
Asian Pacific American Officers Committee Newsletter

Newsletter March 2016

United States Public Health Service

Chair, CDR Shu Yi “Cathy” Cai
Chair-Elect, CDR Kun Shen
Executive Secretary, CDR Bach Nhi Beasley
Corresponding Secretary, LT Thomas Gammarano
Treasurer, LT Xinzhi Zhang
MOLC Representatives, CDR Khang Ngo, LCDR Eric Zhou
Leadership & Strategic Planning, LCDR Trang Tran



Inside

APAOC Chair's Corner	1
APAOC Members at NIH	2
Officers at Outreach	2-4
Officer Spotlight	4-7
2015 Viewpoint Survey	7-9
Subcommittee Report	9-11
Join a Subcommittee/WG	12
Support APAOC!	13

To submit an article or volunteer:

Please submit to LT Jeannie Hong at jeannie.hong@ihs.gov or LT Geoffrey Wu at geoffrey.wu@fda.hhs.gov.

To receive weekly APAOC news and announcements:

Sign up for APAOC listserv on webpage (<http://cdp.psc.gov/osg/apaoc/communications.aspx>)

Like us on Facebook! (<https://www.facebook.com/PHSAsianPacificAmerican>)

APAOC Chair's Corner

Welcome to the Year of the Monkey, and the 26th year of APAOC since inception. Again, I am honored to serve as this year's Chair.

Each new year brings new opportunities, and this year is no exception. APAOC recently conducted its first all-member survey. We received 118 responses from 18 states, representing all professional categories from all corners of the country. I hope and expect to increase member participation by the end of the year regardless of their locations.

Speaking of participation, the 2016 strategic goals for APAOC are more participation, more communication, and more opportunities to contribute. I have charged our workgroups and subcommittees to execute one new initiative to grow APAOC's visibility, influence, but more importantly, our ability to serve the Corps and the Nation. This year, you'll probably hear me calling for extra effort from each one of you. Please trust that this concerted team effort will bring great dividends to APAOC and its membership.

The foundation that we build upon is solid. We always had a clear purpose but, thanks to the diligence of chairs from 2015, we have the most comprehensive and accurate Standard Operating Procedures (SOPs) which provide consistency in execution. The structured SOPs will yield the stage for our creative and innovative activities in 2016. This is your stage. Make the most of it, and let us in the Executive Committee help you put on a terrific show.

Wishing you much success in the New Year!



Chair, CDR Cai

APAOC Members at NIH Celebrating the Holidays

By LCDR Eric Zhou, CAPT Sally Hu, CDR Cathy Cai and LT Xinzhi Zhang

APAOC members joined 14 PHS officers and staff at a holiday lunch and celebration at the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH). The group gathered at NIAID's new facility at Fisher's Lane, Rockville, on December 17, 2015.

NIH has over 18,000 employees but only 300 PHS officers in all 11 categories scattered across multiple campuses. To promote networking, collaboration, career development, and friendships, the NIH PHS Liaison Office and Social Subcommittee, currently chaired by LCDR Eric Zhou, co-organized a holiday luncheon. RADM Helen Mishoe offered welcoming remarks. CDR Tiffany Edmond, LT Richard Johnson, and Mrs. Brenda Harvey from the NIH PHS Liaison Office also joined the celebration and shared their best wishes with the NIH officers.

After lunch, LCDR Eric Zhou, LCDR Wairimu Chege, and CAPT Lawrence Fox introduced the roles and responsibilities of PHS officers in the Division of Microbiology and Infectious Diseases (DMID) and the Division of Acquired Immunodeficiency Syndrome at NIAID.



Picture 1 (above). CAPT Sally Hu (L5), LCDR Eric Zhou (L6), and LT Xinzhi Zhang (L7)

The presentation greatly improved the group's understanding of the national and international impact of PHS officers' contributions to the prevention of treatment of infectious diseases. APAOC's Chair CDR Cathy Cai, also a member of DMID, attended the presentation. Finally, CDR Betsy Smith and LCDR Eric Zhou gave the group a tour of the new NIAID facility.



