zone, reflect, and hopefully grow in the process.

AC: What additional comments or advice do you have that you would like to share?

RADM LINDE: Remember, we all only have 24 hours in a day, and time is one of our most precious resources. Learning to value your time and use it efficiently is essential to living a balanced life. Also, remember to take care of yourself – your mind, your body, and your spirit – especially when times are challenging. ■

“

Learning to value your time and use it efficiently is essential to living a balanced life.

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JUNIOR OFFICER SPOTLIGHT

LCDR ERICA MURRAY



Category: Health Services Officer

Education: MPH in Health Administration (University of South Carolina at Columbia); BS in Biology (Emory University).

Hometown: Dallas, TX

Agency: Department of Homeland Security Office of Health Affairs

How did you find out about the PHS?

Early in my career, I worked as a Fellow at CDC Headquarters in Atlanta, GA., where there were many USPHS Officers on duty.

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

I was five months pregnant and I scrambled to get my medical and background documents submitted in time. No one at my current duty station knew what I was up to, so I created scenarios to be excused in order to get all my PHS items together without interrupting work flow. My colleagues thought I was having a really difficult pregnancy!

What are your goals with the PHS?

One of the many wonderful aspects about being a PHS Officer is the opportunities are limitless. There are so many open doors; officers have the ability take the chance and walk through the door. I love the flexibility that PHS offers and knowing that my skills can take me almost anywhere. My goals are to continue to sharpen the tools in my toolbox, continue to learn from my mistakes and advances alike, and to take on more difficult tasks as they come. That is my equation for success.

What is your most memorable PHS experience so far?

I was out of town attending a workshop when the first patient diagnosed with Ebola Virus in the United States died on October 8, 2014. As this tragic news unfolded in my home town, RedDOG prepared to deploy the first team of USPHS Officers as a global response to combat Ebola in Liberia during the height of its spread. Two months later, I heard of a need for laboratorians on this historical mission and I was more than ready to serve.

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CURRENT ASSIGNMENT

Laboratory Analyst for BioWatch Program in which environmental air samples are screened daily for the presence of high threat biological agents. I also serve as a microbiologist surge staff member, rolling up my sleeves to test thousands of clinical and environmental samples during outbreaks of emerging infectious diseases in Dallas County.



PREVIOUS ASSIGNMENT(S)

Laboratory Research Fellow, Centers for Disease Control and Prevention Headquarters, Atlanta, GA; 2001-2002, Graduate Assistant, Department of Health and Environmental Control, Columbia, SC; 2003-2008, Lead Biological Scientist, Dallas-Fort Worth, TX; 2008-Present, BioWatch Laboratory Analyst, Dallas, TX.

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Within weeks, I was well on my way to Liberia; onto my very first deployment as a laboratory analyst for the Monrovia Medical Unit (MMU) on Team #2. I remember being nervous given the dangers associated with Ebola transmission, but I also knew this was my duty: to conduct effective point-of-care laboratory tests for MMU patients exposed to this deadly virus. My extensive knowledge of infectious diseases and laboratory safety gave me the confidence to focus on what I do best: laboratory analysis.

At the MMU, the laboratory was located in the high risk zone, which means I donned full Personal Protective Equipment (PPE) whenever I performed laboratory tasks. Hot temperatures combined with several layers of PPE made working conditions a great mental and physical challenge, at times. Long work shifts could leave us feeling exhausted at the end of our days. However, one look at an Ebola patient or one of our MMU Ebola Survivors, and I was quickly reminded of my purpose. No one deserves to die from complications of Ebola Virus, and I was there to help save lives. That being said, I never complained and I prayed that God would give me the strength to finish strong.

“Finish Strong” was MMU Team 2’s motto and we did JUST THAT!

As I reflect on the entire experience, my role during the Ebola Crisis was a unique one. USPHS received highly acclaimed support and recognition from the White House, CDC, and other uniformed services. It was an honor to serve the people of Liberia in their time of need. It was also a privilege to work side by side with so many accomplished and intelligent PHS Officers. In

the entire Commissioned Corps, only a few of us can say we deployed to Liberia and we made history.

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

My advice would be to have multiple mentors, preferably Senior Officers. Just having one mentor in one category is not enough. I found that having two or more mentors gives me various angles to view USPHS. I have been able to tailor my PHS career by listening to the highs and lows that Senior Officers have already experienced throughout their careers.

Lastly, make it a point to be a leader and never doubt your abilities. If a committee requests a leader or a

member, throw your hand up and volunteer. Get involved, flex your educated mind, and make an impact while doing it.

Have your skillset and/or responsibilities with the DHS helped you become a better PHS Officer?

Absolutely. I was commissioned as the first BioWatch Laboratory Analysis in the country. However working for DHS, I quickly realized that I have additional responsibilities other than working on the laboratory bench. I make certain to stay current with changes in laboratory technology and trends of infectious diseases. It is also vital for me to serve as a member on various committees (PHS and non-PHS) and to complete emergency response trainings annually. USPHS encourages me to venture outside of the laboratory and to network with other civilians and policy-makers. ■

JUNIOR OFFICER SPOTLIGHT

LCDR NEIL JOHN BONZAGNI



Category: Scientist

Education: PhD in Chemistry (State University of New York, University of Buffalo); MPH in Epidemiology (University of North Carolina Chapel Hill).

Hometown: Parish, NY

Agency: Food And Drug Administration

How did you find out about the PHS?

I first encountered what I thought to be strangely uniformed Naval Officers while a student at the Uniformed Services University of Health Sciences in Bethesda MD in 2004. I then asked a Senior Naval Officer about these individuals, and found out that the Officers in 'Salt-and-Pepper' were in fact members of the U.S. Public Health Service (PHS). Sparking my curiosity, I began to find out more about the service, and corresponding regularly with a PHS Officer whom I met soon thereafter. I began my Commissioning process into the PHS in earnest in 2008.

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

At the time that I was beginning the application process, I was still a Naval Officer. Regrettably, there was no inter-service transfer agreement at the time, which required that I resign my Commission in the Navy. I would say the most difficult time during the application process was that time between my 'boarding' and when I eventually found a job in the U.S. Food and Drug Administration. As it turned out, I was very lucky, in that there was no significant break in active duty service time. My last day as a Naval Officer was Friday, May 1st, 2009, and I reported to my new duty station in the FDA New York District Office as a PHS Officer on Monday, May 4th, 2009.

What are your goals with the PHS?

I would like to hone my skills and proficiencies as a public health practitioner by developing my credentials in Epidemiology and public health assessment. At the time of my commissioning into PHS, I was finishing my MPH at UNC, and at the same time reading *The American Plague* by Molly Caldwell Crosby. I was so very im-

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CURRENT ASSIGNMENT

Northeast Regional Training Officer (RTO) in the FDA Office of Regulatory Affairs. I am responsible for managing the training programs for some 600 FDA employees across seven states. As RTO, I am also responsible for assessing, planning, and subsequently implementing new training initiatives, including collaborative training initiatives between the FDA and State public health authorities.



