

# ASIAN PACIFIC AMERICAN OFFICERS COMMITTEE (APAOC) NEWSLETTER



## Chair's Corner

Welcome to the last newsletter of the year. We are excited to have so many accomplished officers contribute to this edition of the newsletter. From Ebola to Tough Mudder, APAOC members show their strength in character and body.

APAOC voting members aimed high this year by taking on new responsibilities and bringing a new level of commitment and leadership. Our voting members conducted APAOC's strategic development and the implementation of Standard Operating Procedures for each Sub-Committee. By changing our perspective towards long-term goals this year, you have raised the bar and strengthened APAOC as a whole.

Just a few examples of other accomplishments for APAOC this year are:

- CDR Diem-Kieu Ngo and LT Geoffrey Wu's tireless efforts in the Nomination and Membership Subcommittee to transform the voting member selection process and elections process.

- CDR Tina Nhu's leadership in the Education and Training Subcommittee, which brought together important information on VA Benefits, uniforms, and other issues.

- CDR Khang Ngo and LT Oliver Ou's insightful contributions to the now frequently-cited 2016 APAOC Promotion Packet from the Career Development/ Advancement Subcommittee.

There's more! Join one of our Subcommittees to learn more and get involved with what we have planned for next year.

Thank you to each of you who have contributed and made APAOC your place to grow and learn as a U.S. Public Health Service Commissioned Corps officer. I'm confident APAOC will continue to grow with our new leadership in 2016.

With Gratitude,

LCDR Karen Ho Chaves

(L-R): LCDR CHAVES,  
RADM (RET.) MORITSUGU,  
LT CHOW



The purpose of the APAOC is to facilitate the communication of minority related and professional development issues between the Office of the Surgeon General (OSG) and officers among the various agencies of the Public Health Service (PHS). The APAOC specially aims to promote and encourage these objectives among Asian Pacific American Officers and civil service (CS) health professionals.

### EXECUTIVE COMMITTEE

Chair: LCDR Karen Chaves

Chair Elect: CDR Shu Yi (Cathy) Cai

Executive Secretary:  
LT Xinzhi Zhang

Corresponding Secretary:  
LT Thomas Gammarano

Treasurer: CDR Sophia Hsu

MOLC Representatives: LCDR Eric Zhou & LCDR Trang Tran

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## *NIH Research Response to Ebola Outbreak in West Africa:*

### *My Personal Experience in the Field*

By CAPT Soju Chang

On January 2, 2015, Dr. Francis Collins, the NIH Director, made an agency wide announcement to NIH physicians, nurses, pharmacists, laboratory technicians and others to volunteer to assist with the NIH research efforts in West Africa. In collaboration with the Liberian Ministry of Health and Social Welfare, the National Institute of Allergy and Infectious Diseases (NIAID) of NIH has been conducting two interventional clinical trials involving two Ebola vaccine candidates and investigational therapeutics such as ZMapp<sup>™</sup> and an observational clinical study evaluating the long-term health effects of Ebola virus disease in survivors. Since January, NIH has been sending small teams for a 3-week tour of duty in Liberia.

As a member of the NIH Team 14 to assist with the Ebola survivor study in Liberia during July 23 to August 15, I served as the US study physician on the team and performed clinical and non-clinical duties. These included working closely with the Liberian study physician and physician assistants on clinical assessment and referral of study participants for medical care, assisting the local study site staff to improve the conduct of the study by developing or revising the study forms and SOPs, participating in local staff meetings and serving as a liaison between the US and Liberian study team members. During my tour, I witnessed the amount of human and financial support needed to build and maintain clinical research infrastructures in a country with very limited resources. It is noteworthy the dedication of Liberian and US study staff to make the NIH sponsored clinical studies a success. It is expected that the Liberian and US partnership in research on Ebola infection will provide the scientific evidences for the development of new drugs or vaccines against Ebola infection as well as for better understanding of the Ebola infection transmission and clinical complications.