Picture 2 (Right). PHS officers at the NIAID introduced their roles and responsibilities to the group. (R1, CDR Cathy Cai, APAOC Chair)

Commissioned Corps Officers Volunteering at a Local Health Clinic

By CDR Kun Shen

The Pan Asian Volunteer Health Clinic (PAVHC), located in Gaithersburg, Maryland, is one of 12 clinics in Montgomery County providing free health care services to low income and/or uninsured county residents. PAVHC serves mostly Asians, many of whom have limited English proficiency and

low health literacy. PAVHC is staffed by a cadre of volunteer physicians, nurses, pharmacists, and administrative assistants. Since opening its door in 2003, a number of Commissioned Corps officers have volunteered at PAVHC. Currently, there are five Commissioned Corps officers volunteering at

the clinic: Four pharmacists (CAPT Samuel Wu, CDR Kun Shen, LCDR Trang Tran, and LT Mandy Kwong) and one physician (LCDR Xu Lei). Past volunteers include CAPT Astrid Szeto and LCDR Theresa Liu.



Asians make up approximately 14 percent of the total county population, and they have the highest reported proportion of limited English proficiency in the county. In Maryland, Asians are more likely than whites to be without insurance, to be unable to afford doctor's visits, and to be without routine medical checkups. Due to barriers such as income, language, and culture, this population has limited access to culturally and linguistically appropriate health care and social services.

Picture: From Left to Right: LCDR Trang Tran receiving Certificate of Appreciation from the PAVHC Director Ms. Kate Lu.

PAVHC provides free primary care and medications and some specialty care such as diabetes, ophthalmology, women's wellness, and pain management. In partnership with local government and non-profit organizations, PAVHC runs a special initiative, the Stop B project, which provides free screening, testing, vaccination, and treatment of hepatitis B as well as raising awareness and prevention. In the past year, PAVHC served a total of 584 patients. Working with navigators, the clinic helped more than 200 people obtain an affordable, quality health plan through the Maryland Health Connection – Maryland's official health insurance marketplace.

PAVHC operates weekly on Friday afternoons. The pharmacy's formulary consists of 25 to 30 essential medications that treat chronic conditions such as diabetes, hypertension, hypercholesterolemia, hypothyroidism and some community-acquired infectious diseases. One of the most challenging aspects for the pharmacists is the language barrier and the patients' lack of, or limited knowledge about, their medications. To ensure patients take medication correctly, the labels contain treatment indication and direction for usage in Chinese, since a majority of the patients seen at the clinic are Chinese.

The officers have also mentored a number of students from the University of Maryland Baltimore, School of Pharmacy who have volunteered at the clinic in the past. They introduced career opportunities in the USPHS. For example, Dr. George Yeh, a 2015 graduate who volunteered at the clinic for four years, joined an Indian Health Service clinic in Arizona, and he is actively pursuing a career in the USPHS.



For their dedicated community service, the PAVHC volunteers received certificates of appreciation from Montgomery County Executive and Governor of Maryland.

From Left to Right: CAPT Samuel Wu, LT Mandy Kwong, and CDR Kun Shen.

Interview with CDR Alan C. Ou

By CDR Jerry Zee

1. How many years have you been commissioned and how long have you been with APAOC?

I was commissioned in November 2008. Soon after I moved from Hawaii to the Washington DC area to take up my first posting, I joined APAOC as a general member.

2. What prompted you to join the Commissioned Corps and APAOC?

As a humanitarian, I wanted a career that would allow me to bring as much good health to as many people as possible while making a decent living. Being able to deploy to public health emergencies as part of an organized response was a major factor in why I was attracted to the Commissioned Corps of the US Public Health Service (USPHS). With the Commissioned Corps, I liked the idea that even if I were stationed at a fixed post for several years, there would always be the possibility that I could incorporate clinical practice or public health into my work or move on into a completely different role with any agency where the Commissioned Corps serves. The geographic and programmatic mobility encouraged by the Commissioned Corps appealed to the vagabond in me.

As for why I joined APAOC, I figured that it was a great way to meet other officers of the USPHS while serving in a committee that works on issues of concern and advocacy for minority officers in the USPHS.

3. What has been the most memorable Commissioned Corps experience thus far in your USPHS career?

My most memorable Commissioned Corps experience was a deployment with Rapid Deployment Force 2 (RDF2, otherwise known as PHS2) to New York City (NYC) in November of 2012 to assist with the Hurricane Sandy recovery effort. Hurricane Sandy was said to be the deadliest and most destructive hurricane of the 2012 Atlantic hurricane season, and the second-costliest hurricane in United States history. As the bus drove PHS2 (S2N!) through Newark on the way to NYC late at night, the only lights we saw from the highway were the flashing siren lights of the emergency response vehicles. Even the skyscrapers were stone dark. Empty quiet highways leading into NYC. I have never seen anything like this! When we finally reached Holland Tunnel, our path to Manhattan was flooded. It seemed we were transported into some post-apocalyptic movie scene, and we knew this part of New York was hurting.