PREVIOUS ASSIGNMENT(S)

2002-2005, Naval Medical Research Center, U.S. Navy Medical Service Corps; 2005-2009, Navy Drug Screening Laboratory, U.S. Navy Medical Service Corps; 2009, Accepted Commission and Orders in U.S. Public Health Service; 2009-2012, Consumer Safety Officer, New York District Office, Jamaica, NY; 2012- Present, Northeast Regional Training Officer, Office of Regulatory Affairs.

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pressed by this book's description of our nation's early pioneers in public health, who were responsible for pursuing measures to check the spread of infectious disease, including Yellow Fever, often times risked their own lives so as to help and protect others. In some sense, this text was a calling to me. I am today very interested in advancing the health needs of underserved communities, and hope that my PHS career is culminated by being able to improve the health status of those most in need.

What is your most memorable PHS experience so far?

My most memorable and enjoyable experience with the PHS thus far most certainly would be the volunteer experience I had with the Shepherd's Table Soup Kitchen just prior to the 2014 USPHS Scientific and Training Symposium in Raleigh NC. The Shepherd's Table Soup Kitchen serves those in need in the greater Raleigh, NC area. There were no questions asked of those who sought help, just a meal and a place to relax and enjoy each other's company. Serving alongside my fellow Officers, I found the entire experience to be a powerful testimony of what it means to serve, and why collectively, we wear the uniform of the U.S. Public Health Service. I have since sought out a similar community outreach in my hometown on Long Island, where I hope to volunteer on a regular basis.

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

I would simply advise other Junior Officers to be diligent in their pursuit of career-building opportunities, including volunteering opportunities within their communities, and to remain a life-long learner eager to further develop their credentials in public health. This to me has most recently meant developing credentials as a

Basic Life Support Instructor through the American Heart Association, and as a FEMA-certified Instructor. As much as possible, I have strived to become a public health educator in my community, through the local chapter of the Medical Reserve Corps, and at an area college on Long Island where I serve as an Adjunct Faculty member. I believe that public health assurance is after all the notion of developing future leaders in public health practice. This involves not only education and development related to public health, but also the act of advocating and advancing public health initiatives, and sharing the mission and message of our Service with others. My advice to other Junior Officers would simply be that they remain flexible, and remember that success may in some instances be the ability to redefine yourself and the skills that you possess/offer. Lastly, be proud to wear the uniform of the U.S. Public Health Service, for I believe that each Officer has a unique and inspiring opportunity to demonstrate to others what it means to serve.

Has your skillset and/or responsibilities with the FDA helped you become a better PHS Officer?

Yes, most definitely. During my tenure as a Consumer Safety Officer, and more recently as an RTO, the FDA has afforded me the opportunity to develop my skillset as a Public Health Educator. I have had the privilege of enjoying a flexible work schedule that enabled me to pursue and obtain my credentials as a Basic Life Support (BLS) Instructor with the American Heart Association, and a managerial staff that encouraged extracurricular activities such as my becoming an Adjunct Faculty member at an area college and a Training Officer in the local chapter of the Medical Reserve Corps. In each instance, I have had the opportunity to build public health awareness by sharing the mission of the agency and that of the PHS. ■

RECRUITMENT & RETENTION

WHAT IT MEANS TO BE A USPHS OFFICER

What does it mean to be an Officer/Leader? It's a question that has many different answers with many different paths all leading to a similar endpoint. Leadership does not demand the possession of a high rank, nor does it require a supervisory billet. Peers, junior and senior officers alike can guide you towards the essence of what it means to be an effective leader. Leadership starts with YOU! It starts with a decision to act for the greater good, put others before self, wear the uniform with pride and distinction, maintain professionalism, and stay focused on the mission by being the best at what you do.

Leadership, Service, Integrity, and Excellence are the USPHS core values and serve well as a personal mission statement. Integrity is the constant that connects the other three values. Knowing your strengths and weaknesses help drive the development of leadership traits whilst remaining loyal to the people and agency you serve. Utilize introspection to determine your strengths and weaknesses and develop your personal leadership development plan. Write down your short term and long term goals. These will help ensure you maintain the correct course and speed. Understand that this will be a living document, constantly changing and evolving as you progress in your chosen career path.

Next, ask yourself *"What can I do for the Corps?"* Lean on your personal leadership plan as it will guide you in your quest to answer this question. Ensure you give back by sharing knowledge gained. Inspire fellow officers through officership, camaraderie, and recruitment activities. This will establish resiliency within the Corps. Always be proud of the uniform and people you serve. Don't be afraid to step out of your comfort zone. Embrace it. Lead by example!

ADM Grace Hopper once stated *"You manage things, you lead people."* This is a simple and yet profound statement. Leadership and officership are often times intertwined. Always provide a clear, realistic vision, show genuine concern for your people, communicate to help

foster clarity, strive for self-improvement, seek counsel through mentors, and learn when to delegate. These are some of the mainstays of developing into a more refined and successful professional, leader, and officer.

A common trait amongst the great leaders in the Corps is their innate ability to give back selflessly to the Public Health Service. The process of leading others stems from the ability to lead yourself which entails doing your job, choosing a positive perspective, supporting your co-workers, management, and agency, developing time management skills, seeking and taking responsibility, investing in relationships, learning to take fault, apologizing for and learning from mistakes, and constant self-introspection/self-development. Boldly be an example.

When you **Lead** people through **Service, Integrity** and **Excellence** you have the ability to inspire great things from them as they **Protect, Promote** and **Advance** the Health and Safety of our Nation. ■

The quarterly segment of Recruitment and Retention Matters discusses issues to help facilitate recruiting by informing junior officers about new or key information. Occasionally this segment will highlight recruitment efforts by fellow junior officers or leadership/career development topics important to officer retention. If you have any questions, comments, or topics you would like us to cover please contact the JOAG Recruitment and Retention Publications Subcommittee at Pharper@bop.gov or teisha.robertson@cms.hhs.gov

PUBLIC HEALTH & COMMUNITY SERVICE

USPHS OFFICERS PROVIDE COMMUNITY SERVICE DURING THE 2014 USPHS SCIENTIFIC & TRAINING SYMPOSIUM

LCDR Sarah Trinidad

Twenty-five USPHS officers participated in *Let's Move!* JOAG service event at the Boys and Girls Club in Raleigh, NC, on June 10, 2014. Organized by the JOAG Public Health & Community Service Committee, the event turned out to be a highly successful way to teach children about nutrition and fitness, as well as interact with them to promote public health. Approximately 65 kids and six staff members from the Raleigh Boys and Girls Club participated, with the kids ranging in age from 5- 14 years old.