I am very grateful that my supervisory chain of command approved and supported my temporary duty assignment to Liberia and made it possible for me to contribute with my knowledge and skills towards the worldwide public health emergency response to this historical Ebola outbreak in West Africa. Despite the time and efforts spent preparing for the travel (e.g. getting the official government passport and Liberia visa, seeing NIH occupational service for travel immunizations and malaria prophylaxis, etc.) and complying with federal and agency requirements after the return (e.g., visiting the CDC station at Dulles airport, self-monitoring temperature for 21 days and writing the NIH trip report), the Liberia assignment constituted one of my best and valuable international work experiences in my PHS career. To best benefit from the field assignment overseas, one needs to be flexible and a team player, be mentally and physically resilient, and most important, be culturally competent. Many of the local study staff were Ebola survivors themselves or had families or coworkers who have died or survived the Ebola infection. Sharing their experiences and perspectives on the Ebola outbreak was a great lesson.



Upper Left and Right: JFK study site clinicians Dr. Moses and physician assistants Bandja, Isaac and Sam.  
Lower Left and Right: Recruitment banner and NIH team meeting at the US Embassy.

On a personal note, the Liberia assignment was my first trip to Africa, but unexpectedly the first country I landed my feet on in the African continent was Senegal. During the flight from Brussels to Monrovia, the airplane experienced a bad turbulence due to severe storm and the pilot announced that the airplane had to stop in Dakar due to a technical problem. Without suspecting of how serious the problem was, the passengers later learned that two layers of the cockpit windshield were cracked. With all the risks associated with the Liberia assignment, the risk of an aviation accident wasn't on the top of my list. Anyway, this was part of the international deployment experience and the detour turned out to be a pleasant surprise because I got to know one more African city during my two day stay in Dakar.

## *Reflections from the USPHS Scientific and Training Symposium (1)*

By CDR Shu Yi (Cathy) Cai

### **How would you describe the whole experience, from category day to plenary sessions, and social activities?**

It was definitely an inspiring and worthwhile experience overall. Although I had to work during the Nurse Category Day because I was part of the planning committee, I still learned a great deal from most of the invited speakers. Most of the plenary sessions this year, rightfully so, focused on Ebola and lessons learned from the CDC and PHS Ebola missions. It was inspiring to hear the many great stories and experiences that Officers had from their deployments and how we could apply them in future epidemic responses. The nurse category social was a great opportunity to meet junior and senior officers. I learned about their positions at various agencies. It really opened up my mind to exploring future career opportunities. Another gold nugget at the nurse category social was a mini informal mentoring session where anyone could ask for advice, from career progression to promotion. I left that session with some useful promotion information for my mentees and myself.

### **What did you learn from the symposium?**

In addition to learning new scientific information and PHS career advice, I thought the pre-conference skills lab activities were also a hit. I practiced IV insertion on a manikin arm and learned computerized charting on a laptop that is used in field settings. Those were definitely good refresher courses and will be helpful during deployments.



CDR SHU YI (CATHY) CAI

### **What was your favorite part of the symposium?**

Hard to just choose one, I truly liked everything about the meeting, from meeting other Officers to attending plenary sessions. The whole meeting really drove home the PHS mission and built a strong sense of esprit-de-corps for Officers. I also enjoyed the 5K run with the SG and fellow PHS Officers. I am thankful for having such supportive PHS peers and leadership.

### **What was the most rewarding experience/encounter at the symposium?**

One of the most rewarding experiences was meeting the new Surgeon General and his staff and hearing their vision for an even stronger Commissioned Corps to advance the health of our Nation. His speech was very inspirational. I left the meeting feeling more proud of our Corps and motivated to do more as an Officer.



**What was the most challenging obstacle you had to overcome to attend the symposium?**

Prior to the meeting, perhaps explaining to my immediate supervisor how this meeting is applicable or pertinent to my position or how it may apply to my job. I joined the Corps in 2009, and this is the first agency sponsored COA meeting. Given the fiscal landscape, it has really made it harder for agencies to sponsor “non-essential” meetings. But as PHS Officers, I think we can articulate and advocate to our immediate supervisors, colleagues, and agencies that the meeting is relevant to public health and that it aligns with the DHHS’s overall mission “to enhance and protect the health and well-being of all Americans”. Another way to increase your likelihood of getting approval from your supervisor is to be involved in the meeting planning committee or be a speaker.