Eventually, we reached our deployment site, Brookdale University Hospital and Medical Center, in a crime-ridden, depressed part of Brooklyn. There, PHS2 set up a Federal Medical Station on two decommissioned floors within the building. We took in dazed patients who were suddenly cold and homeless due to the destruction of their nursing homes near the coast. We slept in the hospital classrooms in the basement next to the boiler, took long shifts being on call with limited staffing, hardly had time for refreshing showers, and were confined to the interior of the hospital due to the risk of robbery just outside. No matter how difficult or futile it seemed, I was driven by the thought that it was for a good cause and we were relieving suffering. As my deployment ended, one of my most challenging patients gave me a gift. It was his blue blanket with NYC insignia that the rescuers covered him with while evacuating him from his broken home. As I stood at his bedside in uniform accepting his simple gift, I almost broke down at the meaning of it all. Whenever I look at it, I am reminded of the reason why I decided to study medicine and why I joined the Commissioned Corps.



4. What roles have you played within APAOC?

Besides being a general member, from 2012 to 2014 as a voting member, I held the following positions in APAOC:

- 1) Co-Chair (with CDR Sophia Hsu) of the Membership & Nomination Standing Subcommittee
- 2) Executive Secretary
- 3) Corresponding Secretary

5. What do you enjoy the most with your current duty station compare to previous duty stations?

Before joining the Commissioned Corps, I used to do public health work in the Pacific Islands and Southeast Asia on cancer epidemiology and preparing countries for immunization campaigns. In August 2014, I transferred to the CDC Global Immunization Division, and was then seconded to the World Health Organization (WHO) Philippines Country Office. Here in Manila, I am posted to the Expanded Program for Immunization team as the focal person for the elimination of measles and rubella in the Philippines. I enjoy that I am now doing much more fieldwork of the type I used to do with people I knew from the past. This position involves a fascinating mix of medical knowledge, public health, diplomacy, and intercultural skills. Although I appreciate that my old positions at the FDA and NIH had global implications on health, the effects of my present work locally, nationally, and globally are much more concrete to me. It is an honor to serve in this capacity for such a worthy and challenging cause.

6. What do you envision the roles of APAOC be within the next 3 years?

I think that in its present form, APAOC could continue to serve its role effectively. I agree with our present Chairperson's (CDR Shu Yi "Cathy" Cai) goal to increase collaboration through networking with several federal Asian Pacific-Islander Organizations. I would imagine that over the next 3 years, the collaboration with these various organizations from different parts of the government could strengthen cooperation, coordination, and unite advocates on common issues of concern.

7. If you have the opportunity to do it all over again, would you still chose the Commissioned Corps and APAOC, and why? What changes would you make?

I have really enjoyed serving as a medical officer in the Commissioned Corps. I don't think I would change anything. At every step of the way, I have learned new skills in settings I would never have imagined had I not joined the USPHS. As promised by my recruiter at OCCO (now DCCPR), I have been able to move between organizations and to different geographical areas. I have no regrets and look forward to more interesting duty stations and deployment opportunities to come.

With APAOC, I would also still choose to join it again. It is a great organization with excellent camaraderie and a worthy cause. While working on issues of concern to its members, I have developed a network with officers outside my OPDIV and met potentially life-long friends who I look forward to possibly working with in the future.

8. Where would you like to be for your next duty station and why?

Although I am open to transferring to any organization in which the Commissioned Corps serves, I would prefer for now to remain posted with CDC since it does the type of public health work that I have always been most interested in. I am open to any geographical area for my next duty station, whether it is international, domestic field position, or at CDC headquarters in Atlanta.

In the long-term, I hope someday to be posted at a duty station in my home state of California to be nearer to extended family or in Hawaii where I spent most of my adult life. Although I would prefer it to be a public health field position with the CDC, I realize that these are hard to come by. Therefore, I would consider field positions with other HHS agencies or even clinical practice, possibly with USCG, IHS, NPS, or BOP. At least with the Commissioned Corps, these possibilities exist!