The JOAG *Let's Move!* Program serves to encourage and support Commissioned Corps Officers in their pursuit of actively promoting health and wellness within communities by leading activities that accomplish one or more of the following *Let's Move!* Campaign objectives: 1) Creating a healthy start for children, 2) Empowering parents

and caregivers, 3) Providing healthy food in schools, 4) Improving access to healthy affordable foods, and 5) Increasing physical activity and encouraging healthy eating choices. The JOAG *Let's Move!* Program currently offers two community service health promotion activities for officers: a *Choose MyPlate* themed activity and a *Go, Slow, Whoa!* themed activity.

The Raleigh event began by dividing the children into separate age groups and then providing an age appropriate *Choose My Plate* lesson along with a relay race game. Officers discussed healthy eating tips with the children and how to categorize different foods according to *Choose My Plate* guidelines. The event then lead into the *Go, Slow, Whoa!* lesson. This lesson was followed by the Stoplight game, during which the kids enthusiastically played and asked lots of questions. The game reviewed Go/Green foods (which included kids

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Junior officers help Boys and Girls Club members play the MyPlate Relay Race game



LCDR Robin Toblin, LT Janesia Simmons, and LT Kristina Snyder display Choose MyPlate educational resources used at the Let's Move! event.

POINT OF IMPACT

REPORTS FROM THE RANKS

GIVING OF YOUR TIME, TALENT, TREASURE, AND... TISSUE?

LT Quinn Bott

You may have heard of the “Three T’s” of charitable giving – Time, Talent, and Treasure. As Public Health Service officers, we give of ourselves every day, but do you ever actually give of YOURSELF? I challenge you to put your body where your altruism is and add another “T” to these, Tissue. Here are three easy (and resumé building!) ways to expand your impact on your community and on public health.

Donate blood products. It is well known that blood donations save lives. There are many different ways to give that can fit your schedule and comfort level. Whole blood, double red blood cells, plasma and platelets are all useful options that can take as little as 20 minutes to 2 hours. It’s really a small sacrifice even for those squeamish about needles – face your fear!

If you can’t give blood yourself, encourage others to give, or host a blood drive at your workplace or in your community. Consider giving blood directly to a hospital or blood bank if there is one near you, as some collection agencies may charge hospitals, and therefore patients, a lot of money to receive blood.

Not only do you get tasty snacks, but also a mini-physical each time you donate blood, as all donation sites should take your vitals and hematocrit level. Knowing your blood type could save your own life someday, too!

Register for the national bone marrow donor registry. The process to be typed as an bone marrow donor is very easy and non-invasive. It involves two simple cheek swabs for human leukocyte antigen (HLA) typing. If you’re a match, a patient with a leukemia or lymphoma can be *cured* with your donation – a safe, outpatient surgical procedure that although it involves some pain, will directly change the trajectory of another person’s life. HLA is hereditary so donors often must be of the same racial/ethnic background as the recipi-

ent. Many patients have a match in their family, but some ethnic groups are less likely to find a match and are in much greater need of willing donors.

Be an organ donor. Eighteen people die each day waiting for an organ donor. Ensure that you are licensed and registered to be an organ donor in your state. Many states ask you to opt in or out when you get your driver’s license, but check the website above to make sure. Also, make sure that you have spoken to your family about your desire to be an organ donor if something should happen to you – it’s like living on as an awesome, life-saving zombie! ■

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*LT Quinn Bott
Donates blood*

UNIFORM CORNER

RIBBONS AND RACKS VS. COAT LAPELS AND COLLARS

IN THE BATTLE BETWEEN COAT LAPELS, COLLARS, AND RIBBONS, THERE CAN ONLY BE ONE VICTOR.

Wearing ribbons while in uniform is one of the easiest ways to demonstrate your pride and distinguish the USPHS Commissioned Corps (CC) from the other Uniformed Services. It demonstrates your commitment to serve. That is why proper ribbon wear is critical to prideful uniform appearance and a respectful representation of our uniformed service.

Since the USPHS CC is a “Sea Service”, we wear the traditional Naval Uniforms for Service Dress Blues (SDB) and Service Khakis. SDB coat lapels and Service Khaki collars have a very different tailoring profile for each officer. This depends on height, size, and gender specific uniform tapers. Ribbons worn on the Service Khaki may not meet wear standards when worn on SDBs and vice versa. Proper ribbon wear is demonstrated in Figure 1, which is then contrasted with improper ribbon wear shown in Figure 2.

Why are the ribbon displays in Figure 2 improper?

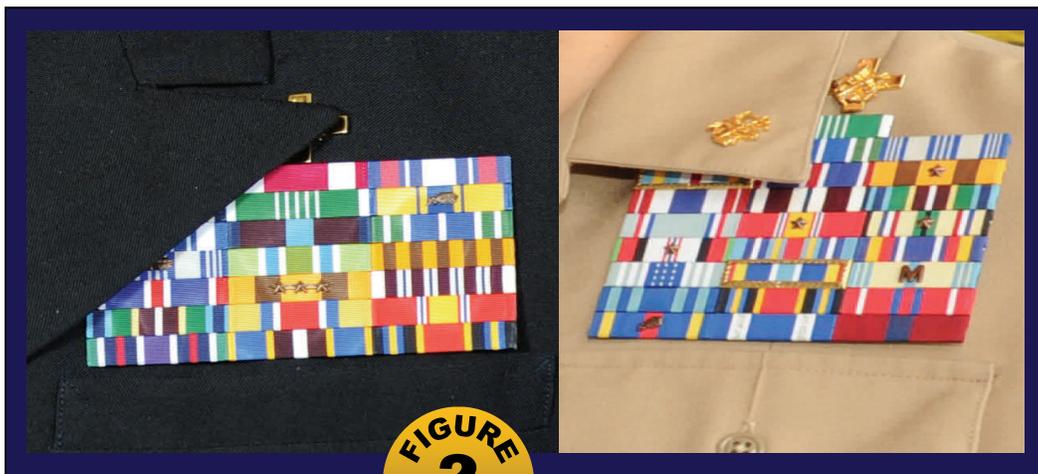
Uniform Regulations state:

“...prevent coat lapels from covering ribbons...”

FIGURE 1



FIGURE 2



Thus ribbons should be visibly displayed and breast insignia proudly shown. What does that mean for your ribbon rack? Officers should routinely test their ribbon racks against coat lapels and collars to see if they meet the 50% requirement. If ribbon racks do not meet this requirement, a custom rack should be ordered promptly with the current regulations in mind:

(Continued on page 18)

PROFESSIONAL DEVELOPMENT

JUNIOR OFFICER PROFESSIONAL DEVELOPMENT SURVEY RESULTS

*LCDR Ashleigh May
LT Ruby Tiwari*

The Junior Officer Advisory Group (JOAG) represents junior officers (JOs) with varied professional backgrounds at the rank of LCDR and below. The mission of JOAG is to provide advice and consultation to the Surgeon General and other Corps and non-Corps entities on interests and concerns specific to junior officers in the United States Public Health Service (USPHS) Commissioned Corps. The purpose of this survey was to assess the current professional development interest and needs of JOs and gain insight to further develop professional development opportunities to meet the needs of all JOs (specifically across all categories and to account for geographically disparate duty stations).