At the meeting, the most difficult decision was probably deciding on which training or scientific sessions to attend since they were all good and interesting!

**Would you recommend all officers to attend the symposium at least once? Why?**

It is definitely worth going at least once if not regularly. There are no other comparable PHS meetings that would give you the same experience. It’s the only meeting where you get to meet and learn from hundreds of PHS Officers nationwide. The blend of relevant scientific information and PHS career advice makes this meeting unique and exceptionally beneficial to our Officers. An added bonus is that you can obtain CEs from this meeting free of charge. Overall, the annual USPHS Scientific and Training Symposium conference will boost your PHS career.

*Reflections from the USPHS Scientific and Training Symposium (2)*

By LT George Chow

**How would you describe the whole experience, from category day to plenary sessions, and social activities?**

The whole experience for me was exceptional. I felt enthusiastic that I attended the COA; I found that all activities exceeded my expectations. The joint social/networking venue was stellar; the food, entertainment and the opportunity to spend time with fellow Officers (in casual attire) made the whole experience fun and worth attending.

**What did you learn from the symposium?**

From attending the HSO round table sessions, I got an opportunity to meet other HSO Officers and gained insight to the important work that fellow PHS Officers provide at other Agencies. It allowed me to realize that as a PHS Officer there are lots of opportunities where we can potentially serve and grow our footprint.

**What was your favorite part during the symposium?**

I enjoyed the billboards that displayed pictures of PHS Officers from the Ebola deployments. The pictures gave me a better idea of how the deployments were. I also really enjoyed visiting the vendor booths, specifically the PHS ones (i.e. JOAG, CMAGS). I was able to purchase PHS pride gear and I also helped man the MOLC booth that allowed me to socialize/network with other PHS Officers.



CAPT ASTRID SZETO AND LT GEORGE CHOW

**What was the most rewarding experience/encounter at the symposium?**

The most rewarding part for me was to reconnect and catch up with fellow officers that I have not seen in some time. By attending the symposium it also allowed me to meet new officers, network and build new friendships. Additionally, I also met officers that I’ve only had electronic communications with; I was very excited to have gotten the opportunity to finally put a face to a name.

**What was the most challenging obstacle you had to overcome to attend the symposium?**

The most challenging obstacle for me was deciding which lectures/events to attend. However, the ones that I did decide to attend were very informational and I was very pleased with the overall experience of each activity that I participated in.

## Would you recommend all officers to attend the symposium at least once? Why?

Absolutely, I would highly recommend that PHS Officers attend a symposium. While at the symposium I felt a sense of pride and esprit de corps amongst those in attendance. The opportunity to hear anecdotes about the deployments to support Ebola and how important the Public Health Service played a role to help diminish the Ebola threat, enforced the feelings. I also felt proud of fellow officers that I know personally, receive performance and achievement awards.

## *APAOC Members Recognized at the 25th Minority Officers Liaison Council (MOLC) Awards Ceremony*

### *By LCDR Trang Tran and LCDR Eric Zhou*

The 25<sup>th</sup> MOLC Anniversary Awards Ceremony was held during the 50<sup>th</sup> U.S. Public Health Service (USPHS) Scientific and Training Symposium in Atlanta, Georgia, on May 21<sup>st</sup>, 2015. Surgeon General (SG) Vivek Murthy and Deputy SG Boris Lushniak provided inspiring and welcoming remarks to a room of over 100 officers. Special guest, VADM Novello, the 14<sup>th</sup> U. S. SG and the first woman and first Hispanic SG, gave an inspirational keynote address encouraging the MOLC to continue its leadership on reducing health disparities. VADM Novello is credited for her vision to establish the MOLC in 1990 and continues to serve as a liaison role to provide advice and consultation to the SG on issues relating to the professional practice and the personnel activities relating to minority officers in USPHS.