9. What would you like to share to the general APAOC members and Commissioned Corps officers in general?

First, I have a saying that has served me well throughout my career: "Don't burn bridges." Likewise, I learned in medical school that...the feet you step on today may be attached to the a## you have to kiss tomorrow!

With every duty post with the Commissioned Corps, I have learned something useful for my present position. At the FDA Center for Biologics and Research (CBER), I was working on post-marketing pharmacovigilance (safety) plans during the evaluation of blood-derived products and vaccines for licensing. Here in Manila, I used my experiences at FDA CBER to assist the Philippines FDA in building their capacity to regulate and license vaccines. At the NIH, I evaluated the scientific integrity of research protocols in grant proposals for the development of new drugs and public health interventions used to treat tuberculosis. In my present position, I used my NIH skills to assist

Filipino researchers in successfully applying for a grant through submission of a protocol to study the national burden of congenital rubella syndrome. With PHS2 deployment team, I was the Medical Director of the Medical Services Branch. As a WHO Medical Officer, I applied leadership skills gained from PHS2 to supervise contractors who are improving the surveillance system for vaccine-preventable diseases. USPHS Commissioned Corps officers should take every opportunity to learn as many skills as possible from their present duty stations, whether it's technical, administrative, or leadership skills. It is possible that even if your position today is much different from any previous ones you have held, the skills and experiences you have gained will be useful and applicable to your present duty station or could make you more competitive for your next!

Summary of 2015 APAOC Viewpoint Survey Results

By LCDR Trang Tran and LT Thomas Gammarano

In efforts to strengthen and increase visibility for APAOC, the APAOC Executive Committee issued the first viewpoint survey to over 400 APAOC listserv members in December 2015. The purpose of this survey was to solicit members' demographic information, interests, and other useful feedback for APAOC's strategic planning in 2016 and beyond.

There were 118 responses to this survey, which amounted to a 27% response rate. Among those who participated in this survey, there were 94 complete responses from APAOC officers ranging from LTJG rank to CAPT rank. These officers represented 9 different professional categories and 18 different departments and agencies (see Figures 1 and 2). However, 24 individuals, who started the APAOC Viewpoint survey, did not complete it.

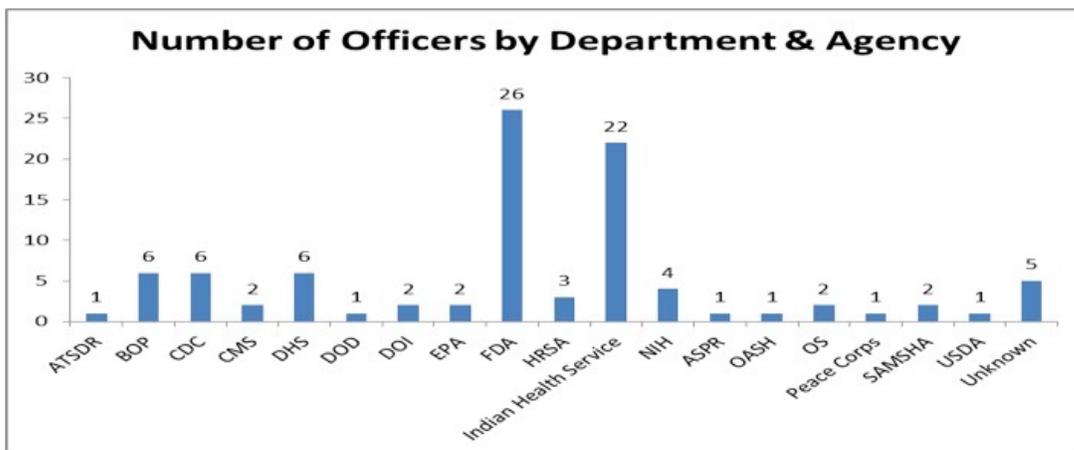


Figure 1: Number of Officers by Category

The APAOC Viewpoint survey elicited much helpful feedback on ways to strengthen and increase visibility for the organization. According to the survey results, activities that most officers are interested in their local
 Figure 2: Number of Officers by Department and Agency