In 2014, over 400 junior officers completed a professional development survey that focused on officer demographics, JOAG participation, JOAG information dissemination, and the knowledge and use of professional development information and resources. Junior officers completing the survey were stationed throughout various HHS OPDIVs as well as some non-HHS agencies (Figure 1) and across all PHS categories (Figure 2). Officers represented all 10 HHS geographic regions as well as international duty stations with most officers (34%) being stationed in region 3 (DE, MD, PA, VA, WV and Washington DC). A majority of the officers who completed the survey represented IHS (27%), FDA (19%) and CDC (16%), which is to be expected given that these organizations have the greatest number of PHS officers assigned to them. Of the officers who completed the survey, most represented the Health Services Officer category (25%) followed by Pharmacist (20%) and Nurse (14%) categories (Figure 1).

As it relates to how JOs prefer to learn about professional development opportunities, the majority (97%) prefer receiving information via the JOAG listserv, however officers also indicated a strong desire to learn

about such opportunities from their category specific professional advisory committees as well as their agency (Figure 3).

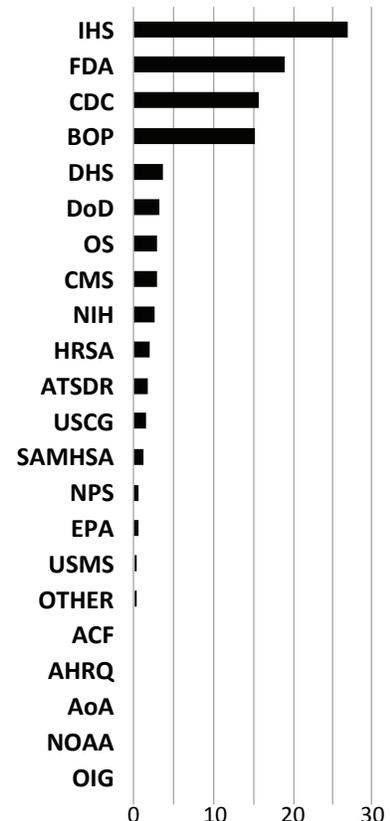
KEY FINDINGS

USPHS Scientific and Training Symposium

Survey findings indicated that the USPHS Scientific and Training Symposium is an excellent professional development opportunity for JOs. Despite the symposium's opportunities for continuing education and networking with fellow PHS officers and other health professionals the results of the 2014 JOAG Professional Development Survey indicate that half of JOs have not attended the

(Continued on page 15)

**FIGURE 1
RESPONDENTS BY OP/DIV (%)**



PROFESSIONAL DEVELOPMENT

(Continued from page 14)

USPHS Scientific & Training Symposium. Most officers (72%) indicated that they did not attend due to cost.

Opportunities exist to offset costs to attend the annual USPHS Scientific & Training Symposium. In addition to scholarships for JOs through the Commissioned Officers Foundation, there are room share and ride share opportunities through JOAG.

Mentoring and Mentee Opportunities

The survey findings indicate that JOs are interested in serving as mentors and being mentored. Nearly 45% of JOs were interested in serving as a peer mentor through JOAG's Peer to Peer Network; 22% were interested in being a mentee. The Peer to Peer Network matches new Officer Basic Course graduates with more "seasoned" junior officers and allows junior officers to feel comfortable speaking with peer level officers, promotes camaraderie, and facilitates information exchange. Likewise, 44% of junior officers indicated that they would be interested in serving as a mentor through the JOAG Health Occupations Students of America (HOSA) Initiative. HOSA works to help build the next generation of health care leaders through professional mentorship of HOSA students and exposure to the day-to-day activities carried out by

USPHS JOs. JOAG recently expanded its Job Shadowing Program nation-wide and offers JOs an opportunity to spend time with a senior officer working in their field of interest. Officers who participate in the program can establish a relationship with and observe the day-to-day activities of senior officers. For more on the JOAG Peer to Peer Network, HOSA or the JOAG Job Shadowing Program, contact the leads listed on the JOAG Professional Development Committee website.

Professional Development Book Club and Reading List

In 2015, JOAG launched a Professional Development Book Club. Each quarter, a book from the JOAG Professional Development Reading List on goodreads.com is selected and discussed. For more on the JOAG Professional Development Book Club contact LT Morgan Walker (Morgan.Walker@fda.hhs.gov).

Surveys are useful to help with the documentation of opinions from junior officers, so that JOAG leadership may best understand and address them. Results from surveys help shape JOAG's Strategic Plan including developing or enhancing initiatives to continue to meet the needs of our JOs. For officers interested in more of the survey details, please contact LCDR Ashleigh May (amay@cdc.gov) or LT Ruby Tiwari (ruby.tiwari@fda.hhs.gov). ■

FIGURE 2
RESPONDENTS BY CATEGORY (%)

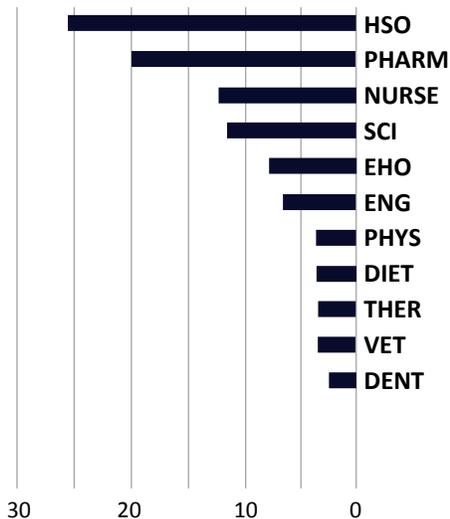
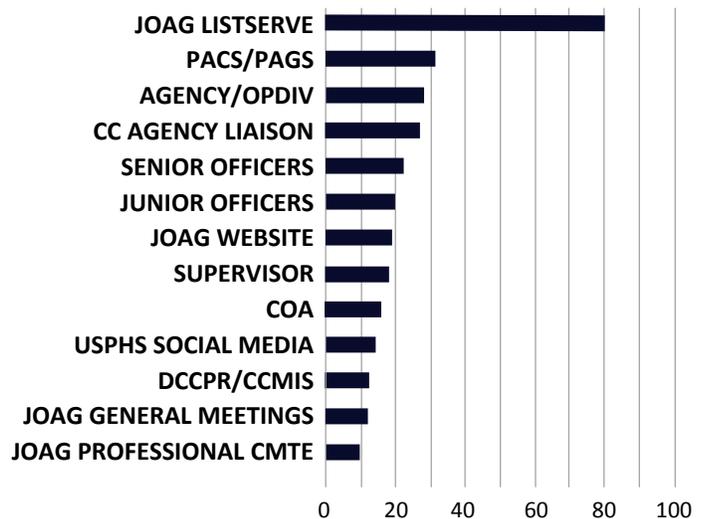


FIGURE 3
PREFERRED SOURCE FOR PROFESSIONAL INFORMATION (%)



DEPLOYMENTS & SPECIAL OPERATIONS

JUNIOR OFFICERS DEPLOYMENT TO CAPSTONE EXERCISE 2014

*LCDR Qiao Bobo
LCDR Olden Walker III*

Five junior officers from the Regional Incident Support – National Capital Region team (RIST NCR) successfully supported the National Exercise Program (NEP) Capstone Exercise 2014 in the Secretary's Operations Center of the Department of Health and Human Services (DHHS) headquarters (SOC) in Washington, DC. from March 26 to April 3, 2014.