Based on the USPHS demographics report in 2011, 36% Commissioned Corps officers are minorities. About 13% of Commissioned Corps officers are Non-Hispanic Blacks, 9% are Asian/Pacific Islanders, 9% are American Indian/Alaskan

Natives, and 5% are Hispanics. Minority officers consist 44% of Junior Officers, 31% of Senior Officers, and 30% of Flag Officers, respectively. The MOLC is currently preparing an updated USPHS demographics report, but there is no doubt that minority officers will continue to play a crucial role in the future of Commissioned Corps.

APAOC members CAPT Astrid Szeto, CDR David Lau, CDR Diem-Kieu Ngo, LCDR Kelly Leong, LT George Chow, and the MOLC liaisons, LCDRs Trang Tran and Eric Zhou, participated in the ceremony to congratulate the APAOC award recipients:

RADM Sam Lin Award: CAPT John Hariadi, Department of Homeland Security

CAPT Allan Lock Award: CDR Jerry Zee, Centers for Medicare and Medicaid Services (not able to attend)

RADM Kenneth Moritsugu Award: LCDR Qiao Bobo, Food and Drug Administration



VADM Novello presented the RADM Sam Lin Award to CAPT John Hariadi.

(Photographed by CDR David Lau)



*Congratulations to the following VMs for making promotion 2015:*

*CDR John Cruz*

*CDR Vilma Linstead*

*CDR Diane Nhu*

*LCDR (sel) Oliver Ou*



## Steady Increase of USPHS Officers with Asian and Pacific Islanders Ethnicity in the Newly- Released 2014 USPHS Demographic Report

LCDRs Trang Tran, Eric Zhou, Karina Aguilar, Alexander Varga

The Minority Officers Liaison Council (MOLC) recently released the 2014 USPHS Demographic Report. The purpose of the report is to show the racial and ethnic diversity of the U.S. Public Health Service Commissioned Corps. This report contains demographic data self-reported by United States Public Health Service (USPHS) officers in 2014, 2011 and 2006. Data was collected from the Commissioned Corps Pay and Personnel System (CCPPS), Active Duty Officers. This report was prepared by and for the USPHS Minority Officers Liaison Council (MOLC) in coordination with the Office of the Surgeon General (OSG).

The CCPPS collected race/ethnicity data from officers is inconsistent with the U.S. Office of Management and Budget Guidelines for reporting race/ethnicity. The Minority Officer Liaison Council (MOLC) categorized the collected data as follows: American Indian or Alaskan Native, Asian or Pacific Islander, Non-Hispanic Black, Hispanic (including Mexican, Puerto Rican, and Cuban origins), Non-Hispanic White, Unknown, and Blank. The MOLC aggregated these data to be used for the first USPHS Officer demographic report in 2006 and again in July 2011. MOLC examined the 2006, 2011 and 2014 comparative data by race/ethnicity, race/ethnicity by temporary grade, and race/ethnicity by USPHS professional category.

Based on the data provided by CCPPS in 2014, approximately 66% (4,405) out of 6,678 active duty USPHS officers self-identified their race/ethnicity. In 2011, 72% (4,739) out of 6,579 active duty USPHS officers self-identified their race/ethnicity as compared with 87% (5,211) of 5,995 active duty USPHS officers in 2006 (data not shown).

Among USPHS officers who self-identified their race/ethnicity in 2014, approximately 10.3% self-identified as Asian Pacific Islander. In 2011, 9% self-identified as Asian Pacific Islander. Meanwhile, in 2006, 7% self-identified as Asian or Pacific Islander (see Figure 1). It is noted that there is a steady increase in percentage of USPHS officers self-identified as Asian Pacific Islander 2006 to 2014.