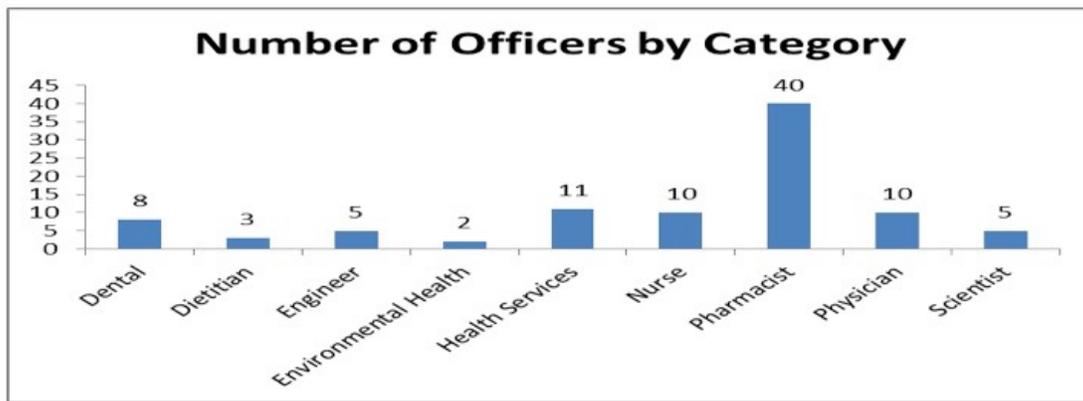


Figure 2: Number of Officers by Department and Agency

areas include: community outreach, meet & greet, career fair, health fair, Asian heritage food fair, and physical fitness events.

Regarding training topics, officers' interests include: VA benefits, Commissioned Corps awards, deployment and readiness, tips for promotion success, and retirement & separations.

Among the APAOC programs, projects and activities that most officers would like to see expanded include the following: Career Development & Advancement, Awards and Recognition, and Leadership & Strategic Planning.

In order for APAOC to broaden its impact and visibility both internally and outside of the Commissioned Corps, most of the officers who participated in the survey agree that APAOC needs to do the following:

- Increase recruitment activities to capture all USPHS professional categories and federal agencies from different geographic areas
- Coordinate with other minority group(s) to organize different USPHS and community outreach events
- Encourage representatives from the under-represented professional categories and federal agencies, or any regions outside of the DC metro area to take lead in organizing APAOC related activities
- Enhance communications to keep all APAOC members and interested stakeholders informed of APAOC activities

The map below also shows the number of officers who responded to the survey by their duty station state (see Figure 3).

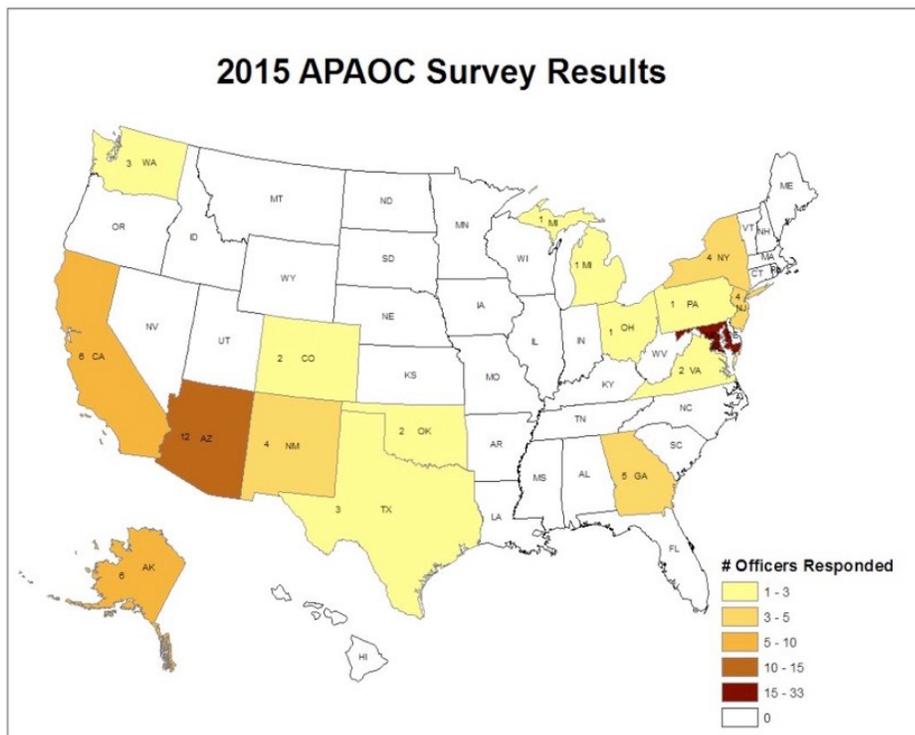


Figure 3: Number of Officers by Duty Station State

Based on the survey results, most officers need the following to be more active in outreach events: a committee or an officer to organize event activities; lesson plans to aid in delivering outreach, recruitment, or mentorship; more communications; and materials for activities.