The National Exercise Program (NEP) Capstone Exercise 2014 is a congressionally mandated exercise that examines the nation's collective ability to coordinate and conduct risk assessments and implement National Frameworks and associated plans to deliver core capabilities.

March 27, 2014 marked the 50th anniversary of that earthquake, the most powerful ever recorded in North America. Capstone Exercise 2014, referred to as Alaska Shield, commemorates the anniversary of the 1964 9.2 magnitude Great Alaskan Earthquake by replicating the earthquake's effects and resulting tsunami. Alaska Shield started on March 27, and mimicked the 1964 earthquake. The earthquake left thousands of injuries and fatalities and many people in the snow without shelter, food, and

water. Airports, roads and hospitals were damaged and most places were left without power.

The junior officer's responsibility was to ensure that information from all sources was entered in the central locations Web Based Emergency Operations Center (Web EOC and Emergency Management Portal (EM portal)), so it would be easily accessible by all parties. We also ensured that requests for information from the Chief Medical Information Officer, Operations and Logistics sections were responded to in a timely manner. In addition, we helped in updating the senior leadership briefing documents and slide presentations.

Moreover, since the SOC was the center of emergency management for DHHS, we worked in the same room as

operations, logistics, planning and the liaisons from the military, Veterans Association and other parts of DHHS. We experienced daily briefings in SOC, through audio and video conferences within DHHS and with other government agencies coordinated by FEMA.

We learned a lot during the 8 days of the exercise. We came to appreciate the importance and complexity of information management during

an emergency response. It was inspiring to see how the various federal agencies, state and local governments, and international partners came to work together to achieve a common goal. ■



FITNESS CORNER

THE 37TH ANNUAL BANK OF AMERICA CHICAGO MARATHON

*LCDR Catherina Patrice Walker
LT Ryan Marie Smith*

The Bank of America Chicago Marathon has been a Chicago staple since September 25, 1977 when more than 4,200 runners participated. Flash forward to Sunday, October 12, 2014: 45,000 runners took to the streets to run the marathon and 38,879 finished.

We volunteered with the medical reserves of Bank of America Marathon and had watched, with admiration, many runners of all fitness levels finish the race. We thought it would be a great experience and accomplishment to run in the 37th Chicago Marathon.

Despite training separately, we had a very similar preparation plan. We started by researching training plans online and picked an 18 week training program, giving ourselves a little more time to get into running shape. We increased our water intake, minimized processed sugars, increased healthy



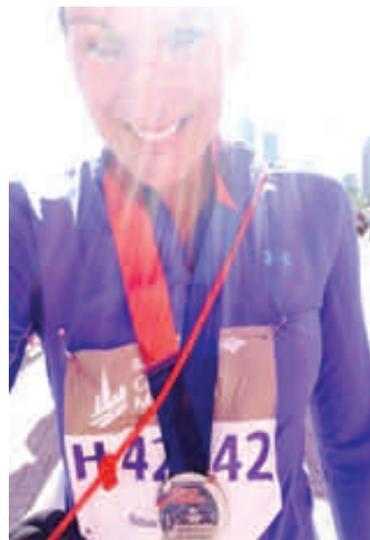
protein and carbohydrates, and decreased alcohol consumption. Running and training along Lake Michigan's lakefront trail was amazing. The comradery among runners and strategically placed water fountains were assets during many long runs.

Ryan's goal was to complete the marathon in 4 hours 30 minutes. However, during the race, Ryan felt great and dropped 31 minutes off her best marathon time; her finishing time was four hours and 25 minutes. Patrice's goal was to complete the race; her finishing time was five hours and six minutes. She plans to run in the 2015 Chicago Marathon with a goal of finishing under four hours and 30 minutes.

We believe recuperation was desperately needed after 26.2 miles. We ate a lot, hydrated to replace electrolytes, relaxed, got massages, and stretched. We also took at least one week off from any physical activity.

The Chicago Marathon is truly one of kind, just like the city of Chicago. A few reasons to come join us in 2015

include 26.2 miles of fans throughout Chicago's diverse neighborhoods, Lake Michigan, the unique architecture, monuments, and the food. Finally, the feeling of accomplishment when you finish and join the less than 1% of Americans who have completed a marathon cannot be matched. ■



(Continued from page 13)

“...ribbons may be aligned so the border to wearer's left is aligned with left side of pocket. Rows of ribbons where more than 50% of the ribbon is covered by the coat lapel may contain two ribbons each and be aligned with left border. “

Your ribbon rack should be tested on all service uniforms authorized to wear them and specialized for special occasion wear of Dress uniforms during ceremonial events which may include the wear of ribbons and medals and/or Miniature medals and ribbons.

You are also authorized to wear your three most senior

ribbons as one row, shown in Figure 3. This is mutually exclusive in that you can do one or the other.

****Wearing of top 3 ribbons is no longer authorized on SDB. You MUST wear all of your earned awards on your SDB.***

As these images attest, it is ever important to periodically dress your uniforms and inspect them for proper appearance and wear. This is more important than having a “Master” ribbon rack that is used throughout your service uniforms. As can be seen from these images in the public domain of Commissioned Corps Officers, please take 10 minutes to inspect and order a proper ribbon rack, because a picture on the internet lasts forever. ■

**FIGURE
3**



(Continued from page 11)

running across the gym), Slow/Yellow foods (walking across the gym), and Red/Whoa! foods (stopping in place). The older children (teens) received slightly different messaging that included healthy eating choices while dining out and information about sugary drinks. They engaged in conversations about their current eating habits and healthier alterations they could make. After the lessons and games, every child received prizes to take home with them, which were donated by the USPHS officer volunteers.

Feedback indicated this was a very informative event and the kids had a lot of fun. They also commented

that they were impressed with the number of USPHS volunteers that participated. The USPHS officers who volunteered shared their highlights of the event, which included “connecting with the children,” “helping to make learning and nutrition fun,” and “the excitement of the children and their participation in the discussion.”