It is also noted that there is about one-third of USPHS officers who did not self-identify their race/ethnicity in 2014; therefore, new efforts are needed to encourage officer reporting of race/ethnicity in order to enhance and strengthen USPHS demographics. For more information related to the 2014 USPHS Demographic Report, please visit [https://dcp.psc.gov/osg/molc/Demographics\\_2014.aspx](https://dcp.psc.gov/osg/molc/Demographics_2014.aspx)

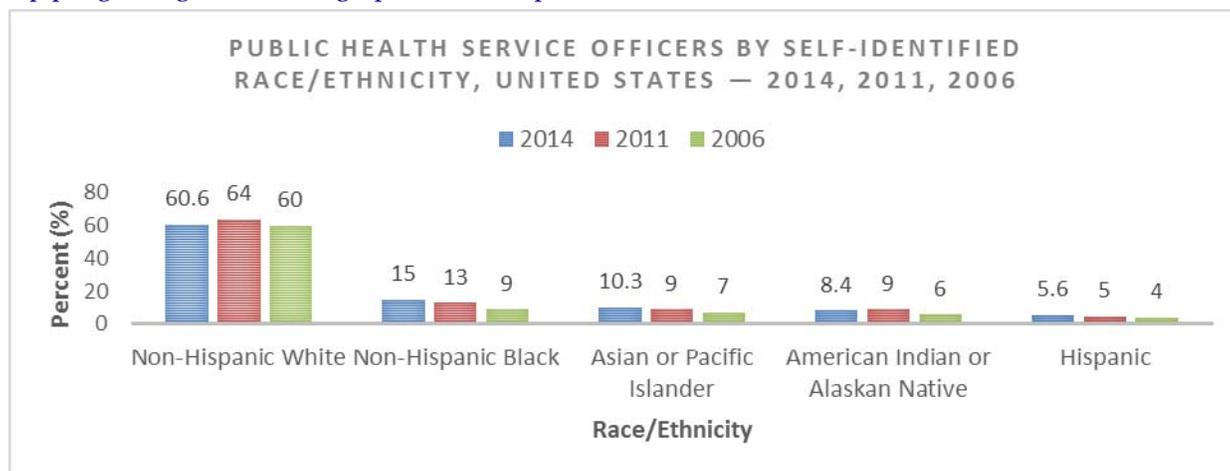


Figure 1 - Source: Commissioned Corps Pay and Personnel System, Active Duty Officers.

Note: Source does not conform to the OMB Guidelines for race/ethnicity and the data is not validated (i.e. officers could misrepresent their race/ethnicity). Race/ethnicity is categorized as follows: American Indian or Alaskan Native and Asian or Pacific Islander, Non-Hispanic Black, Hispanic (including Mexican, Puerto Rican, and Cuban), Non-Hispanic White, Unknown, and Blank.

## *CDC/ATSDR Atlanta Area Commissioned Corps All-Hands/Awareness Day*

**By: LT Oliver Ou**

The second annual CDC/ATSDR Atlanta Area Commissioned Corps All-Hands/Awareness Day on March 31<sup>st</sup> 2015 took place in the CDC Chamblee Campus, Building 106, Conference Rooms 1A & B. It started at 1300H. The meeting had a good turn-out and various activities including Posting of the Colors by PHS Honor Cadres, the National Anthem and the PHS March performed by PHS Choral Ensemble, Welcome by CAPT Ravenell-Brown, Opening Remarks by Dr. Ileana Arias, Principal Deputy Director, CDC, Keynote Address by RADM Steven Redd, Director, OPHPR. Dr. Ileana Arias thanked all CC officers for the work they do every day to save lives and to protect public health. She pointed out that because CC officers work 24/7 so that American people can go to bed at night without worrying. RADM Redd emphasized the importance of proper uniform wear and reminded us that we are representing something bigger than ourselves. He also encouraged officers to implement a Mid-Year Review to avoid surprises with the annual rating (COER).

The Keynote address was followed by a panel discussion on Ebola responses. Several panelists just came back from West Africa after they were deployed to help in the fight against Ebola. They shared their experiences on how to improve the resilience of family during deployment, their most rewarding moments, tips for effectively dealing with the media, and the current state of the public health systems in West Africa.