Finally, APAOC also received a number of helpful comments on what the current APAOC organizational dynamics are that challenge new ideas in moving the organization forward. The complete survey report has been shared with all APAOC voting members to assist with their strategic planning for this year and beyond.

APAOC is on Track!

By CDR Junio Colobong, 2015 Chair of Leadership & Strategic Planning Subcommittee

Strategic Planning Reimagined



In 2015, the APAOC Leadership and Strategic Planning along with the APAOC leadership made a complete revision of the Strategic Planning process. In years past, strategic plans were no more than single page documents that outlined the goals for each subcommittee (SC) or workgroup (WG) with no required reporting, either periodic or end-of-year, which provided no added value to the organization. One of the first things to be developed was the

APAOC Strategic Planning Dashboard, hosted on the federal government’s internet collaboration website Max.gov. The dashboard provided a process to identify strategic objectives and performance measures that supported the overall mission of APAOC. It also allowed for tracking and performance monitoring of APAOC SC/WG performance goals. Furthermore, all SC activities were strategically aligned with APAOC Charter objectives and specific measures were developed in support APAOC mission.

Major Achievements

Of all the performance measures identified in the 2015 APAOC Strategic Plan, the Committee was able to achieve over 90% completion rate. First of these achievements was the comprehensive revision and refresh of the Standard Operating Procedures (SOPs) for all subcommittees to include clear and concise procedures for accomplishing required tasks and allow for smooth and organized transition of activities for new chairs and co-chairs. Additional changes included revision of timelines and due dates for actions for each subcommittee to ensure timely reporting and more effective accountability.

Secondly, the APAOC Bylaws underwent a major revision which reorganized roles and clarified the responsibilities of each workgroup or subcommittee. All drafts for the new SOPs were submitted and approved by the end of the calendar year to facilitate an efficient transition for the new voting members and chairs.

Notable Accomplishments of the APAOC Subcommittees and Workgroups

Subcommittee or Workgroup	Accomplishment
Awards and Recognition	100% completion and processing of all APAOC Annual awards (RADM Samuel Lin Award, the RADM Kenneth Moritsugu Award and the CAPT Allan Lock Award).
Career Development	Development of the APAOC Promotion guide and continued improvement and management of the APAOC Mentorship program.
Charter and By-Laws	Facilitated the APAOC Bylaws revision and all SC SOP refresh to include review and consolidation for approval.
Communications	Comprehensive improvement and update of the APAOC website.
Education and Training	Provided 6 training sessions not only to APAOC members but also to other USPHS officers from other PACs and PAGs as well as establishing a guidelines and best practices for future SC chairs.
Leadership and Strategic Planning	Development of the new APAOC Strategic Planning Dashboard and introduction of using S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, Time-bound) measures for performance management.
Membership and Nomination	Comprehensive update of the APAOC General member roster and database and timely processing of new Voting Member selection for the CY2016-2018 term.
MOLC Representatives	Facilitated the MOLC Awards Luncheon during the COA Science and Training Symposium which feature the Surgeon General as the key note speaker.
Public Relations and Merchandise	Established communications and working relationships with various Asian-Pacific Groups within the community and participated in multiple Asian-Pacific community events.
Publications Workgroup	Published 2 APAOC newsletters highlighting the accomplishments of APAOC and to promote the visibility of the APAOC in the community
Recruitment and Retention	Participated in 7 USPHS Officer Basic Course Open houses to recruit new APAOC General Members
Social Media Working Group	Facilitated improved social media outreach activities to include "spotlight" articles on APAOC Officers and their contributions to the community as well as articles that promote Asian-Pacific health issues awareness.

Completion Rates

The following table represents a breakdown of how APAOC accomplished its goals in support of the charter objectives. Strategic Goals that were achieved at less than 100 % are multi-year goals that have

been carried over to the next calendar year and will continue to be priorities for respective subcommittees or workgroups.