More information about these activities and how you can lead a similar event can be found on the JOAG *Let's Move!* webpage at http://usphs.gov/corpslinks/JOAG/resources_letsmove.aspx. ■

REPORTS FROM THE RANKS

(Continued from page 12)

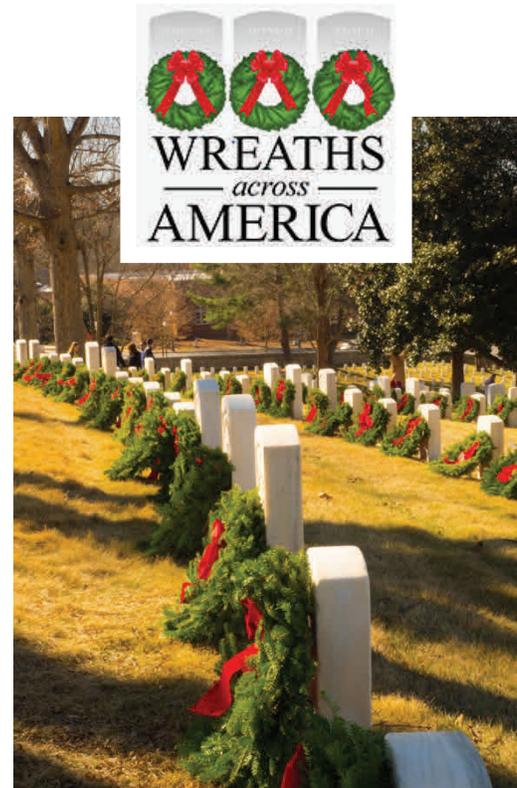
WREATHS ACROSS AMERICA

LCDR Nevla Bryant
LCDR Zanethia Eubanks
LCDR Malaika Pepper Washington
LT Alison Laufer Halpin

On Saturday, December 13, 2014, 12 PHS officers participated in Wreaths Across America (WAA) at two Atlanta-area cemeteries, The Historic South-View Cemetery and the Marietta National Cemetery. The WAA motto is "Remember, Honor and Teach." Officers traveled from as far as Florida to participate in the 2014 WAA event. The weather was a perfect day to honor those who have served our great nation, as well as their family members and friends who attend the ceremony. Atlanta USPHS Officers were honored to be named for their participation by the City of Atlanta; this Proclamation was in recognition of the Fifth Annual Historic South-View Preservation WAA participation. The 2014 WAA event was a milestone as it not only represented the second year that Atlanta-area USPHS officers were invited to participate, but also marked the expansion of USPHS involvement with an invitation to participate for the first time in the ceremony at Marietta National Cemetery in Cobb, Georgia.

The USPHS Commissioned Corps Officers dressed in their service dress blues under sunny skies with a crisp winter breeze and were joined by other uniformed service members during the ceremony. Seven PHS officers attended the WAA ceremony at South-View Cemetery and five officers attended at Marietta National Cemetery. Agencies represented included: Office of the Assistant Secretary for Health of the Department of Health and Human Services, the Centers for Disease Control and Prevention, the Federal Bureau of Prisons, the U.S. Food and Drug Administration, and the Centers for Medicare and Medicaid Services.

In October 2004, the Historic South-View Preservation Foundation (The Foundation) was formed to record, interpret, restore and preserve the art, history and environment of Historic South-View Cemetery. Many renowned Atlanta residents are buried in Historic South-View dating back to 1886, thereby remembering and preserving their contributions. PHS officer LCDR



Remember. Honor. Teach.

David Wright co-hosted the ceremony with CAPT Carl R. Matthews – Leader, Civil Air Patrol at South-View Cemetery where PHS officers laid wreaths for the U.S. Army (LT Alison Laufer Halpin), the Coast Guard (LCDR James Dixon), and the Prisoners of War/Missing in Action (LCDR Linda Capewell). For more information about South-View Cemetery, visit <http://www.southviewcemetery.com/>.

Marietta National Cemetery, a United States National Cemetery, is home to one of five monumental masonry archways that originally served as the formal entrance to national cemeteries found in the South. Officers at the Marietta National Cemetery were invited to participate in the ceremony by marching in the procession and saluting all six military installations laid to rest in the Marietta National Cemetery. Senior-ranking officer, CDR Jill Shugart, laid a wreath on behalf of the U.S. Navy and Prisoner of War/Missing in Action. For more information about Marietta National Cemetery, visit <http://www.cem.va.gov/CEMs/nchp/marietta.asp>.

Officers at South-View were asked to serve on the planning committee for 2015 at the South-View Ceme-

(Continued on page 20)

REPORTS FROM THE RANKS

(Continued from page 19)

tery Foundation and an invited to return to Marietta National Cemetery for the 2015 WAA event. We look forward to participating in the next WAA event and plan to expand to participation to the Georgia National Cemetery in Canton, GA. For more information, visit <http://www.wreathscrossamerica.org/>. ■



SOUTH-VIEW CEMETERY



MARIETTA NATIONAL CEMETERY



MUSIC ENSEMBLE

LCDR Jean Lester

After volunteering to sing the national anthem at my officer basic course graduation in 2012, I was recruited to join the USPHS Commissioned Corp Choral Ensemble. I have been singing with the group ever since and it has been a truly rewarding and fulfilling experience. The mission of the USPHS Music Ensemble is to provide musical support for formal and informal Department of Health and Human Services (HHS) and appropriate non-HHS sponsored events. In so doing, the Ensemble provides a valuable service to HHS, enhances visibility of the United States Public Health Service Commissioned Corps among HHS and non-HHS programs and organizations, and engenders esprit-de-corps.

The idea to start the USPHS Commissioned Corps Music Ensemble can be traced back to September 23, 1999 during a meeting of the Scientist Professional Advisory Committee. That idea has since become a well-recognized group, performing at about 25 events each year, including promotion, retirement, and award ceremonies, along with featured concerts. Most notably, they have performed in every one of the annual Scientific and Training symposiums between 2000 and 2014. The combined Choral Ensemble and Ceremonial Band have also performed a one-hour concert at the National WWII Memorial on the National Mall in Washington DC every summer since 2011.

The main Music Ensemble groups are located in the Washington, DC Metropolitan Area, where there is an active Choral Ensemble and Ceremonial Band. Additional groups, individual field officers, and support personnel are located throughout the U.S. Overall, there are nearly 150 officers throughout the USA that participate in the USPHS Music Ensemble. There is currently a Choral & Ceremonial Band in both the DC Metropolitan Area and Atlanta, GA. There is Choral group in both Butner, NC and Dallas, TX.