The event provides a forum for officers to network in an informal setting to enhance career development and to promote *esprit de corps*. There were exhibit booths in the end. It was an afternoon full of amazing stories, encouraging words, practical information, and insightful conversations.

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## *The Magnificent Seven - 2015 Tough Mudder Challenge*

**By: CDR Jerry Zee**

On August 15<sup>th</sup>, The Admiral's Team which encompassed (from left to right in the picture) CDR Jerry Zee, LCDR Matthew Kirchoff, LT Jessica Fox, CDR William Pierce, RADM Scott Giberson, CAPT Dan Beck, and LT Jeen Min took up the challenge of the 2015 Tough Mudder in Long Island, New York. For some of us who enjoys the relaxation of the summer season, this epic event was definitely not one of them. The obstacle courses from Tough Mudder challenge the officers physical endurance, willingness to get muddy on all fours, knees, and possibly even from head to toe in certain instances, team work (ie. carrying each other on their backs), strategize on the best possible approach in conquering some obstacle courses, spurring one another on when it got really tiring, and go through electric shock. Although in the picture above, everyone looked clean and neat at the beginning, it definitely was not to be by the finish line. However, the *esprit-de-corps* was high amongst the Admiral's Team, and no one was left behind. Finally, the Team did get some gratification in passing the NY finest (ie. NYPD/NYFD team) and getting recognition at the finish line for being Ebola Virus Disease fighters. Please join us for the 2016 challenge next year. Bravo Zulu Commissioned Corps!





## *Tips for a Self-move for a Permanent Change of Station*

*By LT Yvon Yeo*

Last summer, I had the opportunity to transfer to the United States Penitentiary Canaan at Waymart, Pennsylvania. I moved from Minersville to Waymart in Pennsylvania, about 90 miles away. This Penitentiary is also the Northeast Regional Bus Transfer Center in the Bureau of Prisons (BOP) with high weekly turnovers of inmates. It serves a higher mission and offers me the opportunity to increase my clinical skills, working alongside a senior officer, CDR Tom Horeis. The transfer was a great learning experience for me on the ins and outs of doing a Permanent Change of Station (PCS).

When I received the PHS personnel order for the transfer, I was excited and contacted the Shipping Officer to arrange for the move of household goods in relation to the PSC. The Shipping Office for the BOP is the Brookfield Global Relocation Services. However, I was told that summers are the busiest moving months and it would be difficult to schedule a professional mover; a self-move was thus the best option. Therefore, I resigned myself to a self-move with some trepidation. In the end, it was not as arduous as I had imagined.

Prior to the move, Form PHS-4013-1 -- Application for the Shipment of Household Goods -- had to be submitted to the Shipping Office. The prescribed weight allowance is dependent on rank and number of dependents. For an O-3 officer, it was 14,500 pounds (with dependents) or 13,000 pounds (without dependents).

In order to be reimbursed for the move, you need to submit weight receipts to the Shipping Office, as the reimbursement is according to the tonnage moved, based on a calculation of what it would have cost the government to move those goods with the professional mover. As the weigh stations along the highways are normally run by the state Department of Transportation

(DOT) / Department of Motor Vehicles (DMV) in conjunction with the state Highway Patrol / Police Department, I called both the DOT and Police Department to enquire if the weigh stations are open to the public. I was told that I could use the weigh stations if they are manned but there are no definite days or times that the weigh stations would be open. After calling around, I found that the Pilot Travel Center (gas station) was the answer and it was user-friendly too! Basically, the Pilot Travel Station charges \$10 for the first weigh and subsequent weighs are only \$2 each time for the 24-hour period.

I used my private passenger car for the move. You need to weigh your car both empty and full, in order to calculate the weight of the cargo. It was unnerving at first because my car looked so tiny and could be easily squashed by all the huge semi-trucks (18-wheelers) lurking around the weigh station -- there were no passenger cars except for mine.