APAOC Strategic Objectives	Number of Supporting Strategic Goals	End-of-Year COMPLETION Rate
Assessing PHS personnel needs and assisting in meeting these needs through recruitment, training, utilization, and recognition of CC officers and CS personnel of APA background.	11	85%
Developing position papers, statistical reports, and/or guidelines where appropriate, in order to advise and comment on matters relating to the personnel issues and professional practice of CC officers and CS personnel of APA background.	3	79%
Promoting the development and utilization of APA professionals by the PHS and other Government programs.	1	100%
Promoting cooperation and communication among APAs and other minorities in the PHS.	4	100%
Promoting all aspects of CC officers and CS personnel of APA background throughout the OPDIVs of the PHS.	1	100%
Providing liaison among minorities within and among PHS components, and providing advice and consultation to the OPDIV Heads and operating programs upon request.	3	100%
Advocating for best practices within the profession by CC officers and CS personnel of APA background.	17	88%
Facilitating relationships with professional organizations and academia to promote the linkage between public health and the minority groups of the USPHS.	1	75%

Looking Ahead

In CY2016, the Leadership and Strategic Planning subcommittee, chaired by LCDR Trang Tran, has been incorporated into the APAOC Executive Committee. This will allow for a more effective collaboration between the leadership and the SCs/WGs, not to mention increased strategic alignment of APAOC goals to the SC/WG goals. Additional enhancements include: one-on-one discussion with each SC/WG on their strategic plans to ensure that measures are S.M.A.R.T. and that reporting on performance outcomes and milestones provide value and maximum accountability. APAOC, like any great organization, aims to achieve excellence in everything it does. To do that, we have to **Plan**, we have to **Act** on those plans, and we have to **Improve** our processes as needed - Strategic Planning is the tool that can get us closer to that vision.

Join a Subcommittee/Workgroup

Subcommittees & Workgroups	Chair	Co-Chair
Awards & Recognition	LCDR Jung Lee junge.lee@fda.hhs.gov	LCDR Xiaowu IU xiaowu.lu@fda.hhs.gov
Career Development & Advancement	LT Oliver Ou oliver.ou@fsis.usda.gov	LCDR Nancy Tian nancy.tian@fsis.usda.gov
Charter & Bylaws	CDR Maria Lindenberg liza.lindenberg@mail.nih.gov	LT Rebecca Wong rebecca.wong@fdihb.org
Communications	LCDR Karen Chaves karen.chaves@samhsa.hhs.gov	LCDR Theresa Liu theresa.liu@fda.hhs.gov LCDR Minh-Huong Doan minh.doan@fda.hhs.gov
Education & Training	CDR Tina Nhu tina.nhu@fda.hhs.gov	CDR Joseph Park jpark@regis.nashville.ihs.gov
Nominations & Membership	CDR Diem-Kieu Ngo diem.ngo@fda.hhs.gov	LCDR Emily Baker emily.baker@fda.hhs.gov
Public Relations	CDR Hawyee Yan hawyee.yan@fda.hhs.gov	CDR Yoon Kong yoon.kong@fda.hhs.gov LCDR Simleen Kaur simleen.kaur@fda.hhs.gov
Recruitment & Retention	LCDR Johannes Hutauruk johannes.hutauruk@cms.hhs.gov	CDR Fei Xu fei.xu@fda.hhs.gov
Social Media Workgroup	CDR Stephen Chang stephen.chang@cms.hhs.gov	LCDR Kelly Leong kelly.leong@fda.hhs.gov
Publications Workgroup	LT Jeannie Hong jeannie.hong@ihs.gov	LT Geoffrey Wu geoffrey.wu@fda.hhs.gov

Support your APAOC!

APAOC Donations

Make a tax-deductible donation to the **Commissioned Officers Foundation (memo: APAOC)**, and inform **LT Xinzhi Zhang** (xinzhi.zhang@nih.gov) of the amount.

Please send your check to:
Commissioned Officers Foundation (COF)
8201 Corporate Drive, Suite 200
Landover, MD 20785

APAOC Merchandise

To purchase APAOC Merchandise, please contact **CDR Yoon Kong** (yoon.kong@fda.hhs.gov).

Window Cling (5x5) with PHS logo: \$5

Coin: \$10



T-shirt (gray/white colors): \$10 (available in S and M)

T-shirt (navy color): \$20 (available in S, M, L, and XL)