Members of the USPHS Music Ensemble are volunteer musicians that devote time and dedication to provide the United States Public Health Service

(Continued on page 23)

MORALE, WELFARE & RECREATION RESOURCES

EXPECTANT PARENT RESOURCE GUIDE COMMISSIONED CORP WOMEN'S ISSUES ADVISORY BOARD

The mission of the CCWIAB is to identify and analyze key issues that impact women in the Commissioned Corps, and develop action plans to address those issues, such as, updating or creating policy. The Board was created in 2011 during the tenure of the 18th Surgeon General, VADM Regina Benjamin.

Its formation was in recognition of the importance of having groups that focus on issues unique to women in the workforce, such as: women in leadership roles; distribution of women in various professions and occupations, sexual harassment or workplace assault in , interpersonal violence, and work-life issues.

Such groups exist in the armed services and many civilian organizations, but before 2011, these groups did not formally exist in the Commissioned Corps; despite the fact that nearly 50% of PHS Officers are women.

Further support for such a group is evidenced by the March 11, 2009 Executive Order, signed by President Obama, creating the White House Council on Women and Girls which ensures that federal agencies take into account the needs of women and girls in policies, programs, and legislation. In the two and half years that the committee has existed, we have done quite a lot. We established various committees to focus on different issues. For example, the Outreach Committee has a threefold focus to promote awareness and understanding of the Board, gather input from women officers regarding issues of concern, and generate interest to recruit future members. The Pregnancy Committee has been particularly busy also. They had a critical role in developing a first of its kind guidance for officers who chose to breastfeed. It became official in May 2013. Among other things, it specified that officers who breastfeed may request a time-limited medical waiver to excuse the officer from immunizations, PPD screening, physical fitness requirements; deploy-

ments; and some required training. In addition, for mandatory training such as the two-week Officer Basic Course (OBC) upon Call to Active Duty (CAD), the guidance outlines that accommodations will be provided for expressing breast milk, storage, and shipment, if necessary. Furthermore, the Pregnancy Committee has just recently posted on the CCWIAB website a resource guide, entitled "The Resource Guide for Expectant Parents of the USPHS Commissioned Corps" to assist expectant parents, in the Corps, with navigating and understanding policies and resources relevant to pregnancy, post-partum, and parenthood. The Violence Prevention Committee has focused on 2 issues to date: Violence during deployments and USPHS's Domestic Violence policy. You can view the document here:

<https://dcp.psc.gov/osg/ccwiab/ccwiabresources.aspx>

The Violence Prevention Committee met with the Director of DCCPR to assess whether violence during deployments is an issue, and while no known incidents of violence or perceived violence have occurred, the Committee stands ready to assist and is available to provide resources to prevent and address this.

In addition, the VPC played a key role updating the existing CCPM Subchapter 29.3, Personnel Instruction 3, Domestic/Family Violence and Treatment policy. It is undergoing final review and is expected to be released soon.

They recently established the Membership Committee, which has been charged to manage and monitor the composition of the CCWIAB, ensuring representation from critical categories, OPDIVs, and Agencies. This committee also maintains an interest log of CC officers who are interested in becoming involved in activities of the CCWIAB.

For more about CCWIAB, please visit https://dcp.psc.gov/osg/ccwiab/ccwiab_member_list.aspx. ■

OFFICER PROMOTIONS: April 2015

TO COMMANDER (O-5)

Dental Officer
Harold Paul Ironson

Dietitian
Deirdra Grelle Scarborough

Engineer
Martin E Casey

Environmental Health Officer
Monica Laverne Leonard
Jamie H Mutter
Michael E. Reed JR

Health Services Officer
Michael Bijan Ahmadi
Mollie Ana Ayala
Tomas Alvarino Bonome
Frances Lorelle Dejesus
Michael Ray Garner
Gregg Gnipp
Mark Francis Mckinnon
Steven Richard Miller
Alpa Patel-Larson
Crystal Jeanne Russell
Antoine Sintario Smith

Nurse
Qiana Lashun Coffey
Tara Ann Cozzarelli
Monique A. Davis
Linda Adanma Egwim
Stefanie Glenn
Mary Lou Kennedy
Thuy Thanh Nguyen
Melanie L. Paredes
Timothy Wayne Thomas
Colleen E. Wahl

Pharmacist
Jerome Pang Haw Lee
Tina T Nhu
Teresa Vu Ramson
Hamet Michel Toure
Aimee L. Young

Therapist
Francine Amy Barnett

TO LIEUTENANT COMMANDER (O-4)

Engineer
Maxwell Goggin-Kehm
Bradley Kent Sherer
Stephen R Souza

**Environmental
Health Officer**
April Regina Bowen
Jason Dale Hymer
Brittany Rose Laymon
Rondorus Pcasio Milam
Michael William Smith
Landon Todd Wiggins

Health Services Officer
Jessica L Andrade
Erica Lynn Bushong
La'Trice Nannett Fowler
Erin Kathleen Grasso
Angelo Spiro Malakasis
Levon Marcell Overton

Nurse
Jacobo Isaac Almanza
Crystal Deann Bright
Amanda Lee Frison
Tami Lynn Gladue
Christopher James Goisse
Camille Y. Holland
Paula Gail Thompson

Pharmacist
Leigha Marie Curtiss
David Garon Eng
Ogechi Chidimma Jubrila
Alexander Paul Varga

Scientist
Nancy Tian

Therapist
Ana Paula Rosa Sandee



Photo by Kun Shen

(Continued from page 20)

(USPHS) Commissioned Corps esprit de corps and exemplary officership through the powerful gift of music. Unlike the sister uniformed services where appointment to the musician corps is the principal duty assignment, members of the USPHS Music Ensemble participate in the Music Ensemble in addition to their regularly assigned duties. Membership in the USPHS Music Ensemble calls for particular dedication to the USPHS Commissioned Corps, which results in a highly rewarding experience to those who accept the challenge.

Basic membership requirements include being an active duty or retired USPHS Commissioned Corps officer and maintaining a Basic Level of Readiness status. If you are interested in receiving more information on becoming an esteemed member of one of the music ensemble groups, please approach a current Ensemble leader, member, or email them at membership"at"phsensemble.org. If you are interested in learning more about the ensemble in general, please refer to their website: <http://www.phsensemble.org>.

LESSONS ON LEADERSHIP

LT Daveta Bailey

In the spirit of service, I thought the journal would be a perfect platform to share some leadership lessons to help those of us who are stumbling along on our officership journey. So over the next couple of editions our contributing authors, leadership, and editorial team will be offering some leadership lessons and practical advice.

I was commissioned in 2005, and as I look back I realize it has been other officers, mentors, and role models that have gotten me to where I am today. The lessons shared and the examples these officers portrayed helped me to identify, and implement leadership opportunities for myself. So how did I do it? I developed some ideals to cultivate my leadership intelligence as both an officer and a person.