After driving the car onto the weigh scale/platform, you press a button to alert the service clerk (in the store and out of view) to weigh and print out the weight receipt. However, the button is way up high at the eye level of somebody seated in a semi-trailer truck. It was a challenge reaching that button. All told, it took a total of 8 round trips, using 2 cars over 2 days to move all my stuff. Fortunately for me, my move was only about 90 miles away.

After the move, I submitted the weigh receipts to the Shipping Office; Form SF-1012 -- Travel Voucher -- to BOP Finance Center in Central Office; and Form PHS-2874 -- Notice of Arrival -- to Compensation Branch. I have to admit, I was apprehensive initially and the DOT and Police Department were not too encouraging but, having done it once, I would not hesitate to do it a second time.



Some considerations for those contemplating a similar self-move:

- \* Contact the Shipping Officer once you have received your order.
- \* Remember that summers are busy moving months.
- \* If moving big items, e.g., furniture, or travelling long distances, you may need to rent a U-Haul moving truck.
- \* Multiple trips are feasible only if the distance between duty stations is not too great.
- \* Find a certified weigh station that is en route and check out the hours of operation.
- \* You need to weigh the vehicle for each trip (load) made but only need to weigh the same vehicle empty once.
- \* Pack and organize your belongings ahead of time and remember to take extra precaution with breakables (e.g., lamps, glass, porcelain kitchen wares, etc.) – have boxes, paddings, ropes and tapes on hand.
- \* Trolleys or moving carts are very helpful when moving boxes from house to vehicle and vice versa.
- \* Remember that your reimbursement is based on tonnage moved; weight receipts need to be submitted but receipts for rental of U-Haul or gas are irrelevant (not required).

Important information relating to a PCS move can be found at:

[http://dcp.psc.gov/ccmis/travel/ASSIGNMENTS\\_travel\\_relocate\\_m.aspx](http://dcp.psc.gov/ccmis/travel/ASSIGNMENTS_travel_relocate_m.aspx)

### CCACC ANNUAL HEALTH FAIR, 09/27/15

LEFT TO RIGHT: CDR QUYNH M. NGUYEN / LCDR ANNA PARK / CDR RYAN NGUYEN / LT THUY M. NGUYEN



*APAO is pleased to announce the incoming 2016 APAOC voting members:*

- CDR Yoon Kong (FDA, Silver Spring, MD)
- CDR Maria Liza Lindenberg (NIH, Bethesda, MD)
- CDR Joseph Park (IHS, Massena, NY)
- LCDR Emily Baker (FDA, Silver Spring, MD)
- LCDR Minh-Huong Doan (FDA, Silver Spring, MD)
- LCDR Simleen Kaur (FDA, Silver Spring, MD)
- LCDR Xiaowu Lu (FDA, Silver Spring, MD)
- LCDR Nancy Tian (ASPR, Washington, DC)
- LCDR Eric Zhou (NIH, Rockville, MD)
- LT Rebecca Wong (IHS, Fort Defiance, AZ)



**ROCK 'N' ROLL MARATHON SERIES 2015**



**Upcoming Events:**

**December 6, 2015**—OBC Open House (Potomac, MD)

**December 11, 2015**—Change of Command Ceremony/  
Winter Social (Rockville, MD)

For further information, please contact:  
CDR Kun Shen (kun.shen@fda.hhs.gov)  
CDR Jade Pham (jade.pham@fda.hhs.gov)



**2015  
USPHS  
SCIENTIFIC  
AND  
TRAINING  
SYMPOSIUM**



**(L-R): LCDR TRAN, LT OU, LT CHOW**



**(L-R): LT OU, LT CHOW,  
LCDR CHAVES, LCDR TRAN**



**OBC 83**

**(L-R): LT WEI, LCDR ZHOU**

Please contact LCDR Theresa Liu at [theresa.liu@fda.hhs.gov](mailto:theresa.liu@fda.hhs.gov) or  
LT Jeannie Hong at [jeannie.hong@hhs.gov](mailto:jeannie.hong@hhs.gov) to submit an article or  
volunteer for the Newsletter

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