Here are some of my ideas that you may find work for you:

- Be curious – continuously ask questions. Surround

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REPORTS FROM THE RANKS

(Continued from page 23)

yourself with people of wisdom. Never miss an opportunity to learn something new, you may need it later. "Judge a man by his questions rather than by his answers." - Voltaire

- Do something, instead of nothing – Maya Angelou was quoted as saying "Nothing will work unless you do!" If you want to be a leader, then look for opportunities or create your own. Write your plan in pencil and remain flexible.
- Your Career is a journey – becoming a better person or leader is a journey. You have to understand that it will take time and you will make mistakes, but you have to keep moving forward. Strive for progression not perfection. Progression allows you to set new goals and to continuously improve. Perfection is a dead-end.
- Have a mission – align yourself with a mission **YOU** believe in and the world will fall at your feet. You have a gift, don't lose sight of that. If you believe, so will everyone else.
- Challenge yourself – you will never know your limits unless you push yourself. "Life begins at the end of your comfort zone." - Neale Donald Walsch
- Your actions affect others – know when to take action (people are counting on you). "If your actions inspire others to dream more, learn more, do more and become more, you are a leader." -John Quincy Adams
- Nothing lasts forever – don't get too comfortable. Don't get stuck in one place or doing the same thing. "We don't want to turn the safety net into a hammock that lulls able-bodied people into complacency and dependence." - Paul Ryan
- Have integrity – do what's right, not what's popular. Don't worry about fitting in as much as you worry about what needs to be done. – "Integrity is doing the right thing, even when no one is watching." - C.S. Lewis

ARAMCO HOUSTON HALF MARATHON

LCDR My (Mya) Phan

On Sunday, January 19th, 2014, I participated in the Aramco Houston Half Marathon in Houston Texas. In the past, I had completed several 5Ks (3.1 miles) and one 10K (6.2 miles) event but this was my first attempt at running 13.1 miles, my longest distance run yet-to-date. My husband and I, along with my brother and his wife, and several nieces and nephews for a total of 19 people signed up as a group for the marathon lottery in June of 2013 and luckily, we were all selected. Our group trained each Saturday morning. We trained at a slow training pace utilizing a run/walk method, running for 4 minutes then walking for 2 minutes. One of our main goals was to complete the half-marathon without any injuries. Everyone in our group was obligated to participate for each Saturday morning training, this kept our group motivated and on track for our training program for race day. The group training program was a lot of fun. After each long run everyone would sit around and share their different thoughts while re-cooperating and getting rehydrated.

We were able to complete a 10 mile run two weeks before race day. On race day it was a perfect day with beautiful weather. There were a lot of spectators cheering for us which made it fun and kept our mind away from the pain which we all felt the last few miles

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REPORTS FROM THE RANKS

(Continued from page 24)

near the finish line. Our entire group, of 19 people, were able to complete the full half marathon that race day. This was a huge accomplishment for me since I have two young children and I had not really considered myself to be fit. It proved that if you have a correct mindset and set a goal for yourself then you can accomplish most things that you thought were not possible before.

Since then, I have been able to recruit two fellow PHS officers, CDR Letich Ligon and CAPT Lori Luu, along with another Bureau of Prisons colleague, Ms. Donna Davis, a Drug Treatment Specialist at the Houston Federal Detention Center to run in the next Aramco Houston Half Marathon with me in January 2015. Thankfully, we were all been selected to participate through the marathon lottery and have started our training program. ■



THE FOLLOWING NEW ITEMS ARE AVAILABLE FOR PURCHASE!
FOR MORE INFORMATION SEE OUR WEBSITE AT:
[HTTPS://DCP.PSC.GOV/OSG/JOAG/MERCHANDISE.ASPX](https://dcp.psc.gov/osg/joag/merchandise.aspx)

USPHS LUGGAGE TAG: \$5

NEW FOR 2015

The easy-to-snap-together buckle style tag features a durable plastic construction and a sturdy strap. Includes a printed ID card or accepts a standard business card for identification.



USPHS MAGNET: \$2

NEW FOR 2015

This decal has a 3.75" diameter and adheres to any magnetic surface.



PHS CORE VALUES COIN: \$10

This coin is 2" in diameter and carries the USPHS insignia on the front and the core values on the reverse.



SPIRIT SHOP

JOAG MEDALLION: \$5

This standard-sized coin features the JOAG seal on the front and the contains an excerpt from the JOAG Officer's Code of Conduct on the reverse.



"NOT THE NAVY" TEE: \$10

Front: US Pubic Health Service. Rear: Explaining ourselves since 1798: We're Not the Navy. Available in S, M, L, XL.



USPHS COIN RACK: \$25

This solid Pacific Coast Maple coin rack measures 7"x 9" and has five rows to proudly display your most prized coins. It has the USPHS seal and mission laser engraved on the front.

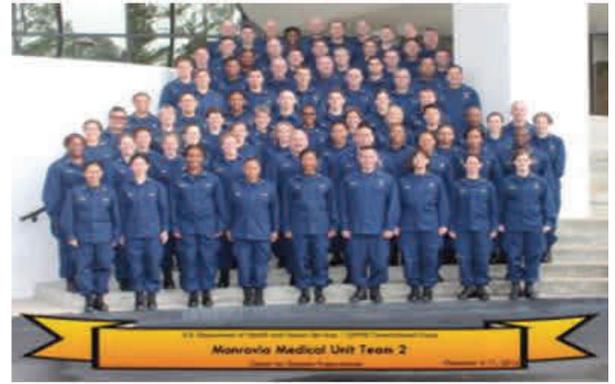
Free JOAG Medallion with purchase!



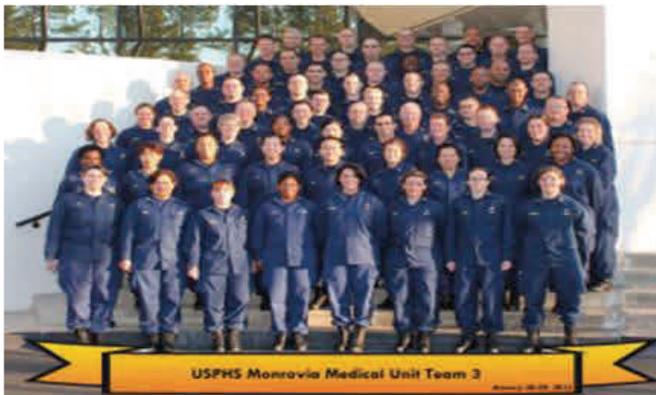
USPHS LANYDARD: \$3

Each lanyard comes with a breakaway clip, lobster claw clasp and a clear badge holder.





MONROVIA MEDICAL UNIT TEAMS
THANK YOU FOR YOUR SERVICE
WELCOME HOME



UPCOMING EVENTS

JOAG GENERAL MEETING: 14 AUG 2015 AT 1300 – 1500 EDT

CALL IN: (626) 677-3000; Passcode: 791 - 9605